

2015

Relational Ordinary Conversation, Relational Perceived Support, and Affect: A Replication Study

Sultan Hubbard
Grand Valley State University

Follow this and additional works at: <http://scholarworks.gvsu.edu/mcnair>

Recommended Citation

Hubbard, Sultan (2015) "Relational Ordinary Conversation, Relational Perceived Support, and Affect: A Replication Study," *McNair Scholars Journal*: Vol. 19 : Iss. 1 , Article 12.

Available at: <http://scholarworks.gvsu.edu/mcnair/vol19/iss1/12>

Relational ordinary conversation, relational perceived support, and affect: A replication study



Sultan Hubbard
McNair Scholar



Brian Lakey
Faculty Mentor

Individuals who perceive that family and friends will assist them in times of need (high perceived social support) have better mental health than individuals with low perceived social support. This is shown in various studies and reviews such as Finch, Okun, Pool, & Ruehlam (1999) where those with low perceived social support had higher negative affect and lower positive affect than those with high perceived support. In addition, those with low perceived social support were at a higher risk for major depression disorder than those with high perceived social support (Lakey & Cronin, 2008), and were more likely to have severe post-traumatic stress disorder symptoms (Brewin, Andrews, & Valentine, 2000). Moreover, those with low social support displayed higher rates of psychotic symptoms (Gayer-Anderson & Morgan, 2013) and a higher frequency of non clinical psychological distress (Barrera, 1986; Cohen & Wills, 1985).

Stress and coping theory (Lazarus & Folkman 1984) dominates much of social support research. Lazarus & Folkman (1984) describe how social support buffers the effects of stressors through the receipt of supportive behaviors (i.e., enacted support). These supportive actions must meet the demands of the stressor in order to alleviate the effects of stress (Barrera, 1986; Cohen & Wills, 1985). Stress buffering effects are interactions between support and stress. This enacted support thus buffers the effects of stress (Cohen & Hoberman, 1983; Cutrona & Russell, 1987).

Although stress and coping theory is appropriate for explaining stress buffering effects, it would be problematic in applying it to main effects (Lakey & Orehek, 2011). Besides the fact that stress buffering effects and main effects are different conceptually, perceived social support does not have a strong correlation with enacted support (Barrera, 1986; Haber, Cohen, Lucas & Baltes, 2007). Also those who receive enacted support rarely have better mental health (Finch et al., 1999). In fact, enacted support is

frequently linked with poor mental health (Bolger, Zucherman, & Kessler, 2000). Lastly, the main effects for perceived social support and mental health are larger and replicated more consistently than do stress buffering effects (Lakey & Orehek, 2011). This then suggests that stress and coping theory does not adequately explain the main effects between perceived social support and mental health.

In contrast, RRT (Lakey & Orehek, 2011) seeks to explain the main effects between perceived social support and mental health. RRT claims that recipients use ordinary social interactions (i.e., ordinary conversation and shared activity) with providers to regulate their own affect, behavior, and thoughts on a continual basis. These ordinary conversations include a range of topics such as sports, TV, games, relationships, or activities like watching movies, going on vacation, cooking, and exercising. Although these interactions and activities are ordinary, RRT asserts that such interactions are impactful in creating a link between mental health and perceived social support. RRT emphasizes that what regulates a recipient's affect is not the same from recipient to recipient—that is regulation is relational. For example, singing might regulate one person's affect well but singing might have the opposite effect for another individual.

There is indirect evidence for the role of ordinary conversation in perceived support's link to mental health. For example, generic relationship quality could account for the correlation between low distress and perceived support when enacted support was absent (Kaul & Lakey, 2003; Mak, Bond, Simpson, & Rholes, 2010). Other researchers found that talking about stress and coping strategies was not linked to better mental health but talking about positive situations was (Hicks & Diamond, 2008), and that regular day to day conversations correlated with positive affect and relational satisfaction (Mehl, Vazire, Holleran, & Clark, 2010;

Schrodt, Soliz & Braithwaite, 2008). In addition, adjustment correlated highly with activities where relaxation and leisure were prominent, but enacted support was not (Hays & Oxley, 1986). Clark, MacGeorge & Robinson (2008) found that friendship was preferred over receiving enacted support from a provider. In addition, enacted support was less correlated with positive mental health than was companionship (Rook, 1987). The results from the literature seem to support the claims of RRT, but more research is needed. Many of the studies were not developed to assess the predictions of RRT. For example, in Kaul and Lakey (2003) generic relationship quality was studied but could not indicate the type of activities that facilitated the main effects between perceived support and mental health. Moreover, many of these studies did not test whether ordinary social interactions could account for the main effects between perceived social support and mental health.

The cornerstone of RRT is that perceived support and affect regulation is relational (i.e., what regulates a person is a reflection of the individual's unique idiosyncrasies). RRT uses the same definition of relational as the Social Relations Model (SRM; Kenny, 1994; Kenny, Kashy & Cook, 2006). Relational social support occurs when a recipient perceives a provider as more supportive than the recipient usually sees other providers and more supportive than the provider is usually seen by other recipients. For example, Tom (recipient) sees Justin (provider) as more supportive than he typically sees other providers. Tom (recipient) also sees Justin (provider) as more supportive than other recipients typically see Justin (provider). The equation: $R_{ij} = X_{ij} - R_i - P_j + M$ is how relationship effects are quantitatively defined. X_{ij} is recipient i 's rating of provider j in regards to supportiveness quality. R_i is recipient i 's rating of other providers in regard to their supportiveness quality, P_j is provider j 's average supportiveness rating from all recipients, while M represents the grand mean.

The reason for such an emphasis on relational effects in RRT is that perceived social support is primarily relational (i.e.,

a matter of personal taste). Roughly 62 % of the variance explained in perceived social support is relational according to a recent meta-analysis (Lakey, 2010). This finding is replicated in studies where Dutch and Italian families rated each other on supportiveness (Branje, van Aken, & van Lieshout, 2002; Lanz, Tagliabue, & Rosnati, 2004), United States sorority sisters rated each other (Lakey, McCabe, Fiscaro & Drew, 1996; study 2), and British athletes rated the supportiveness of their coaches (Rees, Bell, & Bunney, 2012).

Moreover, the SRM defines not only relationship effects but also perceived social support's trait-like effects—Recipient and Provider effects. A recipient effect denotes a recipient's tendency to perceive providers as more or less supportive in comparison to other recipients, even though each recipient is rating the same providers. This is a characteristic of the recipients themselves rather than the qualities of providers. A provider effect is a provider's tendency to be rated consistently as either more or less supportive by recipients. This indicates the objective qualities of the provider as far as objectivity is measured through agreement among observers regarding a particular behavior. Both effects show the characteristics of the individual (i.e., some recipients are more or less lenient on their evaluation of others, while providers are either better or worse at being supportive). These effects are smaller than relationship effects; provider effects account for 7% and recipient effects account for 27% of the variance in perceived support (Lakey, 2010). Consequently, perceived support is largely relational but also involves the recipient's unique tendency to see others as more or less supportive. Also, there appears to be a small agreement among recipients on who is more or less supportive.

The claims of RRT are this: the main effect between perceived social support and affect primarily emerges through ordinary social interactions between recipients and providers. Testing this claim is the core of the current study. Affect was determined to be a construct of interest (i.e., both positive and negative affect) for it plays a major role in DSM defined anxiety and depressive disorders

which are two of the most common psychological disorders found in the general population (Clark & Watson, 1991; Watson, Clark, & Carey, 1988).

Method

Participants

This current replication is based on a subset of an existing dataset gathered during the winter of 2014 and consists of college roommates who have lived together for 3 months or more. Roommates were selected as our subjects because the design requires a sample that knows each other well enough to complete the measures of perceived support, affect, ordinary conversation, and perceived similarity.

Procedure

A round robin study was conducted consisting of 10 groups of four roommates who rated one another on supportiveness, affect when with a roommate, ordinary conversation quality, and perceived similarity with each roommate. This was conducted in a laboratory where each roommate sat at a desk that was distanced from the other three roommates so that ratings could not be observed. Each roommate was given a lanyard around his or her neck that had a number distinguishing each of the four roommates being rated. Participants were informed that roommates and social support are the topics of interest. Subjects were also given consent forms and other general information regarding the study.

Measures

Social Provisions Scale (Cutrona & Russell, 1987) was utilized to measure perceived social support. Participants rated one another on supportiveness. Items from this scale included "I have a sense of emotional security and well-being with this person," "This person viewed me as competent," and "I lacked a feeling of intimacy with this person."

Affect was measured through The Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988) which includes words such as "interested," "irritable," "hostile," and "attentive" and asks participants to rate the extent to which they felt these emotions when

in conversation with each roommate. Ratings ranged on a 5 item scale (A-E), with A being “slightly or not at all” to E being “extremely.”

Quality of ordinary conversation was measured through the Ordinary Conversation Scale by Lakey et al. (in press). The questionnaire has items such as “I enjoy talking with my roommate because we have interesting conversations that last a while,” “It is difficult to find something that both of us like to talk about,” and “conversations with my roommate usually end quickly.”

Perceived Similarity Scale (Lakey et al., 1996) was used to measure the perception of similarity between roommates. Items on this scale included “This roommate is similar to me in values,” “This roommate is similar to me in hobbies and interests,” and “This roommate is similar to me in life experiences.”

Statistical Analysis

Moreover, the strength of recipient effects, provider effects, and relationship effects, were assessed with a round robin design. In addition, the correlations between constructs for all three effects were assessed. In this study, our main goals were to determine whether perceived social support and ordinary conversation were primarily relational and whether ordinary conversation shared the same pattern of correlates with ordinary conversation, perceived similarity, and affect, as does perceived social support. SPSS was used to compute correlational results, and SOREMO calculated relational, recipient, and provider effects (Kenny, 1998).

Results

Perceived support was primarily relational, accounting for 56% of the variance, with a recipient component accounting for 29%, and provider effects accounting for 13%; $p < .05$. Ordinary conversation was primarily relational as well, with a relational component of 60%, recipient effect of 20%, and provider influences of 18%. Positive affect was comprised of recipient effects primarily but had statistically significant provider and relational influences. Recipient effects were 73%, provider effects were

.09%, and relational influences were 17%; $p < .05$. Negative affect primarily reflected recipient effects as well denoting 47% recipient influences, .06% provider influences, and 45% relational influences; $p < .05$. Perceived similarity also reflected mostly recipient effects. Recipient effects were 45%, provider influences were at 19%, and relational effects were at a statistically significant 35%; $p < .05$. See table 1.

Moreover, it was found that the relational component of perceived support was significantly correlated with ordinary conversation ($r = .69$), positive affect ($r = .57$), low negative affect ($r = -0.36$) and perceived similarity ($r = .81$). Furthermore, relational ordinary conversation was correlated with positive affect ($r = .50$), low negative affect ($r = -0.36$), and perceived similarity ($r = .76$). In addition, positive affect had a highly inverted correlation to low negative affect ($r = -0.64$) and a moderate link with perceived similarity ($r = .31$). Finally, negative affect was inversely correlated with perceived similarity at ($r = -0.37$). All effects were statistically significant at $p < .05$.

Discussion

In this study I sought to assess the claims of RRT that perceived support and ordinary conversation were primarily relational and that relational ordinary conversation shared similar patterns of correlates with relational perceived social support. Our findings were that perceived support and ordinary conversation were primarily relational, which is confirmed not only by Lakey et al. (in press), but also in a recent meta-analysis (Lakey, 2010).

Furthermore, results showed that when a recipient saw a provider as unusually supportive, the provider elicited unusually high ordinary conversation, high positive affect, low negative affect and high perceived similarity to the recipient. In addition, when a provider elicited unusually good ordinary conversation with a recipient, the recipient also experienced high positive affect, low negative affect, and high perceived similarity when with the provider. Additionally, when a provider brought out unusually high positive affect in a recipient, low negative affect also was elicited, along with high perceived

similarity. Lastly, when a provider elicited unusually high negative affect in a recipient, the recipient found the provider to be unusually dissimilar to him or herself. All of which align with Lakey et al. (in press).

Various limitations impacting the project certainly emerged. Due to the fact that the current project had a 12 week time constraint, I was limited to using a sample of an existing data set of college roommates rather than gathering a new sample. Related to this point is that the sample size used in this project was smaller than desired, which may have buffered some effect sizes. Lastly, a major prediction of RRT is that through ordinary conversation and shared activity, perceived support and affect simultaneously emerge. The analysis used to assess whether perceived support and affect emerged from ordinary conversation was not conducted due to time restraints.

In the midst of such limitations, the current results are still essential in informing social support's link to mental health. The findings are necessary for supporting the main predictions of relational regulation theory, that (a) people regulate their affect on a continual basis through ordinary conversation and shared activity and (b) that regulation of affect and perception of family and peer supportiveness is primarily a matter of an individual's personal tastes (i.e., relational). This research could prove informative to mental health clinicians, as well as the implementation of mentorship programs. Moreover, this research may greatly inform intervention practices for mental health practitioners across various disciplines such as social work, clinical psychology, as well as counseling psychology. Finding perceived support to be primarily relational may also imply potential interventions such as forecasting uniquely supportive relationships that bring about more favorable mental health for individuals. The current research team's future project will involve forecasting uniquely supportive relationships, which may prove to be a useful intervention practice for those in need.

Appendix

Table 1

Proportion of Variance	
PSS	
Recipient	0.29
Provider	0.13
Relational	0.56*
OrdConv	
Recipient	0.20
Provider	0.18*
Relational	0.60*
PA	
Recipient	0.73
Provider	0.09*
Relational	0.17*
NA	
Recipient	0.47
Provider	0.06
Relational	0.45*
SIM	
Recipient	0.45
Provider	0.19
Relational	0.35*

* P<.05

Table 2

Relational Correlations among Constructs

	PSS	OrdConv	PA	NA	SIM
PSS	--	0.69*	0.57*	-0.36*	0.81*
OrdConv		--	0.50*	-0.36*	0.76*
PA			--	-0.64*	0.31*
NA				--	-0.37*
SIM					--

* P<.05

References

- Barrera, M., Jr. (1986). Distinctions between social support concepts, measures and models. *American Journal of Community Psychology, 14*, 413-45.
- Bolger, N., Zuckerman, A., Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology, 79*, 953-961.
- Branje, S. J. T., van Aken, M. A. G., & van Lieshout, C. F. M. (2002). Relational support in families with adolescents. *Journal of Family Psychology, 16*, 351-362.
- Brewin, C. R., Andrews, B. & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68*, 748-766.
- Clark, L. A., & Watson, D. (1991). Tripartite model of anxiety and depression: Psychometric evidence and taxonomic implications. *Journal of Abnormal Psychology, 100*, 316-336.
- Clark, R. A., MacGeorge, E. L. & Robinson, L. (2008). Evaluation of peer comforting strategies by children and adolescents. *Human Communication Research, 34*, 319-345.
- Cohen, S. & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*, 310-357.
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in Personal Relationships, 1*, 37-67.
- Finch, J. F., Okun, M. A., Pool, G. J., & Ruehlman, L. S. (1999). A comparison of the influence of conflictual and supportive social interactions on psychological distress. *Journal of Personality, 67*, 581-622.
- Gayer-Anderson C. & Morgan C. (2013). Social networks, support and early psychosis: A systematic review. *Epidemiology and Psychiatric Sciences, 22*, 131-146.
- Haber, M. G., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self-reported received and perceived social support: A meta-analytic review. *American Journal of Community Psychology, 39*, 133-144. doi:10.1007/s10464-007-9100-9
- Hays, R. B. & Oxley, D. (1986). Social network development and functioning during a life transition. *Journal of Personality and Social Psychology, 22*, 305-313.
- Hicks, A. M., & Diamond, L. M. (2008). How was your day? Couples' affect when telling and hearing daily events. *Personal Relationships, 15*, 205-228.
- Kaul, M., & Lakey, B. (2003). Where is the support in perceived support? The role of generic relationship satisfaction and enacted support in perceived support's relation to low distress. *Journal of Social and Clinical Psychology, 22*, 58-77.

References (cont.)

- Kenny, D. (1994). *Interpersonal perception: A social relations analysis*. New York: Guilford Press.
- Kenny, D. A. (1998). SOREMO [Computer software and manual]. University of Connecticut, CT.
- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *The analysis of dyadic data*. New York, NY: Guilford Press.
- Lakey, B. (2010). Social support: Basic research and new strategies for intervention. In J. E. Maddux & J. P. Tangney (Eds.), *Social psychological foundations of clinical psychology* (pp. 177 – 194). NY: Guilford.
- Lakey, B. & Cronin A. (2008). Low social support and major depression: Research, theory and methodological issues. In K. S. Dobson & D. Dozois (Eds.), *Risk factors for depression* (pp. 385 – 408). San Diego, CA: Academic Press.
- Lakey, B., McCabe, K., Fiscaro, S., & Drew, J. (1996). Personal and environmental determinants of social support: Three generalizability studies. *Journal of Personality and Social Psychology*, 70, 1270-1280.
- Lakey, B. & Orehek, E. (2011). Relational regulation theory: A new approach to explain the link between perceived support and mental health. *Psychological Review*, 118, 482-495.
- Lakey, B., Vander Molen, R., Fles, E., & Andrews, J. (In Press). Can ordinary social interaction account for perceived support's link to affect? *Journal of Personality*. <http://onlinelibrary.iley.com/doi/10.1111/jopy.12190/abstract>.
- Lanz, M., Tagliabue, S. & Rosnati, R. (2004). Il social relations model nello studio delle relazioni familiari. *Testing Psicometria Metodologia*, 11, 197-214.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.
- Mak, M. C. K., Bond, M. H., Simpson, J. A., & Rholes, W. S. (2010). Adult attachment, perceived support, and depressive symptoms in Chinese and American cultures. *Journal of Social and Clinical Psychology*, 29, 144-165.
- Mehl, M. R., Vazire, S., Holleran, S. E. & Clark, C. S. (2010). Eavesdropping on happiness: Well-being is related to having less small talk and more substantive conversations. *Psychological Science*, 21, 539-541.
- Rees, T., Freeman, P., Bell, S., & Bunney, R. (2012). Three generalizability studies of the components of perceived coach support. *Journal of Sport & Exercise Psychology*, 34, 238-251.
- Rook, K. S. (1987). Social support versus companionship: Effects on life stress, loneliness and evaluation of others. *Journal of Personality and Social Psychology*, 52, 1132-1147.
- Schrodt, P., Soliz, J., & Braithwaite, D. O. (2008). A social relations model of everyday talk and relational satisfaction in stepfamilies. *Communication Monographs*, 75(2), 190-217.

References (cont.)

- Watson, D., Clark, L. A., & Carey, G (1988). Positive and negative affectivity and their relation to anxiety and depressive disorders. *Journal of Abnormal Psychology, 97*(3), 346-353. doi:10.1037/0021-843X.97.3.346
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54*, 1063-1070