Qualitative Differences in Ambivalent and Supportive Relationships

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Social relationships have been reliably related to lower rates of morbidity and mortality (Cohen, 1998 and House, Landis, and Umberson, 1988). For instance, in a review of large prospective studies, House and colleagues (1988) found that individuals who were socially integrated lived longer than individuals who were less integrated. Despite these findings, research also indicates that relationships can have negative influences on health outcomes depending on the quality of the relationship experience (Kiecolt-Glaser & Newton, 2001).

The goal of this study is to explore the qualitative differences that emerge between two different types of relationships: supportive (extremely helpful and not at all upsetting) and ambivalent (both helpful and upsetting) socialities. Sixty-one undergraduate psychology students at the University of Utah participated in the study. The students were asked to identify aspects of their relationship with a same-sex friend that was either supportive or ambivalent. A linguistic coding program, Linguistic Inquiry and Word Count (LIWC2001), was used to identify and categorize the words used to describe these relationships and their links to more general psychological relationship processes. The categories included in the LIWC2001 are: positive emotions (e.g., happy, pretty, good), positive feelings (e.g., happy, joyful, love), negative emotions (hate, worthless, enemy), anxiety or fear (e.g., nervous, afraid, tense), discrepancy (e.g., should, would, could), tentative (e.g., maybe, perhaps, guess), certainty (e.g., always, never), social processes (e.g., talk, visit, friend), and communication (e.g., talk, share, converse).

The investigators found that when participants described positive relationships they used more words that were categorized as positive feelings and certainty. Words used to describe ambivalent relationships fell under the categories of negative emotions, discrepancy and tentative. These results suggest that while supportive and ambivalent relationships have some similar qualities, it appears that more negative qualities are used to describe ambivalent relationships. Understanding the qualitative differences in these two types of relationships will benefit future investigations examining the link between supportive and ambivalent relationships and health-related outcomes.

References