

Don't Fear Conflict: Relationship Stress Beliefs in Friend, Familial, and Romantic Relationships

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ABSTRACT. Believing that stress can have positive effects (i.e., having a stress-is-enhancing mindset) has been shown to mitigate the negative impact of stressful experiences on mental health. However, the impact of mindset about stress and conflict specifically experienced within relationships (i.e., relationship stress beliefs) has been relatively unexamined. This pilot study ($N = 120$) examined the associations of relationship stress beliefs with perceived relationship quality. Relationship stress beliefs were also evaluated as moderators of the associations between relationship quality and emotional health. Beliefs about the destructive nature of conflict was significantly correlated with measures of relationship quality ($r_s = -0.25$ to -0.52 ; $p_s < .05$). Across friend, family, and romantic relationships, beliefs about the destructive nature of conflict was also the most consistent moderator of associations between relationship quality and emotional health. Relationship strain seems to particularly affect the well-being of those who believe that conflict is debilitating rather than believing that conflict can be productive.

Keywords: conflict, stress mindset, social support, depression, romantic relationships

Stress mindset, the extent to which one believes the effects of stress are enhancing or debilitating, is a distinct construct that has significant effects on psychological and behavioral functioning (Crum et al., 2013). Individuals who generally believe that stress can lead to growth and can enhance performance have a stress-is-enhancing mindset, whereas individuals who believe stress mostly has negative effects have a stress-is-debilitating mindset (Crum et al., 2013). Having a stress-is-enhancing mindset has been associated with a variety of positive outcomes, including fewer anxiety and depressive symptoms (Crum et al., 2013), better performance at work (Casper et al., 2017; Crum et al., 2013), and physiological thriving in the midst of a stressful situation (Crum et al., 2017).

Stress mindset has also been shown to moderate the impact of stressful experiences. For example, Park et al. (2018) followed a diverse sample of adolescents over the course of a school year and found that, within individuals who

experienced a high level of adversity, those with a stress-is-debilitating mindset had significantly higher levels of perceived stress compared to those with a stress-is-enhancing mindset. Perceived stress levels did not differ by stress mindset at low levels of adversity. Furthermore, Huebschmann and Sheets (2020) examined stress mindset in emerging adults and found that stress mindset significantly moderated the relationship between perceived stress and depressive symptoms, such that having a stress-is-enhancing mindset reduced the impact of high perceived stress on depressive symptoms. In other words, individuals with a stress-is-enhancing mindset were less susceptible to depressive symptoms at higher levels of perceived stress.

These prior studies suggest that having a stress-is-enhancing mindset has positive effects on emotional health and can act as a moderator to mitigate the negative effects of stressful experiences. However, this prior work has examined stress mindset as it relates to stress in a general sense, such as stress experienced at work or across everyday life.

SUMMER 2021

PSI CHI
JOURNAL OF
PSYCHOLOGICAL
RESEARCH

To the best of our knowledge, no prior studies have examined relationship stress beliefs as moderators of the association between relationship quality and emotional health. Therefore, it is unknown whether one's relationship stress beliefs will exert similar effects on relationship functioning and mental health as does a more general stress mindset; this is especially true for nonromantic relationships.

Previous research has largely focused on the effects of conflict strategies, as opposed to beliefs about conflict, on relationship satisfaction (e.g., Canary et al., 1995). Constructive conflict resolution strategies have been associated with greater relationship satisfaction during times of conflict (Canary et al., 1995; Sanderson & Karetzky, 2002). For example, Sanderson and Karetzky (2002) examined romantic relationships in college students, assessing intimacy goals, relationship conflict, strategies for coping with conflict, and relationship satisfaction. Those with a stronger focus on intimacy engaged in more constructive conflict resolution strategies (e.g., engaging in open discussion and showing concern for their partner's feelings), which in turn lead to stronger and more satisfying relationships. Those results suggest that the ability to handle conflict constructively promotes greater relationship quality, which is associated better well-being and mental health (Teo et al., 2013). The present study examined the moderating effects of relationship stress beliefs rather than conflict strategies, or cognitions rather than behaviors.

Emerging adulthood is an opportune developmental phase in which to examine relationship stress beliefs (Arnett, 2014). By late adolescence, individuals have developed general knowledge about relationship functioning across several domains: familial, friend, and romantic (Sanders, 2013). At the same time, we would expect that differences in direct experience in romantic relationships, and other close relationships, by emerging adulthood contribute to variability in beliefs about the effects of relationship stress and conflict. Furthermore, it is well-established that high levels of perceived stress and stressful events are associated with poorer mental health, especially in emerging adults (e.g., Liu et al., 2019). In particular, experiencing stress and conflict within relationships can lead to a variety of negative outcomes. For example, Teo et al. (2013) examined whether the quality of social relationships and social isolation were associated with the development of depression. After accounting for baseline major depression, poor relationship quality in core relationships—whether

they were with a spouse/partner, family member, or friend—was associated with a significantly higher risk of depression. Additionally, for all three types of social relationships, strain and lack of support were also associated with an elevated risk of depression. Likewise, prior research has shown that, among emerging adults, social conflict is positively correlated with depression and anxiety and negatively correlated with quality of life (Abbey et al., 1985).

The construct of loneliness is also important to consider in the context of interpersonal relationships because loneliness does not merely entail being alone. Individuals involved in relationships may feel lonely if they perceive their needs are not being met by the quality of those relationships (Hawkley & Cacioppo, 2010). Furthermore, loneliness is connected to the constructs of perceived relationship quality and other mental health symptoms such as depression. For example, in a sample of dating couples primarily in their early 20s, symptoms of depression were significantly associated with lower relationship quality, which in turn was associated with greater feelings of loneliness for both women and men (Segrin et al., 2003). Thus, the present study examined relationship stress beliefs and their association with emotional health—specifically loneliness, stress, depression and anxiety—in emerging adults.

Overall, having a stress-is-enhancing mindset mitigates negative effects associated with higher stress (e.g., Crum et al., 2013, 2017), but it remains unclear whether relationship stress beliefs similarly mitigate the effects of poor relationship quality on psychological health. Furthermore, on a more basic level, it is unclear whether relationship stress beliefs are associated with, or independent of, relationship quality. The purpose of this preliminary study was to examine these questions across relationships with close friends, family members, and romantic partners. It was predicted that relationship-stress-is-enhancing beliefs (i.e., the beliefs that stress and conflict within relationships can promote growth) would be associated with greater relationship quality. Our hypothesis was partly extrapolated from evidence that constructive conflict management promotes positive and satisfying relationships (Canary et al., 1995). Therefore, if a positive approach to conflict in relationships has beneficial effects on the quality of relationships, we expected that having relationship-stress-is-enhancing beliefs would similarly be associated with greater relationship quality. Furthermore, based on evidence that general stress mindset moderates the relationship

SUMMER 2021

PSI CHI
JOURNAL OF
PSYCHOLOGICAL
RESEARCH

between stress and mental health (Huebschmann & Sheets, 2020; Park et al., 2018), it was predicted that having relationship-stress-is-enhancing beliefs would mitigate the negative effects of strained relationships on emotional health.

Method

Participants

Participants were 120 students (52.5% men, 45% women, 2.5% nonbinary/gender-fluid/genderqueer) at Colby College, a small liberal arts college in the northeastern United States. Participants reported the following racial identities: White (69.17%), Asian (14.17%), Multiracial (9.17%), Black (4.17%), and Latinx/Hispanic (3.33%). Participants ($M_{\text{age}} = 19.97 \pm 1.37$ years) were recruited via online announcements and were compensated with one psychology research credit or \$10. The sample size was determined by participant interest over the two months available for data collection.

Measures

Relationship Quality Measures

Multidimensional Scale of Perceived Social Support. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) is a 12-item measure consisting of three subscales to assess social support from friends, family members, and romantic partners. Participants rated the extent to which they agreed with a statement regarding the support they receive (e.g., My family really tries to help me) on a 7-point scale from 1 (*very strongly disagree*) to 7 (*very strongly agree*). Because all participants completed the Family and Friends subscales of the MSPSS, but only some completed the Significant Other subscale, the total score was not analyzed. Instead, a Family and Friends total was calculated, combining responses from both subscales. The Family and Friends total demonstrated high reliability (Cronbach's $\alpha = .84$), as did the Significant Other (Cronbach's $\alpha = .90$) subscale. Prior work has demonstrated evidence for high reliability and both structural and discriminant validity of the MSPSS (Bruwer et al., 2008; Canty-Mitchell & Zimet, 2000).

Test of Negative Social Exchange. The Test of Negative Social Exchange (TENSE; Finch et al., 1999) is a 24-item measure that was used to assess negative social interactions over the past month. Participants indicated the frequency of negative interaction behaviors (e.g., "lost his or her temper with me") on a scale from 0 (*not at all*) to 9

(*frequently*). In this study regarding stress in close relationships, participants were instructed only to consider interactions with close friends, family members, and romantic partners. The measure had excellent reliability in the present sample (Cronbach's $\alpha = .95$). Previous research has demonstrated evidence of its convergent, discriminant, and construct validity (Finch et al., 1999; Ruehlman & Karoly, 1991).

Perceived Relationship Quality Component

Inventory. The Perceived Relationship Quality Component Inventory (PRQC; Fletcher et al., 2000) is an 18-item measure consisting of six subscales, of which we used four (i.e., Relationship Satisfaction, Commitment, Intimacy, Trust). The Passion and Love subscales were excluded because items were less applicable to the emerging adult sample. Participants responded to questions about their romantic relationship (e.g., How much can you count on your partner?) on a 7-point scale ranging from 1 (*not at all*) to 7 (*extremely*). Consistent with previous recommendations, a total score of perceived relationship quality was calculated by averaging the participants' ratings of the first item in each subscale (Fletcher et al., 2000). In the present sample, the total measure (Cronbach's $\alpha = .76$) and the Satisfaction (Cronbach's $\alpha = .95$), Commitment (Cronbach's $\alpha = .98$), Intimacy (Cronbach's $\alpha = .87$), and Trust (Cronbach's $\alpha = .90$) subscales all demonstrated adequate to excellent reliability. Previous research has demonstrated evidence for the construct validity of the subscales for assessing global perceived relationship quality (Fletcher et al., 2000).

Relationship Stress Beliefs Measures

Relationship Stress Mindset Measure. The original Stress Mindset Measure (SMM; Crum et al., 2013) was modified to assess the extent to which individuals believe that stress and conflict within close relationships is enhancing or debilitating. Participants rated the extent to which they agreed with a statement about relationship stress (e.g., "Stress in a relationship is negative and should be avoided.") on a scale from 0 (*strongly disagree*) to 4 (*strongly agree*). The modified 6-item Relationship Stress Mindset Measure (RSMM) had adequate reliability in the present sample (Cronbach's $\alpha = .73$). Crum et al. (2013) demonstrated evidence for the discriminant and criterion validity of the original measure.

Beliefs About Conflict Inventory. The Beliefs About Conflict Inventory (BACI; Simon &

Kobielski, 2006) is an 18-item measure consisting of three subscales (Constructive Value, Destructive Value, Normalcy of Conflict) that was used to assess participants' beliefs about conflict or disagreements within their relationships. The RSMM was a broader measure of beliefs about relationship stress, whereas the BACI assessed more targeted beliefs about conflict. Participants rated the extent to which they agreed with statements about relationship conflict (e.g., "Conflicts or disagreements can be a healthy way to work out differences.") on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The Constructive Value (Cronbach's $\alpha = .79$), Destructive Value (Cronbach's $\alpha = .75$), and Normalcy of Conflict (Cronbach's $\alpha = .78$) subscales all demonstrated adequate reliability in the present sample. Previous work has provided evidence of the BACI's structural validity and its association with conflict frequency and strategies (Simon & Kobielski, 2006).

Emotional Health Measures

UCLA Loneliness Scale. The UCLA Loneliness Scale, Version 3 (Russell, 1996) is a 20-item measure used to assess participants' sense of loneliness. Participants rated how often they felt an aspect of loneliness (e.g., "How often do you feel that there is no one you can turn to?") on a 4-point scale ranging from 1 (*never*) to 4 (*always*). Reliability of this measure was excellent in the present sample (Cronbach's $\alpha = .92$). Previous research demonstrated evidence for its discriminant and construct validity (Russell, 1996).

Perceived Stress Scale. The Perceived Stress Scale (PSS; Cohen et al., 1983) is a 14-item measure that was administered to assess stress over the previous month. Participants responded to how often they had felt or thought a certain way during the last month (e.g., "In the last month, how often have you felt nervous or 'stressed?'") on a scale from 0 (*never*) to 4 (*very often*). The measure demonstrated internal consistency in the present sample (Cronbach's $\alpha = .68$). Previous research has provided evidence for the concurrent and predictive validity for the measure (Cohen et al., 1983; Mitchell et al., 2008).

Beck Depression Inventory II. The Beck Depression Inventory II (BDI-II; Beck et al., 1996) is a 21-item measure that was administered to assess depressive symptoms over the previous two weeks. Items (e.g., sadness) are rated by selecting one of four statements of increasing severity, and items are scored from 0 to 3. The measure had

excellent reliability in this sample (Cronbach's $\alpha = .93$). Across a variety of studies, the BDI-II has been shown to have evidence for the discriminant, concurrent, content, and structural validity (Wang & Gorenstein, 2013).

State-Trait Anxiety Inventory–State. The State subscale of the State-Trait Anxiety Inventory (STAI-State; Spielberger, 1983) is a 20-item measure administered to assess current levels of anxiety. Participants rated the extent to which they felt a certain way (e.g., "I feel nervous.") on a 4-point scale from 1 (*not at all*) to 4 (*very much so*). The measure had excellent reliability in the present study (Cronbach's $\alpha = .94$). The STAI has evidence for the construct and concurrent validity of the scale (Spielberger, 1989).

Procedure

All procedures were approved by the Colby College Institutional Review Board (IRB #2018-182) prior to data collection. After providing informed consent, participants were brought to a private room and completed a set of questionnaires through the Qualtrics website. All participants began by completing the Family and Friends subscales of the MSPSS and the TENSE. Participants were then asked if they were currently involved in a romantic relationship, defined as "a long-term relationship (> 2 months) in which you and your partner are both committed to each other and to staying together." If they responded no, they proceeded directly to measures assessing relationship stress beliefs. If they responded yes, they completed the Significant Other subscale of the MSPSS and the PRQC scales. Fifty participants (41.67%) reported being in a romantic relationship and provided responses to these measures of romantic relationship quality. All participants then completed the RSMM, the BACI, the UCLA Loneliness Scale, the PSS, BDI-II, and STAI-State. After completing these questionnaires, participants provided demographic information, were debriefed about the study's aims, and were compensated for participation. Average questionnaire completion time was 16.87 minutes.

Statistical Analyses

Means, standard deviations, and minimum and maximum scores are presented in Table 1. Due to outliers, a 95% winsorization was performed on the following variables: MSPSS Family and Friends total, TENSE, PRQC total and Commitment, Intimacy, and Trust subscales, BACI Constructive Value subscale, PSS, BDI, and STAI-State. Pearson's

SUMMER 2021

PSI CHI
JOURNAL OF
PSYCHOLOGICAL
RESEARCH

correlations were calculated to examine the relationship between relationship stress mindset and beliefs about conflict, referred to collectively as relationship stress beliefs, and relationship quality across close relationships. Moderated linear regression analyses then were performed to examine relationship stress beliefs as moderators

TABLE 1

Descriptive Statistics for All Measures

Variable	<i>n</i>	<i>M (SD)</i>	Minimum	Maximum
MSPSS Family and Friends	120	5.94 (0.75)	2.63	7.00
MSPSS Significant Other	50	6.40 (0.64)	5.00	7.00
Test of Negative Social Exchange	120	35.98 (29.20)	0.00	144.00
PRQC	50	6.12 (0.91)	3.00	7.00
PRQC Relationship Satisfaction	50	5.83 (1.14)	2.67	7.00
PRQC Commitment	50	6.21 (1.26)	1.67	7.00
PRQC Intimacy	50	6.15 (0.94)	3.33	7.00
PRQC Trust	50	6.23 (1.02)	2.00	7.00
Relationship Stress Mindset	120	1.88 (0.61)	0.17	3.00
BACA Constructive Value	120	3.92 (0.47)	2.33	5.00
BACA Destructive Value	120	2.75 (0.55)	1.17	4.17
BACA Normalcy of Conflict	120	4.06 (0.50)	2.67	5.00
UCLA Loneliness Scale	120	40.91 (9.63)	25.00	69.00
Perceived Stress Scale	120	28.28 (6.62)	14.00	51.00
Beck Depression Inventory II	120	8.93 (9.00)	0.00	54.00
State-Trait Anxiety Inventory-State subscale	120	37.13 (12.25)	20.00	74.00

Note. MSPSS = Multidimensional Scale of Perceived Social Support; PRQC = Perceived Relationship Quality Component Inventory; BACI = Beliefs About Conflict Inventory.

TABLE 2

Pearson Correlation Coefficients Between Measures of Relationship Stress Beliefs and Relationship Quality

Measures of Relationship Quality	Measures of Relationship Stress Beliefs			
	Relationship Stress Mindset Measure	BACI Constructive Value	BACI Destructive Value	BACI Normalcy of Conflict
MSPSS Family and Friends	0.10	0.11	-0.25**	0.21*
MSPSS Significant Other	0.27	0.41**	-0.46**	0.20
PRQC Total Quality	0.28	0.26	-0.51***	0.17
PRQC Satisfaction	0.30*	0.14	-0.52***	0.05
PRQC Commitment	0.12	0.23	-0.31*	0.10
PRQC Intimacy	0.24	0.20	-0.44**	0.22
PRQC Trust	0.25	0.31*	-0.50***	0.13
Test of Negative Social Exchange	0.08	-0.13	0.21*	0.08

Note. BACI = Beliefs About Conflict Inventory; MSPSS = Multidimensional Scale of Perceived Social Support; PRQC = Perceived Relationship Quality Component Inventory. **p* < .05. ***p* < .01. ****p* < .001.

of the associations between relationship quality and emotional health. For each regression model, predictors were a mean-centered measure of relationship quality (e.g., MSPSS Family and Friends total), a mean-centered measure of relationship stress beliefs (e.g., BACI Destructive Value subscale), and an interaction term of the two variables. An individual aspect of psychological health (e.g., depressive symptoms) was the dependent variable. Significant moderation was further interpreted using the interaction utilities by Preacher et al. (2006; see <http://quantpsy.org/interact/index.htm>): simple slopes were tested at 1 *SD* below the moderator mean and 1 *SD* above the mean. All statistical analyses were performed using IBM SPSS Statistics Version 24 (IBM Corp., 2016).

Results

To assess whether relationship stress beliefs were associated with relationship quality, Pearson’s correlations were calculated between measures of relationship stress beliefs and measures of relationship quality (see Table 2). Beliefs about the destructive nature of conflict (i.e., the extent to which participants thought that conflict and disagreements within relationships are destructive) were most consistently associated with relationship quality. Scores on the destructive value subscale of the BACI were significantly correlated in the expected direction with all measures of relationship quality: The less destructive participants believed conflict and disagreements to be, the more perceived support they reported from family and friends and romantic partners; the more total quality, satisfaction, commitment, intimacy, and trust they reported within romantic relationships; and the fewer negative interactions they reported with family, friends, and/or romantic partners. Participants’ relationship stress mindset, as assessed by the RSMM, and beliefs about the constructive nature and normalcy of conflict were not systematically associated with measures of relationship quality (see Table 2).

Friend and Familial Relationship Quality

To assess whether relationship stress beliefs moderate the association between quality of relationships with friends and family and emotional health, moderated linear regressions were conducted. Relationship stress mindset, as assessed by the RSMM, significantly moderated the relationship between perceived support from friends and family and depressive symptoms ($\beta = 0.17, p = .039$), but not anxiety, perceived stress, or loneliness (all *p*

values $\geq .069$). Beliefs about the destructive nature of conflict similarly moderated the relationship between perceived support from friends and family and depressive symptoms ($\beta = -0.21, p = .014$; all other p values $\geq .124$). Neither beliefs about the constructive nature nor the normalcy of conflict significantly moderated the relationships between perceived support from family and friends and any of the four aspects of emotional health (all p values $\geq .053$).

Simple slopes were tested at 1 *SD* below the RSMM mean, indicating a more relationship-stress-is-debilitating mindset, and 1 *SD* above the mean, indicating a more relationship-stress-is-enhancing mindset. Poorer perceived support from friends and family predicted greater depressive symptoms, but more so for those with a stress-is-debilitating mindset ($\beta = -0.61, p < .001$) than a stress-is-enhancing mindset ($\beta = -0.30, p = .009$, see Figure 1). With beliefs about the destructive nature of conflict as the moderator, low perceived support from friends and family increased depressive symptoms, but only for those who believed that conflict is destructive ($\beta = -0.54, p < .001$; low belief that conflict is destructive: $\beta = -0.21, p = .082$; see Figure 2).

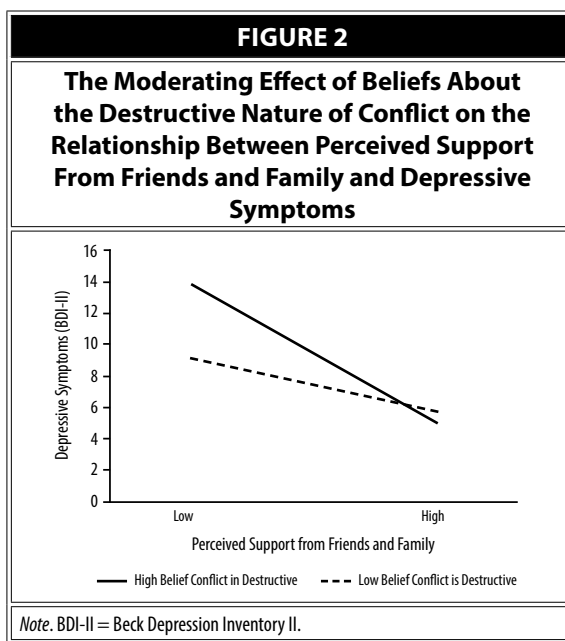
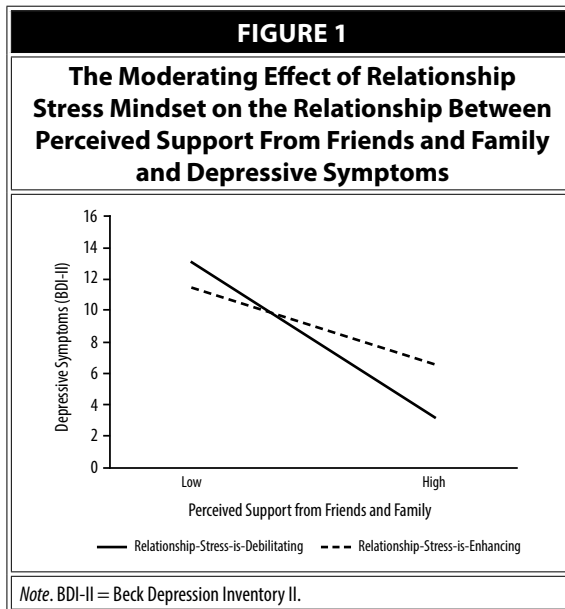
Romantic Relationship Quality

Similar moderated linear regressions were conducted to examine whether the four relationship stress belief scales moderated the association between quality of romantic relationships, as assessed by the MSPSS Significant Other subscale and the PRQC total, and emotional health. Relationship stress mindset did not significantly moderate the relationship between perceived support from a significant other and any of the measured aspects of emotional health (all p values $\geq .071$). Similarly, relationship stress mindset did not significantly moderate the relationship between total perceived relationship quality and any of the aspects of emotional health (all p values $\geq .084$).

Beliefs about the normalcy of conflict significantly moderated the association between perceived support from a significant other and depressive symptoms ($\beta = 0.28, p = .047$) and between total perceived relationship quality and depressive symptoms ($\beta = 0.38, p = .006$), but no other measures of psychological health (all other p values $\geq .054$). Beliefs about the destructive nature of conflict and about the constructive nature of conflict both significantly moderated the relationships between perceived support from a significant other and all four measured aspects of psychological health

(all p values $\leq .040$). Additionally, beliefs about the destructive nature of conflict and about the constructive nature of conflict both significantly moderated the relationships between total perceived relationship quality and all four measured aspects of psychological health (all p values $\leq .026$).

Of the many significant moderation models for romantic relationship quality, the results regarding perceived support from a significant other and beliefs that conflict is destructive were most consistent with the findings for support from friends and family. Those with low levels of perceived support from their significant other reported more depressive symptoms than those with high levels of



support if they had a strong belief that conflict is destructive ($\beta = -0.43, p = .009$). Surprisingly, the opposite pattern emerged among those with low belief that conflict is destructive ($\beta = 0.45, p = .024$). Similarly, with total perceived relationship quality as the predictor (rather than perceived support), low perceived relationship quality increased depressive symptoms, but only for those who believed that conflict is destructive ($\beta = -0.52, p = .003$; low belief conflict is destructive: $\beta = 0.35, p = .094$).

Negative Interactions in Relationships

The TENSE was administered as a more objective measure of recent, negative interactions within close relationships. Unlike with the above measures of perceived relationship quality, relationship stress mindset and beliefs about conflict did not moderate the association of negative interaction frequency with any aspects of emotional health, all p values $\geq .052$.

Discussion

Having a general stress-is-enhancing mindset mitigates some of stress's negative effects, but it was unknown whether relationship stress beliefs similarly mitigate the effects of strained relationships on psychological well-being. The present study examined whether relationship stress beliefs are associated with relationship quality, and whether they moderate the association between relationship quality and four measures of emotional health. Across friend, familial, and romantic relationships, the less destructive participants believed conflict to be, the more perceived support, better romantic relationship quality, and the less negative interactions they reported. The negative correlations between destructive beliefs about conflict and relationship quality are consistent with prior work. For example, Simon et al. (2008) also used the BACI to examine romantic relationships in college students. Similarly, destructive conflict beliefs were significantly, positively correlated with relationship conflict, whereas a separate dimension of constructive conflict beliefs was not significantly correlated with conflict. Furthermore, regression analyses revealed that destructive conflict beliefs significantly predicted greater conflict within romantic relationships, however constructive conflict beliefs did not predict amount of conflict. The present study similarly supports the notion that more destructive beliefs about conflict—but, distinctly, not constructive beliefs—are associated with poor relationship quality. Additionally, the

present study suggests that Simon et al.'s (2008) findings may extend to relationships with friends and family.

Relationship stress beliefs did significantly moderate associations between relationship quality and multiple measures of psychological health. Across friend, familial, and romantic relationships, the most consistent moderator of these associations was beliefs about the destructive nature of conflict. Specifically, among those with a strong belief that conflict is destructive, those with lower subjective quality or support in their relationships reported greater depressive symptoms than those with higher subjective quality or support. Within romantic relationships specifically, beliefs about both the destructive and the constructive nature of conflict were distinct, consistent moderators of associations between relationship quality and emotional health. Both of these beliefs were significant moderators of the associations between perceived support from a significant other and all measured aspects of psychological health (i.e., depressive symptoms, current anxiety, loneliness, and perceived stress). Moreover, both beliefs moderated the relationships between perceived romantic relationship quality and all measured aspects of psychological health.

These findings are consistent with prior work demonstrating that general mindset about stress moderates the impact of stressful experiences (Huebschmann & Sheets, 2020; Park et al., 2018). Huebschmann and Sheets (2020) reported that, at higher levels of perceived stress, individuals with a stress-is-debilitating mindset reported greater depressive symptoms than those with a stress-is-enhancing mindset. The present study extended these findings into the domain of close relationships. In a similar fashion, at lower levels of perceived support or quality in their relationships—analogue to higher levels of perceived stress—those with more destructive beliefs about relationship stress reported greater depressive symptoms than those with less destructive beliefs. Therefore, it appears that beliefs about stress and conflict specifically experienced within relationships (i.e., relationship stress beliefs) can also mitigate the impact of this more specific interpersonal stress on psychological health.

Previous work focused on the effects of conflict strategies, as opposed to beliefs about conflict, on relationship satisfaction during times of conflict (e.g., Canary et al., 1995). Of note, Simon et al. (2008) demonstrated that, within romantic relationships, relationship stress beliefs significantly

predict conflict resolution strategies. For example, constructive beliefs about conflict predicted more frequent use of negotiation, and destructive beliefs about conflict predicted less use of negotiation and more frequent use of aggression and compliance. Given the effect of conflict resolution strategies on relationship satisfaction during times of conflict (Sanderson & Karetzky, 2002), it is not surprising that, in the present study, beliefs about the destructive and constructive nature of conflict were consistent moderators of associations between romantic relationship quality and mental health. Specifically, negative beliefs about conflict appear to amplify the adverse effects of poor support and relationship quality on well-being. Future studies should connect this line of research by examining whether particular conflict resolution strategies mediate the effects of negative relationship stress beliefs on well-being.

Limitations to the present study should be noted. First, the sample size of this pilot study may limit power to detect interaction effects. Additionally, the study sampled emerging adults. Compared to younger adults, older adults tend to be more satisfied with their social relationships, report less interpersonal conflict, and are more likely to engage in behaviors that help them avoid conflict (Birditt et al., 2005; Luong et al., 2011). Additionally, older adults' emotional reactions to interpersonal tension may be less negative than those of younger adults. In a daily diary study, older adults reported that interpersonal tensions were less stressful than younger and middle-aged adults, and this difference was not accounted for by differences in the number of tensions (Birditt et al., 2005). Given these age-related differences in the perception of and behaviors within interpersonal relationships, it is unknown whether the present findings would extend to older populations. Future research should examine whether relationship stress beliefs vary with age and continue to moderate the associations of relationship quality and well-being in older populations.

Another limitation of the present study is its correlational nature. It is unlikely that the association between relationship quality and psychological health is solely unidirectional. Although relationship quality affects emotional health, in a more cyclical manner, emotional health also affects perception of relationship quality and affects interpersonal behaviors. For example, in a longitudinal study of long-term romantic relationships, depression predicted less relationship satisfaction and

greater amounts of conflict years later (Roberson et al., 2018). In the present study, we cannot rule out the possibility that currently receiving less social support or experiencing poorer relationship quality drives negative beliefs about relationship stress. However, scores on the Test of Negative Social Exchange, a measure of frequency of negative relationship interactions, were only weakly correlated with beliefs about the destructive nature of conflict ($r = 0.21$) and were not significantly correlated with any other measure of relationship stress belief. This suggests that individuals who have more negative relationship stress beliefs are not necessarily experiencing more negative interactions within their close relationships.

It is worth noting that relationship stress mindset, as assessed by the RSMM, was only significantly correlated with the Romantic Relationship Satisfaction subscale and was a less consistent moderator of the associations between relationship quality and psychological health. The original measure was modified to assess participants' broader views about stress and conflict experienced within relationships. However, our findings suggest that stress mindset and the SMM may be more applicable to general stress as opposed to interpersonal stress more specifically. More focused beliefs about interpersonal conflict, as assessed by the subscales on the BACI, were consistently correlated with relationship quality and consistently moderated the associations between relationship quality and psychological health.

Given the negative outcomes associated with destructive beliefs about conflict, future research should focus on interventions to prevent or counteract the development of these beliefs. Short video interventions have been effective for inducing general stress-is-enhancing and stress-is-debilitating mindsets (Crum et al., 2013, 2017; Jamieson et al., 2018; Keech et al., 2019). These interventions could potentially be modified to negate destructive, negative beliefs about stress and conflict within close relationships, encouraging a balanced mindset in which conflict may foster growth and intimacy. The present findings suggest that reducing destructive beliefs about conflict could lead to better relationship quality and mitigate the negative effects of poor relationship quality on mental health. It should be noted that there are situations, such as when relationship patterns are abusive, in which counteracting negative beliefs about conflict would not be appropriate or beneficial.

Despite its limitations, the present study

SUMMER 2021

PSI CHI
JOURNAL OF
PSYCHOLOGICAL
RESEARCH

demonstrated that relationship stress beliefs (i.e., beliefs about conflict and stress within close relationships) are associated with perceived relationship quality. Furthermore, these beliefs can moderate the impact of poor perceived relationship quality and support psychological health. Taken together, the findings from this preliminary study suggest that people should accept rather than fear relationship conflict. Negative attitudes toward, and apprehension about, conflict can do unnecessary harm to relationships, and will amplify the effects of interpersonal stress on well-being.

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