Article Evaluation Worksheet

All of your responses should be in your own words (other than the research question(s)/ hypotheses). All responses should also be written as full sentences. Submit this worksheet along with your reflection paper after you have completed your Theory Application presentation in class.

APA 7th Edition Reference:

Floyd, K., Pauley, P. M., Hesse, C., Eden, J., Veksler, A. E., & Woo, N. T. (2018). Supportive communication is associated with markers of immunocompetence. *Southern Communication Journal*, *83*(4), 229–244. https://doi.org/10.1080/1041794x.2018.1488270

What is the purpose of the study? Describe in 2-3 paragraphs.

On the basis of Affection Exchange Theory, the purpose of this study was to examine the association between expression of support in healthy, or otherwise supportive and non-distressing, relationships and immunological health. Specifically, the researchers wanted to know whether expressing and receiving supportive forms of affection would increase immunological health. The immunological health indicator is important because it is one of the primary outcomes identified with the receipt of social support.

This study aims to use the immunological health indicator to build upon previous studies that have examined the relationship between supportive relationships and low stress arousal, reduced levels of depression, relational satisfaction in marriage, enhanced immune function, and overall quality of life. The study focused on the three specific markers of immune function that show relationship with received support: immunoglobulins, lymphocytes, and natural killer cells. This study is also important because unlike the majority of previous studies in this realm of research, they focused on the benefits associated with expressing support to others as opposed to the benefits derived from receiving support.

How does the study utilize your assigned theory? Describe in 1-2 paragraphs.

Affection Exchange Theory explains humans' reasons for communicating affection, and the consequences of affectionate messages, at both the individual and relational levels (Braithwaite & Schrodt, 2022). As described in AET, this study utilizes Floyd's third form of affectionate expression: Expression of support. Expression of support includes any behavior designed to provide emotional or tangible assistance to another. It is important to note that these acts often require the greatest effort from the sender and have the highest likelihood of being misinterpreted by the receiver, which can be problematic.

Since the goal of this study is to understand the links between physiological stress and supportive affection, it heavily relies on AET to trace the relationship and determine its findings. Specifically, measures of expressed support and received support are utilized in the form of

scales. Expressed support was measured using the five-item social support subscale from the Affectionate Communication Index, an 18-item measure with statements related to each of the three types of affectionate communication identified by AET. Received support was measured using a 12-item version of the Multidimensional Scale of Perceived Social Support, not AET.

What is/are the research question(s) and/or hypotheses? (You may copy and paste these)
H1: Received support is positively associated with immunocompetence.
H2: The expression of supportive affection is positively associated with immunocompetence.
H3: Controlling for the benefits of received support, the expression of supportive affection is positively associated with immunocompetence.

Is the study a quantitative or qualitative article? How do you know? Describe in 1 paragraph.

The study is a quantitative research article. I know this because the study uses hypotheses to discover a casual relationship. The relationship that the hypotheses are used to test is how supportive forms of affection affect immunological health, a topic the researchers know little information about. The study uses scales to assess expressed support and received support. Biomedical measures were used to assess for NK cell cytotoxicity, CD molecules, and immunoglobulins A, G, and M. The use of descriptive statistics and hypothesis tests along with discussion of the examined relationships among perceived social support, expressed social support, and the eight immunological outcomes further indicate the use of quantitative research methods.

How were the data collected? Describe in 1 or more paragraphs.

Data was collected primarily using questionnaires and scales as well as laboratory procedures. Before the laboratory procedures, qualified participants completed an online questionnaire. The questionnaire measured participants' social and emotional health, personality traits, relationship quality, health-related behaviors, and demographic characteristics.

The university's Clinical Research Center conducted the laboratory sessions. Participants consented and were then evaluated for height, weight, and resting pulse. An 8.5 ml sample of whole blood was also drawn into evacuated glass tubes. After being bandaged, participants were then offered juice and cookies, monitored for 5 minutes, and released. The researchers prepared the samples as directed and shipped them via overnight delivery to a professional Clinical Laboratory Improvement Amendments-certified service laboratory in Osceola, WI. The biochemical measures were performed by the lab used, following standardized biochemical assay procedures.

Expressed support and received support were measured using scales. Expressed support was measured using the five-item social support subscale from the Affectionate Communication Index, an 18-item measure with statements related to each of the three types of affectionate communication identified by AET. Participants were instructed to indicate how often they

engage in each of the affectionate behaviors on a scale of 1 (never) to 7 (often) with a specific relational partner. The items on the subscale related to sharing personal information, helping the relational partner with problems, and praising the relational partner's accomplishments. Received support was measured using a 12-item version of the Multidimensional Scale of Perceived Social Support, a measure of perceived global social support that includes items related to family, friend, and romantic partner support. Participants were asked to indicate how much they agree with each of the supportive statements listed.

Who participated? Describe in 1 paragraph.

A total of 39 healthy adult participants participated, 23 being women. Participants had a mean age of 27 years old at the time of the study. They were all recruited from the university community of a large urban campus in the southwestern United States. The majority of participants were Caucasian followed by Asian/Pacific Islander, Hispanic/Latino, African American, and other ethnic origins. Most participants also held a college degree. All participants needed to fulfill 8 criteria: be 18 years of age or older; be able to speak and read English; weigh at least 110 pounds; be normotensive; report no history of diagnosis or treatment for asthma, AIDS, type I or type II diabetes mellitus, cancer of any form, lupus, Crohn's or Graves' disease, hepatitis, multiple sclerosis, rheumatoid arthritis, or clinical depression; report no current use of anticoagulants; report that they were not currently pregnant or breastfeeding; and report no more than mild anxiety about venipuncture.

How were the data analyzed? Describe in 1 paragraph.

The data were analyzed using descriptive statistics. Means, standard deviations, and intercorrelations for each study variable are present in the analysis. Correlations between expressed social support and immunological outcomes are also present.

What were the results? Describe in at least 2-3 paragraphs.

Hypothesis one, the prediction that perceived social support is positively correlated with immunological health, was met with mixed support. Of the eight immunological outcomes tested, only three were significantly correlated with perceived social support. Four of the five remaining immunological outcomes were positively correlated with received support even though they did not achieve statistical significance. NK cells were weakly and negatively correlated with received support. Similarly, hypothesis three, the prediction that the relationship between expressed support and immunological health is significant when controlling for the benefits of received support, was partially supported because only four of the immunological outcomes examined were correlated with expressed support while controlling for the benefits of received support. Of the other four remaining immune markers, two were positively associated with expressed support and two were negatively associated with expressed support.

Hypothesis two differs from hypothesis one and three because it is not partially supported. Rather, hypothesis two, the prediction that the expression of support is positively

associated with markers of immunological health, was mostly supported. In fact, six of the eight immunological outcomes examined were significantly correlated with the expression of support. All in all, three immune markers were significantly correlated with the receipt of social support, but six were positively correlated with the expression of social support. Four markers even remained positively correlated with expressed support after the effects of received support are considered.

What are the implications of these results? In other words, why are these results important? Describe in 1-2 paragraphs.

These results are important because they add to the existing literature studying how social support is beneficial to our immune health. They aim to show that socially supportive interactions can help us avoid or reduce our exposure to some types of negative health measures. However, it is interesting that this study found that perceptions of support were only slightly correlated with immune health. One explanation has to do with the concept-matching hypothesis. Of the previous studies conducted, others have found that immunologic outcomes were associated with the perception of support, meaning that only certain types of support are positively associated with immune function. Therefore, support is only effective when it meets recipients' perceived needs. If the desired support is esteem support but a sender offers physical support, the supportive act may be seen as unhelpful despite the sender's best intentions. A second explanation is that the participants' reception of support was not in line with the level of stress they experienced. Meaning, in situations where support levels are sufficient and stress levels are high, there is the greatest chance that the receiver will feel perceived social support.

In terms of expressions of support, the present study tested the immunological correlates of expressed support in the context of non-distressed relationships. Within these relationships, AET helps us understand that expressing affection stimulates physiological benefits for communicators, being notably positively associated with immunological health. All in all, it is inevitable that supportive communication, among the recipient and expressor, play an influential role in psychophysical and relational outcomes in relationships.

What are the limitations that the author(s) identifies? Describe in 1 paragraph.

The authors identify two main limitations. Firstly, given that the study is correlational, it is not possible to offer any meaningful conclusions about causal relationships between the variables. Secondly, the study opted to use different measures for expressed and received support as opposed to using a single operational definition that could have accurately captured both constructs. While there are benefits for doing so, such as increasing measurement validity and enhancing the ability to compare findings to previous literature, it makes the comparison of received and expressed support non-parallel.

What is your own evaluation of the article? Identify at least one strength and one weakness of the actual methodology of the study (avoid focusing on writing style when evaluating the article). Describe in 1-2 paragraphs.

If I were the author of this article, I would be incredibly bummed if my hypotheses were not fully supported. However, I think the authors do an excellent job of explaining why, despite the fact that their hypotheses are only partially and mostly supported, their study is still significant and important. Specifically, I think the greatest strength of the article is that they provide two specific, possible explanations for the noted inconsistency. Both explanations note other studies that have experienced similar results. Another strength of the article is that it provides a comprehensive description of their procedure, particularly the inclusion and exclusion criteria. When studying individuals' health, it is of the utmost importance to ensure their safety as well as the study's reliability and accuracy, neither of which can be done without being selective about participants. The researchers cut down a response pool of 211 individuals to 39 who successfully completed the study.

However, 78 of the 211 interested individuals met all eligibility requirements. Perhaps the study's results would have had greater success if their participant pool would have been larger. This aspect is perhaps my greatest critique and visible weakness of the study considering it was not a qualitative study and no in-depth interviews needed to be conducted. With a smaller margin of error, it would be hard not to assume that the authors would've needed to provide less explanation for their not-fully supported hypotheses.

Other Citations:

Braithwaite, D. O., & Schrodt, P. (2022). *Engaging theories in interpersonal communication multiple perspectives*. Routledge.