

# Perception of Mental Health Risks Based on Relationship Power

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## Introduction

Power is an important part of interpersonal relationships (Felmlee, 1994). Research on romantic relationships has shown that power plays a role in romantic relationships as well (Wanic & Kulik, 2011). Power in romantic relationships can stem from a variety of sources, such as control of material resources, decision-making, and sexual behavior (Wanic & Kulik, 2011). Prior work suggests that the less dominant partner, often the woman in a heterosexual relationship, is more likely to experience physical and mental health consequences compared to the dominant partner. In addition, research suggest that LGBTQ-identified women are at higher risk for suffering from a mental health complications than their heterosexual counterparts (Kerr, Santurri, & Peters, 2013). With this in mind, the aim of the present study was to evaluate whether individuals would perceive differential health risks for a female in a relationship when dominance and/or sexual orientation was manipulated. We predicted that participants would perceive the less dominant partner as less satisfied and at greater mental health risk than the dominant partner. We further predicted that the less dominant homosexual partner would be perceived to have a greater risk of experiencing mental health symptoms in comparison to less dominant heterosexual partners.

## Methods

**Participants.** Seventy-seven students (60 female) from the University of San Diego were recruited for the study. Ages ranged from 18 to 29 years old, with 87.3% of participants falling between 18 and 20.

**Manipulation of power.** All participants read one of three scenarios describing a couple, Marie and Riley, who were described as either heterosexual or homosexual. The scenario was written such that one of the two partners had more power. Specifically, the more powerful partner was described as making the decisions about when and with whom the couple would socialize. To assess if the power differences were perceived by the participants, the survey included questions that assessed the degree of perceived power in the relationship. These items were answered using a 4-point scale (1= very powerful; 4 = not powerful).

**Dependent variables.** For the purpose of the study, questions designed to assess perceptions of mental and physical health were created. Participants were asked to indicate the extent to which the relationship partners would experience difficulty concentrating at work, feeling fatigue, thoughts of suicide, and their level of satisfaction with the relationship. All items were answered using a 5-point scale (1 = extremely likely/satisfied; 5 = extremely unlikely/dissatisfied).

**Procedure.** Participants accessed the survey online via Qualtrics. After providing informed consent, participants were instructed that they would be given some information about a couple and later asked questions about what they had read. Each participant was then randomly presented with one of the three scenarios. After reading the scenario, participants completed several distractor questions designed to assess their memory of what was read as well as questions directed toward assessing the primary dependent variables and demographic information. Upon completion of these items, they were provided with a short debriefing script, thanked, and asked to exit the survey.

**Statistical Analysis.** Because the design was not fully crossed, analysis of the data was performed in SPSS using a one-way ANOVAs.

## Results

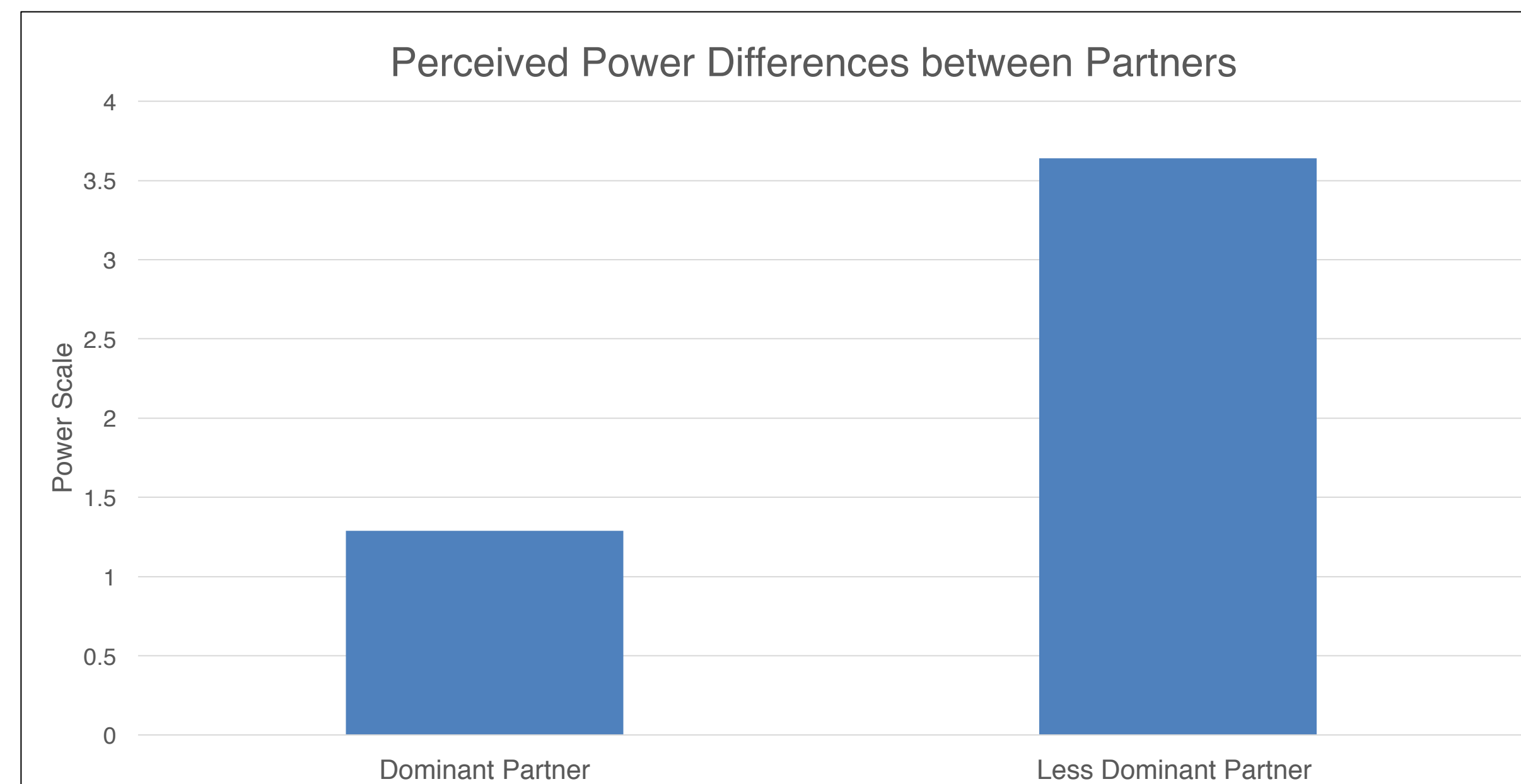


Figure 1. Perceived power of partner based on scenarios (lower scores indicated higher power).

**Preliminary Analysis.** Before performing the main analysis, the manipulation check of perceived power was assessed. The result of a one-way ANOVA (dominant v. less dominant) was significant,  $F(1, 76) = 264.89, p = 0.000$ . The pattern of the means was consistent with expectation, see Figure 1.

**Primary Analysis.** To evaluate the hypothesis that higher power would be associated with greater satisfaction, responses were analyzed using a one-way ANOVA (dominant v. less dominant). The result was significant,  $F(1, 76) = 45.25, p = 0.000$ . The pattern of means was in the expected direction, see Figure 2. Similarly, the two mental health items were analyzed with a one-way ANOVA to assess the effect of dominance. The results for both difficulty concentrating ( $F(1, 76) = 11.96, p = 0.001$ ) and suicidal thinking ( $F(1, 76) = 18.13, p = 0.000$ ) were significant. The pattern of means was in the expected direction, see Figure 3.

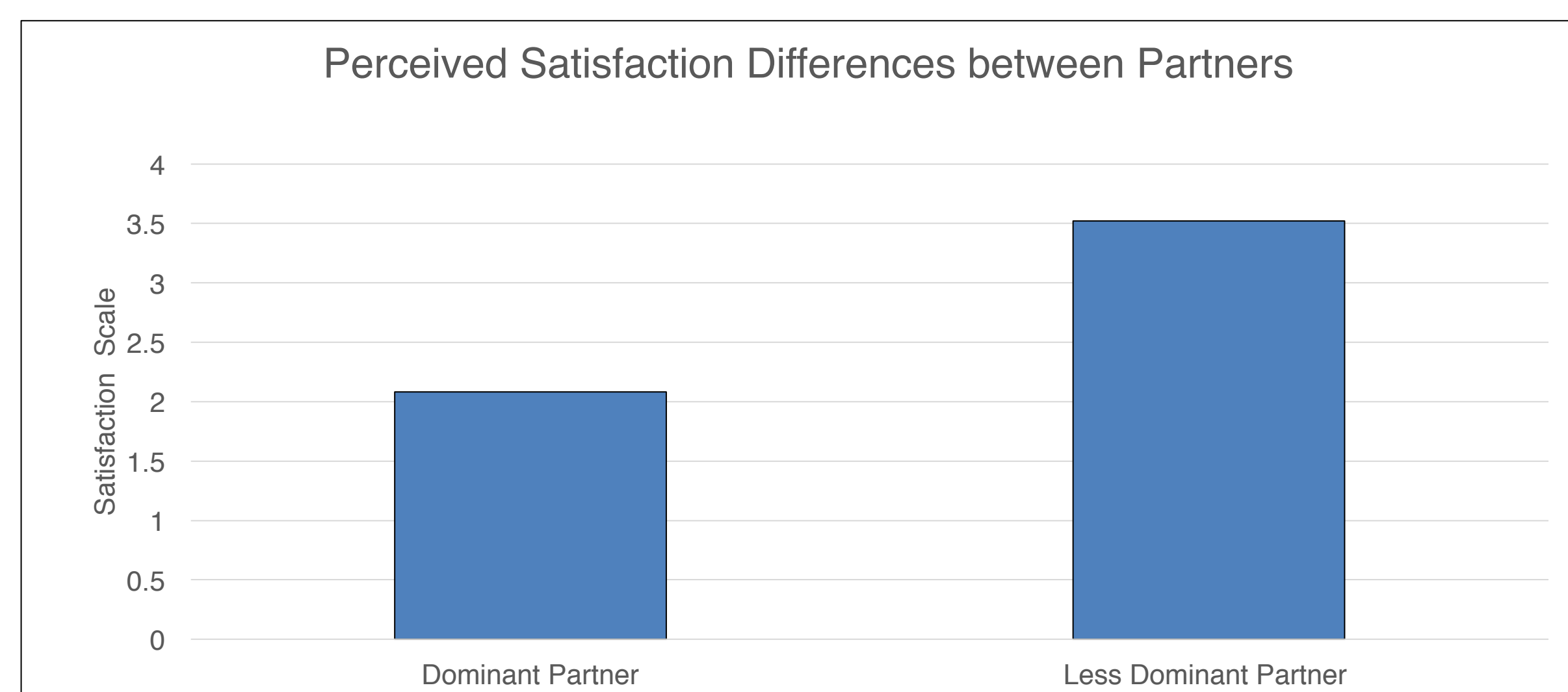


Figure 2. Satisfaction of partner based on dominance status (lower scores indicate greater satisfaction).

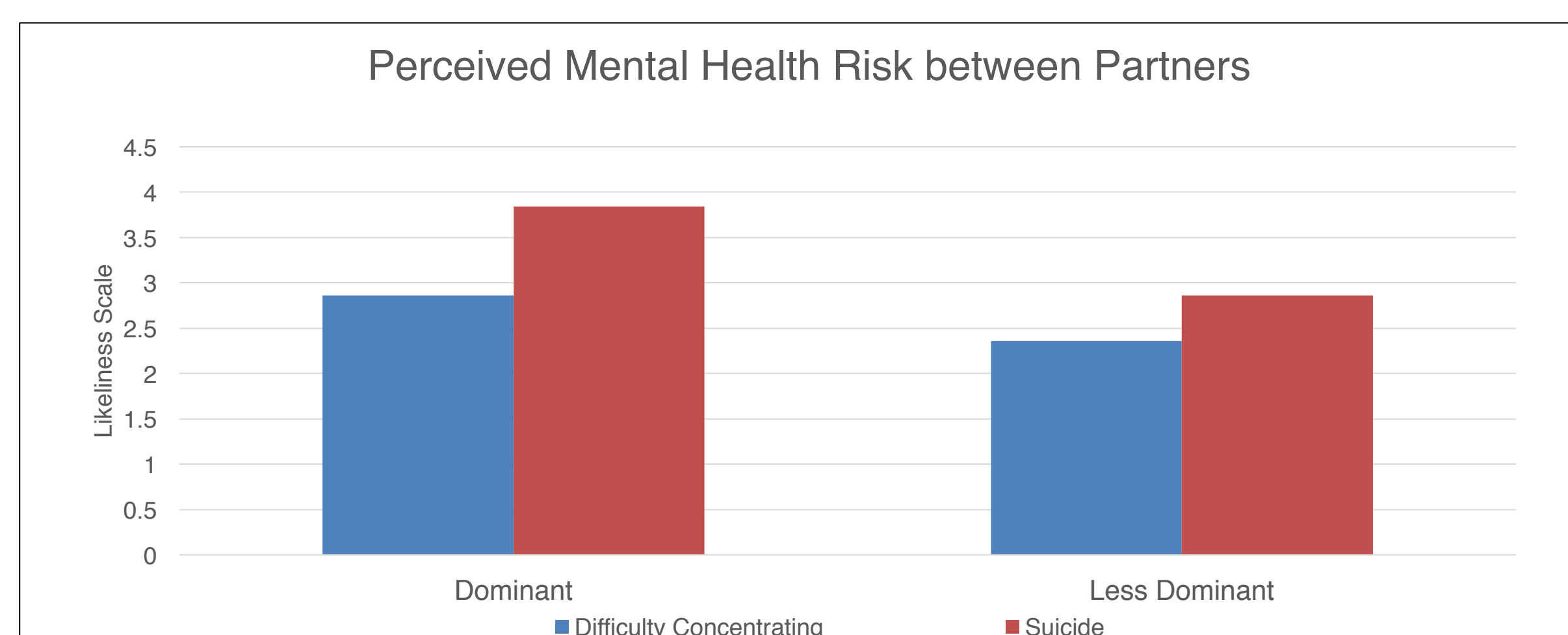


Figure 3. Mental health risks based on dominance status (lower scores indicate more risk).

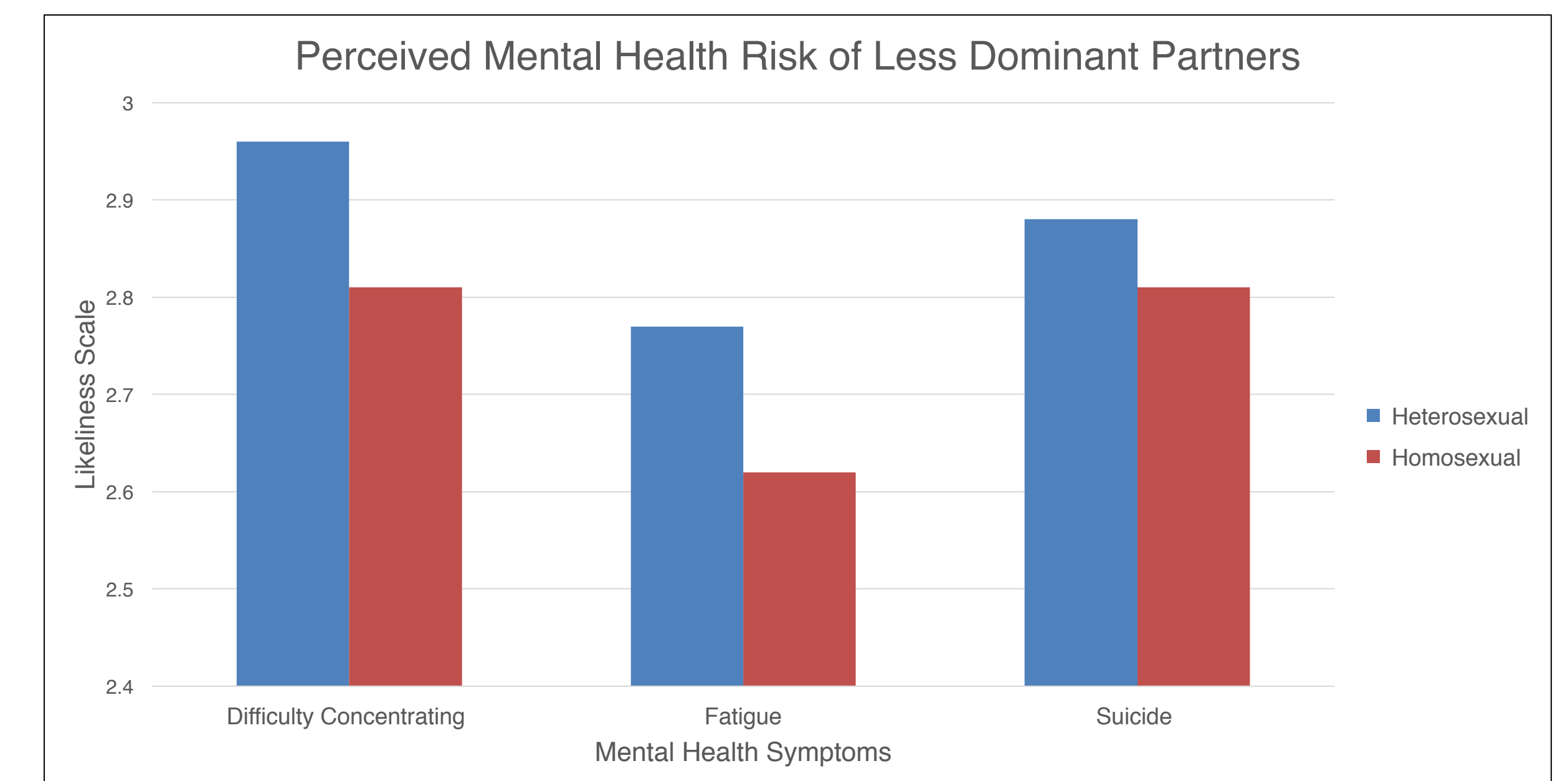


Figure 4. Mental health risks of less dominant partner based on sexual orientation (lower scores indicate higher risk).

Finally, to evaluate the hypotheses about sexual orientation on perceptions of mental health risks, one-way ANOVAs were run to compare the less dominant partner based on sexual orientation (heterosexual v. homosexual). The result revealed no statistically significant differences, all  $F$ 's  $< 0.34, ns$ . However, the pattern of means was consistent with predictions.

## Discussion

The results of the present study indicate that when participants read about an individual who differed in dominance within a relationship, they perceived them to be at a higher risk for suffering from mental health-related symptoms. Thus, individual perceptions of risk are consistent with the research evidence showing that such differences do exist. Similarly, participants' perceptions were also consistent with research demonstrating greater mental health risks for homosexual when compared to heterosexual partners.

**Limitations and Future Work.** Because this study incorporated only three of the four conditions, two heterosexual scenarios and one homosexual scenario, a complete assessment of the interaction between variables could not be addressed. Currently, more data collection is underway to complete the design. Future work assessing the role of dominance in other aspects of mental and physical health is needed. Additionally, research addressing whether perceptions of a male relationship partner in high or low power within either a heterosexual or homosexual relationship is needed.

**Conclusion.** In this study, perception coincides with reality in the assessment of mental health risks based on dominance status and sexual orientation.

## References

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