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The Dialectics of Ambivalent Identification in the Supervisor-Subordinate Dyad

Barret Vermilion
University of Central Florida



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**THE DIALECTICS OF AMBIVALENT IDENTIFICATION
IN THE SUPERVISOR-SUBORDINATE DYAD**

by

**BARRET JOSEPH VERMILION
B.A. Wayne State University, 2016**

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Science
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ABSTRACT

Ambivalent interpersonal relationships in organizations are known to have deleterious effects on employee health and wellbeing, work performance, counterproductive work behaviors, and more. However, little research has examined ambivalent relationships in the supervisor-subordinate dyad. In the present study, I contribute to the supervisor-subordinate literature by examining the interaction between abusive supervision and supervisor support. Furthermore, I extend past findings by investigating the mediating role of ambivalent supervisor identification, hypothesizing that support in an otherwise abusive supervisor relationship will lead to ambivalent supervisor identification and, consequently, negative health outcomes. Finally, I explore the role of dialectical thinking style, an Eastern mode of thinking which allows for the acceptance of contradiction, as a moderating factor between ambivalent supervisor behaviors and ambivalent supervisor identification. The data for this thesis came from an archival dataset in which my variables of interest were included. My findings failed to replicate past research on the direct, interactive effects of abusive supervision and supervisor support. However, there was a significant indirect effect of this interaction through ambivalent supervisor identification predicting stress but not wellbeing. I found no significant effect for the contradiction dimension of dialectical thinking style, which may be due to sampling and survey restrictions. Limitations, future directions, and practical implications are discussed.

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CHAPTER ONE: INTRODUCTION

Interpersonal relationships have important implications for an organization's overall functioning and effectiveness (Duffy et al., 2002). Subordinate relationships with their supervisors are particularly important as supervisors act as agents of the organization (Sucharski, & Rhoades, 2002; Levinson, 1965), thereby signaling to employees the extent to which an organization values and cares about its employees. However, with a few exceptions, research on supervisor-subordinate relationships has primarily focused on positive supervisor behaviors, such as supervisor support, and negative supervisor behaviors, such as abusive supervision, independently (e.g., Buunk, 1990; Eisenberger et al., 2002; Cobb, 1976). Moreover, by examining the outcomes of supervisor support and abusive supervision separately, researchers ignore that supervisors tend to act in inconsistent ways, varying over time (Nahum-Shani et al., 2014; Xu et al., 2015). In other words, very little empirical research on the supervisor-subordinate dyad has combined supervisor support and abusive supervision by studying the simultaneous occurrence of both.

Ambivalence manifests as the simultaneous experience of both positive and negative thoughts, feelings, or orientations toward an object or person (Rothman et al., 2017), generally leading to negative outcomes (e.g., Lee et al., 2017; Methot et al., 2017; Duffy et al., 2002). Abusive supervision consists of a variety of behaviors that encompass negative affect, criticism, or other negative actions (Vinokur & van Ryn, 1993), leading to negative implications for health and wellbeing (e.g., Uchino, 2001; 2012; 2013; 2014), including burnout and depression (Herschoviz & Barling, 2010). However, abusive supervisor behaviors are known to coexist with support (e.g., Hobman et al., 2009, Xu et al., 2015). The limited research on this co-occurrence

concludes that supervisor support exacerbates the adverse effects of abusive supervision in an otherwise abusive relationship. (Duffy et al., 2002; Lee et al., 2017; Nahum-Shani et al., 2014).

Lee et al. (2017) suggested that the negative outcomes resulting from an ambivalent relationship may best be explained by conceptualizing feelings of ambivalence toward a supervisor as a psychological phenomenon, coined ambivalent supervisor identification (ASI). This phenomenon can best be described using a more established construct in organizational literature. Ambivalent *organizational* identification is defined as one possessing both positive and negative feelings toward an organization (Ashforth et al., 2004), which leads to deleterious effects such as CWB-I and CWB-O (Ciampa et al., 2021). By extrapolating this idea to the supervisor-subordinate relationship, one can infer that ASI would similarly produce negative outcomes. However, no empirical research has explored ASI in the supervisor-subordinate relational dyad. Answering Lee et al.'s call to explore ASI in an ambivalent supervisor-subordinate relationship, the present research includes ASI as a mediating variable to explain how and why interpersonal ambivalence leads to negative outcomes.

In addition, this thesis will explore how individual differences in cognitive thinking style among subordinates can impact how they react to supervisor ambivalence. Dialectical thinking style (DTS) is a culturally influenced mode of binary or dichotomous thinking in that polar opposites can coexist (Elbow, 1993) and may explain why some individuals are predisposed to experience ambivalent supervisor or ambivalent organizational identification. DTS is associated with Eastern cultures Western cultures prefer definitive conclusions when presented with contradictory situations, using a univalent thinking style. Naïve dialecticism theory (NDT) posits that DTS is rooted in three primary principles: acceptance of contradiction, acceptance of

change, and belief in connection (Nisbett et al., 2001). Ambivalent relationships involve contradictory behaviors, and studies involving DTS explore how individuals perceive and react to contradiction. Therefore, the present study will explore the ‘acceptance of contradiction’ dimension of DTS as an explanatory factor of the likeliness to experience ambivalent supervisor identification.

This thesis will contribute to the ambivalence literature in at least two ways. First, relational ambivalence is studied primarily by measuring two different behaviors, one positive and one negative, and then either analyzing them separately or the interactive effect of the two. However, these methods of inferring ambivalence neglect to describe the psychological state of experiencing ambivalence when reacting to contradictory behaviors. Therefore, one contribution of this thesis is to extend our understanding of ambivalence by identifying and studying the psychological state of ambivalence as a reaction to behaviors. Second, individual characteristics may moderate the relationship between experiencing ambivalent behaviors and the psychological state of ambivalent identification. Thus, this thesis will contribute to the ambivalence literature by identifying ASI as a potential mechanism through which ambivalent behaviors lead to negative health outcomes, and how DTS predisposes one to experience ASI.

CHAPTER TWO: BACKGROUND AND THEORETICAL RATIONALE

Ambivalence

Generally speaking, ambivalence is defined as the simultaneous experience of positive and negative emotional or cognitive orientations toward a person, object, task, goal, idea, or situation (Rothman et al., 2017). Why and when ambivalence leads to good or bad outcomes has been a steadily debated question for decades (see reviews by Methot et al., 2017; Rothman et al., 2017). Furthermore, interpersonal relationships in any context are often considered ambivalent, as opposed to purely positive, negative, or indifferent (e.g., Rothman et al., 2017, Nahum-Shani et al., 2014; Weigert & Franks, 1989).

Organizations are dynamic and complex entities, often requiring workers to face contradictory roles, multifaceted issues, play multiple positions, etc. (Wang & Pratt, 2008). Due to the complex nature of organizations, it is not surprising that ambivalence is a common phenomenon within interpersonal relationships. In some cases, research links ambivalence in organizations to adverse outcomes such as resistance to change (Piderit, 2000) or escapist behaviors (Pratt & Doucet, 2000). However, in other cases, organizational ambivalence leads to positive outcomes such as heightened creativity (Fong, 2006) and stronger organizational commitment (Pratt & Rosa, 2003). To make sense of the contradictory outcomes of ambivalence in organizations, it is necessary to study both the relational dynamics and individual characteristics in the workplace to understand why ambivalence leads to both positive and negative outcomes.

From a linguistic standpoint, ambivalence refers to the experience of two strong yet opposing forces. In Latin, ‘ambo’ means both, and ‘valere’ means to be strong (Meverson & Scully, 1995). Rothman et al. (2017) reviewed a number of different varieties of ambivalence. Of these, I will first review four types: general, attitudinal, trait, and mixed emotions. The purpose of this brief review is to provide context to relational ambivalence, the focal construct of my thesis.

General ambivalence, or simply ambivalence, is a broad and overarching term used to describe ambivalence in any context. Ashforth et al. (2014) defined ambivalence as simultaneously oppositional positive and negative orientations toward an object [...] ambivalence includes cognition (“I think about X”) and/or emotion (“I feel about X”)” (p. 1454). Ashforth et al. focused on high-intensity ambivalence, rather than low-intensity ambivalence because the latter is less salient and does not lead to any significant outcomes.

Attitudinal ambivalence is defined as the simultaneous experience of positive and negative attitudes about a target. Priester and Petty (2001) were the first researchers to diverge from the traditional univalent conceptualization of attitudes (see Thurstone, 1928). They posited a more adaptive approach, reasoning that attitudes toward an object can be simultaneously positive and negative (see Thompson et al., 1995; Breckler, 1994).

In a review of ambivalence bridging psychoanalytic, psychopathological, sociological, cognitive, and developmental literatures, Sincoff (1990) defined *trait ambivalence* as individualistic overlapping approach-avoidance tendencies which manifest behaviorally, cognitively, or affectively. People with trait ambivalence feel that they cannot resolve mixed

emotions, which tend to manifest in detrimental outcomes such as experiencing complex grief when processing the loss of a loved one (Bonanno et al., 1998).

Mixed emotions are a form of ambivalence that refers to the co-occurrence of both positive and negative affective states (Larsen et al., 2001). For example, suppose one is anticipating a raise but receives a smaller raise than expected. This individual will feel happy because they have received a raise but also disappointed that it was not the raise they had anticipated. It is important to note that researchers often study ambivalence without using the same terminology. In this case, Larsen et al. coined the term “mixed emotions,” which is essentially ambivalent emotions.

Relational Ambivalence

Relational ambivalence was defined by Uchino et al. (2001) as network members who are a source of simultaneous interpersonal positivity and negativity. For example, they studied social network members with positive, negative, and ambivalent ties. Positive and negative ties were simply defined as relationships that are subjectively considered to be purely positive or purely negative. However, ambivalent ties were characterized by having both positive and negative social aspects in a relationship. Uchino et al. found that the number of ambivalent network ties predicted age-related differences in depression, sympathetic control of heart rate reactivity during stress, and shortened telomeres (Uchino et al., 2012). Rothman et al. (2017) argued that there are four primary sources of ambivalence within organizations that I apply here to relational ambivalence. The first source is *individual propensities*. Some people are more likely to experience ambivalence than others (e.g., Sincoff, 1990; Thompson & Zanna, 1995). For

example, individuals with traits such as cognitive representations of the self and emotion (Rafaeli et al., 2007), dialectical thinking style (Hui et al., 2009), personal fear of invalidity, low need for cognition (Thompson & Zanna, 1995), and younger individuals (Ong & Bergeman, 2004) are more likely than others to experience relational ambivalence. The second cited source of ambivalence is *relational characteristics*. Factors such as length of time spent in a relationship, frequency of interaction, and interaction across multiple domains of work may lead to ambivalence (Braiker & Kelley, 1979). The third source of ambivalence includes *organizational events*, such as organizational change. An organizational change elicits both positive and negative feelings and emotions, such as difficulties adapting to new cultures or traditions and feelings of hope for new organizational directions. For example, evidence suggests that organizational change often precedes the experience of incongruent emotions (Vince & Broussine, 1996). Finally, the fourth major source of ambivalence includes *structural conditions*, also referred to as *sociological ambivalence* (Rothman et al., 2017). Sociological ambivalence occurs when there are conflicting demands in social structures, such as norms (Merton, 1976), roles (Albert & Adams, 2003), and collectively held identities (Albert & Adams, 2003). For example, sociological ambivalence may arise in a first responder because they must show detached concern by demonstrating empathy while simultaneously keeping a professional emotional distance.

Outcomes of Relational Ambivalence

To date, literature on relational ambivalence primarily explores dyadic relationships outside of an organizational context, which generally leads to negative outcomes. For example,

Abbey (1985) inferred ambivalence by using social support and conflict as concurrent proxies of relational ambivalence. Abbey found that simultaneous high conflict and high support resulted in decreased quality of life when respondents referenced a close personal relationship such as a romantic partner or best friend. Thus, it appears that when relationships are considered important, ambivalent feelings lead to adverse outcomes. On the other hand, if a relationship is not considered important, ambivalent feelings are far less impactful, if not inconsequential.

Furthermore, Major et al. (1997) found evidence of negative outcomes resulting from ambivalent relational dyads. In this study, pregnant women were assessed regarding their pre-abortion conflict and support from their friends and their mother. Results of this study indicated that women who perceived their friends and mothers as significant sources of both pre-abortion social support and conflict were more distressed after the procedure than if they received only social support or conflict, respectively.

Moreover, ambivalent relationships have ominous implications for physical health. Much of the research on relational ambivalence illustrates its impact on physical wellbeing. For example, studies suggest that the number of ambivalent ties predicts age-related differences in depression, heart reactivity (Uchino et al., 2001), and shortened telomeres (Uchino et al., 2012). In addition, evidence suggests that having one close ambivalent relationship predicts increased systolic blood pressure (Gramer, 2004), inflammation (Uchino et al., 2013), coronary-artery calcification (Uchino et al., 2014), and cardiovascular morbidity (Birmingham, 2015). These findings suggest that having many ambivalent ties and ambivalence experienced in close personal relationships is distressing enough to cause detrimental physiological effects.

In summary, relational ambivalence has a variety of negative social and physical consequences. Table 1 provides an overview of key articles that have studied relational ambivalence, including measurement and study outcomes.

Table 1: Measurement and Outcomes of Ambivalent Relationships

	Measurement of Ambivalence	Outcome
Abbey & Andrews (1985)	Social support/conflict	Negative affect, decreased QOL
Bridge & Baxter (1992)	Measure developed	Negative effect on tension
Major (1997)	Social support/conflict	Psychological distress
Uchino et al. (2001)	SRI*, social support/conflict, number of ambivalent ties,	Depression, impaired heart reactivity
Uchino et al. (2004)	SRI, supportive/aversive ties	Psychological distress, decreased wellbeing
Fingerman (2006)	Conflicting emotions, neuroticism	Ambivalence
Gramer (2004)	SRI, social support	Impaired cardiovascular activity, high blood pressure
Uchino et al. (2012)	SRI	Decreased telomere length
Uchino et al. (2013)	SRI	General inflammation
Uchino et al. (2016)	SRI	Coronary-artery calcification
Birmingham (2015)	SRI	High blood pressure

Note: SRI = Social Relationships Index; QOL = Quality of Life

Ambivalence in the Supervisor-Subordinate Dyad

Based on the review above, ambivalent relationships considered important to an individual will have particularly detrimental health and wellbeing outcomes. By extrapolating this evidence to an organizational setting, one can conclude that the supervisor-subordinate relationship is considered important; therefore, relational ambivalence may be particularly detrimental in this context. For instance, conflict with a supervisor could impact a worker's employment status. Therefore, one would expect that a subordinate's experience of ambivalent supervisor behaviors would lead to distinctly deleterious outcomes relative to abusive supervisor behaviors alone.

Furthermore, several studies provided evidence of this relational phenomenon. For instance, Duffy et al., (2002) developed an interactive model of social undermining and support in an organizational setting. Although they did not explicitly term this interaction "ambivalence", the results of their study indicated that simultaneous high levels of undermining and support from the same source were associated with low self-efficacy and organizational commitment, CWBs, and somatic complaints. In contrast, high undermining was less impactful when support was low. In another example, Hobman et al. (2009) examined the consequences of abusive supervision and support in student-advisor relationships. Similarly, they concluded that in the presence of high supervisor support in an otherwise abusive relationship, students experienced more anxiety and decreased psychological wellbeing. Nahum-Shani et al. (2014) used perceptions of ambivalent behaviors, operationalizing the interaction between supervisor support and undermining from a subordinate's perspective as the basis of their investigation. They reasoned that supervisor support in an otherwise undermining relationship would be perceived as

unexpected and conflictual, thereby making the undermining behavior more salient and consequently leading to negative outcomes. Results from their study indicated that simultaneous support and undermining from a supervisor predicted job strain, poor quality of work-life (QWL), and detrimental physical health symptoms.

In contrast, Lee et al. (2017) looked to LMX as a method of conceptualizing and measuring ambivalence in the supervisor-subordinate dyad. They proposed that instead of considering LMX as a univalent construct (ranging from high to low), LMX should be studied as being bivalent in nature (coexisting positive and negative thoughts toward the relationship). Their study validated a measure of LMX ambivalence, showing construct, discriminant, and incremental predictive validity beyond that of LMX quality. Furthermore, they found that LMX ambivalence had a deleterious effect on task performance (while controlling for LMX quality).

Although Lee et al. conceptualized LMX as a bivalent construct, the scale they developed is univalent. In other words, their scale measures two relational elements on a single, continuous scale, which neglects to consider the interactive effects of oppositional behaviors. In contrast, this thesis used two separate behavioral measures, and studied their interactive effects. This approach is preferred because the interactive effect of opposing behaviors can be measured and studied at varying levels, respectively. Moreover, consistent with past research, different proxies of negative and positive behaviors can be interchanged. For instance, supervisor support and abusive supervision could be substituted by transformational leadership and supervisor undermining instead. Using an interactive approach is also consistent with prior research (e.g., Hobman et al. 2009; Xu et al., 2015). Given that ambivalence is characterized by the

simultaneous experience of positive and negative relational aspects, supervisor support and abusive supervision were used as proxies for positive and negative relational elements.

Health outcomes such as cardiovascular reactivity (Uchino et al. 2004) and cellular aging (Uchino et al., 2012) are linked to ambivalent relationships outside of an organizational context. Furthermore, psychological stress is also linked to ambivalent relationships (e.g., Uchino et al., 2012). Therefore, I hypothesize that the results of past studies will be replicated in a workplace setting. Specifically, supervisor support will interact with abusive supervision in that it will exacerbate the harmful effects of abusive supervision on subjective stress and wellbeing. Relationships characterized by positive elements such as support are easier to maintain, whereas relationships characterized by negative elements such as abusive supervision are detrimental to relationships (e.g., Uchino, 2012). Relationships characterized by ambivalence are harmful because they tend to be unpredictable. When negative elements characterize relationships, the tendency is to terminate the relationship. However, when relationships involve both positive and negative relational elements, uncertainty arises about whether to maintain a given relationship, particularly in relationships characterized by close ties such as supervisor-subordinate relationships.

Hypothesis 1: Supervisor support and abusive supervision will interact to predict subjective stress (H1a) and wellbeing (H1b).

Ambivalent Identification with a Supervisor

In addition to replicating past findings for the negative impact of supervisor-subordinate ambivalence using an interactive approach, supervisor, this thesis proposes a mediating variable,

ambivalent identification with a supervisor. Pratt and Doucett (2000) discussed the phenomenon of ambivalent identification toward an organization and supervisor, although specific outcomes were not discussed. Lee et al. (2017) developed a measure for ambivalent identification to study the negative effects of ambivalent identification with a supervisor. However, despite developing a measure for LMX ambivalence, they did not examine the potential role of ambivalent identification as a mediator to help explain the relationship between LMX ambivalence and its outcomes.

Organizational identification has been researched extensively (e.g., Christ et al., 2003; Lee et al., 2005), generally leading to positive behavioral outcomes, such as organizational citizenship behaviors. However, there is also a negative side. For example, low organizational identification is linked with absenteeism (Edwards & Pecci, 2010) and turnover intentions (Van Dick et al., 2004). *Ambivalent* organizational identification is defined as having both positive and negative feelings toward an organization (Ashforth et al., 2004), and is evidenced when one identifies with some aspects of an organization while simultaneously “disidentifying” with other aspects. Like interpersonal ambivalence, ambivalent organizational identification is considered more the norm than the exception (Kreiner & Ashforth, 2004). It is not surprising that recent research has underscored the deleterious effects of ambivalent identification, such as increased CWB-I and CWB-O (Ciampa et al., 2021), decreased citizenship behaviors (Schuh et al., 2016), and increased turnover intentions (Ashforth et al., 2013). As previously mentioned, ambivalence research is well established regarding the behavioral, cognitive, and health outcomes in an organizational context. However, no empirical research exists in regard to the effects of ambivalent identification with a supervisor.

As noted previously, ambivalent relational and supervisor relationships are primarily studied using the interaction of two separate constructs representing the positive and negative elements of an ambivalent relationship. Ambivalence is not a univalent phenomenon and should not be treated as such. In theory, any number of positive and negative relational elements can be used as proxies to infer relational ambivalence. However, contradictory behaviors in a relationship do not necessarily account for the psychological experience of feeling ambivalence. That is to say that behaviors are perceived by an individual and how an individual processes these behaviors are a psychological and individualistic phenomenon. In this context, the exposure to contradictory behaviors from the same actor should foster a negative feeling of ambivalence about the supervisor.

Given that the established literature provides evidence that feelings of ambivalence lead to detrimental health outcomes, I hypothesize that abusive supervision and supervisor support will interact to predict the experience of ambivalent identification toward a supervisor. ASI, conceptualized as a psychological phenomenon, will mediate the relationship between the interaction of support and abusive behaviors, and the detrimental effects on stress and wellbeing. Ambivalent identification can and should be utilized as an explanatory construct to integrate the relationship between perceived behaviors and established negative stress and wellbeing outcomes that result from feelings of ambivalence.

Hypothesis 2: Supervisor support and abusive supervision will interact to predict ASI.

Hypothesis 3: ASI will have a positive relationship with stress (H3a) and a negative relationship with wellbeing (H3b).

Hypothesis 4: ASI will mediate the relationship between the interaction of supervisor support and abusive supervision and the outcomes of stress (H4a) and wellbeing (H4b).

Dialectical Thinking Style

Dialectical thinking style (DTS) is defined as a culturally influenced tendency for binary or dichotomous thinking in that polar opposites can coexist (Elbow, 1993) or the tolerance of apparently contradictory or ambivalent beliefs (Peng & Nisbett, 1999; Peng et al., 2005). DTS is mainly associated with Eastern/Asian cultures (e.g., Ho, 2000; Wong, 2006; Jiang et al., 2015). In contrast, Western cultures prefer definitive answers facing apparent contradiction, using a univalent thinking style.

The “yin and yang” concept of ancient Chinese culture perfectly exemplifies dialectical thinking style from an etymological standpoint. “Yin” is said to originally refer to sunshine, whereas “Yang” is said to represent darkness or the absence of sun (Jiang et al., 2013). In later texts, yin and yang were expanded to embody cosmic principles or forces such as masculinity/femininity, heat/cold, etc. In essence, yin and yang represent interdependent opposites, creating the foundation for the dualistic mode of thinking seen in many Eastern religions such as Daoism, Buddhism, and Hinduism. Lightness cannot exist without darkness, fortune cannot exist without misfortune, and all things and events are in a constant state of flux and therefore never on any one opposite side of yin or yang.

Today, Confucianism and Daoism still permeate Chinese culture, and both endorse the yin and yang concept. Contemporary Chinese logic, language, and attitude toward life are an extension of ancient Chinese philosophy. For example, Zhang Dongsun noted, “The Chinese do

not make definitions (in the Western sense) but only understand the meaning of a word by contrasting it with its opposite.” (p. 182). For example, a “wife” is a “woman who has a husband,” and a “husband” is a “man who has a wife” (p. 182-183). In this sense, Eastern cultures tend to define objects and ideas not only by what they are but also by what they are not. Zhang says that the Chinese language, a product of Chinese logic, is the “logic of correlative duality” (p. 183). Opposites such as “to have” and “to not have” cannot exist without the other. In other words, Chinese logic is dictated by correlations between opposites. In contrast, deductive logic, generally used in a Westernized modality of thinking, precludes the notion of identifying a thing or idea by its opposites.

Western logic stems from principles derived from Aristotelian logic (Peng & Nisbett, 1999). These principles include the *law of identity*: everything must be identical to itself (if A is true, then A is always true); the *law of non-contradiction*: no statements can be both true and false at the same time (A cannot equal not-A); and the *law of excluded middle*: any statement is either true or false, with no middle term (all propositions must be either true or false).

To conceptualize DTS, Spencer-Rogers et al., (2005) define *naïve dialecticism theory (NDT)* in three dimensions: change, contradiction, and holism. The principle of change underscores that reality is in a constant state of flux and is not static and that all objects and events will eventually change to their opposites. Contradiction refers to the view that all phenomena are composed of two opposing elements and must exist simultaneously in an object or event (e.g., man and woman, good and bad). Finally, holism is the view that everything in nature is interconnected and that nothing is isolated and independent and cannot be understood except in relation to the whole.

Dialectical Thinking Style in the Workplace

Empirical studies on DTS in an organizational setting are few and far between, with most of the emphasis on correlational research on cross-cultural differences (see Peng & Nisbett, 1999; Spencer-Rogers, 2004; Wong, 2006; Zhang et al., 2015). Generally, these studies replicate findings that DTS tends to be a predominately Eastern phenomenon.

Using the three Chinese ideological traditions and operationalizing dialectical thinking style as cognitive orientations, Bai et al., (2014) conducted a study in a Chinese tech company examining the impact of dialectical thinking on a leader's impact on team conflict and employee performance. They found that leaders' DTS was positively related to creativity and in-role performance. However, although they advanced management literature by incorporating DTS, they neglected to treat the three dimensions separately, even though they are demonstrably different in their effects on health (Jiang et al., 2013). Tong et al. (2015) were able to induce DTS in employees using a cognitive style manipulation technique and found that these individuals reported significantly better-perceived training outcomes. These findings have potentially positive implications for assessment centers and training program interventions. However, like most other research in this domain, Tong et al. treated DTS as a single predictor instead of treating the three dimensions separately. Thus, it is unclear if the results are due to positive results for change and connection eclipsing the negative effects of acceptance of contradiction.

Dialectical Thinking Style and Ambivalence

Cross-cultural research provides some evidence that countries, where DTS is more prevalent, tend to experience more ambivalence (Bagozzi et al., 1999). Hui et al. (2009) found evidence that non-dialectical thinkers experienced more emotional ambivalence when facing negative events, and lower emotional ambivalence in positive events. On the other hand, dialectical thinkers experienced similar levels of emotional ambivalence in the face of both positive and negative events. They argue that dialectical thinkers experience more emotional ambivalence because they tend to process both negative and positive information about a given event or situation, and this simultaneous appraisal leads to a mixed state of positive and negative emotions. Furthermore, evidence suggests that DTS increases ambivalence toward one's self-concept, resulting in decreased levels of wellbeing (Spencer-Rodgers et al., 2004).

In one study, three-quarters of relationships reported contradictions in relational elements (Baxter et al., 1990) which is a salient theme in relationship development (Rawlins, 1983). Generally, empirical studies on health, behavioral, and relational outcomes make conclusions based on the sum of contradiction, change, and holism, without comparing differences between the three (e.g., Cheng, 2009; Miyamoto & Ryff, 2011). DTS is most widely defined by three interrelated tenets, as mentioned above (Spencer-Rodgers & Peng, 2005; Peng, 1997; Peng & Nisbett, 1999). However, DTS seems to be interpreted differently among scholars. For example, Hideg (2017) defines DTS as a cognitive style characterized by viewing the world as interconnected and in flux. In contrast, Hui et al., (2009) define DTS as the tolerance of apparently contradictory or ambivalent beliefs. While these interpretations are not necessarily at odds, the common theme in empirical research seems to be that those definitions of DTS are

incomplete (e.g., Pang et al., 2017; Baxter, 1990; Miyamoto & Ryff, 2011). Varying definitions or misinterpretations of DTS are problematic to the validity of conclusions drawn from empirical research.

Furthermore, there is evidence that the three dimensions of DTS differ regarding their outcomes. For example, Jiang et al. (2013) found that contradiction is negatively related to perceived behavioral control and health behaviors, whereas change and connection are positively related. Considering that the three dimensions elicit contradictory results in the few studies that examine them separately, perhaps the best way to advance this line of research draw a complete picture of DTS is to consider each element as separate parts of a whole and derive conclusions accordingly. In the present research context, the dimension of contradiction is the most relevant because it is a thinking style that applies to conflicting thoughts and emotions, which is evident in ambivalence. The dimension of change shows potential, but it deals with temporal fluctuations and is likely better suited for longitudinal research design. Holism does not seem to be relevant to this context as it is unclear how defining things and events relative to the “whole” can be measured or if conclusions can even be drawn in this context.

I hypothesize that the contradiction dimension will exacerbate the effect between ambivalent behaviors and ASI because individuals with this type of thinking style may be more conscious of two opposing sides without feeling the need to resolve a contradiction. Therefore, they will perceive the simultaneous experience of abusive supervision and support as conflictual and ambivalent. Aristotelian logic requires a definitive “yes” or “no” conclusion regarding reasoning. I posit that the contradictory dimension of DTS predisposes those using DTS to possess an awareness of the co-existence of opposing thoughts or ideas without the need for a

definitive conclusion. I believe that without the resolve of Aristotelian type thinking, contradictory-type dimensional thinkers of DTS will experience psychological conflict as evidenced by feelings of ambivalence. Therefore, I hypothesize that there will be a three-way interaction between supervisor support, abusive supervision, and the contradiction dimension of DTS, such that the negative effects of high support and high abusive supervision will be exacerbated when contradiction is also high.

Hypothesis 5: There will be a three-way interaction between supervisor support, abusive supervision, and the contradiction dimension of DTS when predicting ASI, such that the negative effects of high support and high abusive supervision will be exacerbated when contradiction is also high.

CHAPTER THREE: METHODOLOGY

This study used archival data from the first three waves of a four-wave survey study using Prolific, an online surveying platform. An initial screening survey was sent to individuals who currently reside in the US, had a direct supervisor, and had regular interaction with colleagues at work. The screening survey resulted in 977 useable responses. Of those, 400 individuals were invited to participate in the full study based on the following criteria: they worked at least 20 hours per week, worked in-person at least 25% of the time, and had regular contact with their coworkers and primary supervisor. Surveys were staggered at two-week intervals. There were 310 useable responses from the first wave survey, 261 useable responses to the second wave survey, and 239 useable responses to the third wave survey. Participants were excluded if they experienced an employment, organizational, or supervisor change or failed at least two of the four attention checks between the three waves. In this case, three participants were omitted for having had a change in their supervisor or organization. The final sample size consisted of 236 participants with complete data across all three time points. Abusive supervision, supervisor support, and DTS were collected in the first wave, the mediator variable (ASI) in the second wave, and the dependent variables (stress and wellbeing) in the final wave. Participants were compensated \$5 for each of the surveys they completed.

Sample

A total of 145 participants (61.4%) identified themselves as male, 90 (38.6%) identified as female, and 1 participant (.4%) identified as other. The mean age of the participants was 35.8.

With regard to race/ethnic background, .4% were American Indian or Alaskan Native, 6.3% were Hispanic or Latino, 1.7% were Middle Eastern, 5.9% were Asian or Asian American, .4% were Native Hawaiian or other Pacific Islander, 3.4% were Black or African American, 76.4% were White or Caucasian American, and 5.5% were mixed ethnicity. The mean number of years that participants reported being with their organization was 6.6.

Measures

Abusive supervision was assessed using a 15-item measure ($\alpha = .95$) developed and validated by Mitchell & Ambrose (2007), adapted from Tepper (2000). Example items include “My leader ridicules me,” and “My leader tells me I’m incompetent.”

Supervisor support from the immediate supervisor of a subordinate was assessed using a 3-item measure ($\alpha = .93$) from the Eisenberger Perceived Organizational Support scale (Eisenberger et al., 1986). Examples include “My leader really cares about my wellbeing,” and “My leader shows a lot of concern for me.”

Ambivalent supervisor identification was measured with a 6-item scale developed by Lee et al., (2017) ($\alpha = .94$) using a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly disagree*). Sample items include “I have contradictory feelings about my manager,” and “I’m torn between loving and hating this manager.”

The contradiction dimension of dialectical thinking style was assessed using a 6-item subscale questionnaire ($\alpha = .75$) developed and validated by Spencer-Rogers and colleagues (Spencer-Rogers et al., 2008). Using a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*), items from the contradiction dimension include “I often find that things will

contradict each other,” and “When two of my friends disagree, I usually have a hard time deciding which of them is right.”

Subjective stress was measured using a 4-item scale ($\alpha = .89$) from Motowidlo et al. (1986). Responses were on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly disagree*). Scale items included “I feel a great deal of stress because of my job,” and “Very few stressful things happen to me at work.”

Wellbeing was assessed using a 5-item scale ($\alpha = .92$) developed by Smith and colleagues (2008) ranging from 1 (*At no time*) to 5 (*All of the time*). Sample items include “I have felt cheerful and in good spirits,” and “I have felt calm and relaxed.”

Regarding control variables, *gender* has confounded results in previous studies (e.g., Green & Pope, 1999); and *tenure* (number of years employed with their organization) were included.

Analyses

Hypothesis 1a and 1b were analyzed using moderated hierarchical linear regression. In step 1, subjective stress or wellbeing were regressed on supervisor support and abusive supervision. In step two, I added the interaction variable of supervisor support and abusive supervision to assess incremental validity.

Hypothesis 2 was analyzed using moderated hierarchical linear regression. In step 1, ASI was regressed on supervisor support and abusive supervision. In step two, I added the interaction variable of supervisor support and abusive supervision to assess incremental validity.

Hypothesis 3a and 3b were analyzed by using simple linear regression. Stress or wellbeing was regressed on ASI, including control variables.

Hypotheses 4a and 4b were analyzed using path analysis in Mplus. The total, indirect, and conditional indirect effects were analyzed by regressing both subjective stress and wellbeing on ASI, and ASI on the interaction of supervisor support and abusive supervision.

Hypothesis 5 was analyzed using hierarchical linear regression. In step 1, ASI was regressed on supervisor support, abusive supervision, and the contradiction dimension of DTS. In step 2, ASI was regressed on the two-way interactions among supervisor support, abusive supervision, and the contradiction dimension of DTS. In step 3, ASI was regressed on the three-way interaction of supervisor support, abusive supervision, and the contradiction dimension of DTS to assess incremental validity.

All predictor and moderator variables (abusive supervision, supervisor support, and DTS) were mean-centered for each analysis (Cohen, Cohen, West, & Aiken, 2003) and bootstrapped (N = 1,000). All regression analyses were conducted using R, a commonly used software environment for statistical computing. The predictor, moderator, and mediator variables were all mean-centered before inclusion in the path analyses (see Asparouhov & Muthén, 2018). Path analyses, including indirect and conditional indirect effects, were conducted using Mplus statistical software to test H4 (a and b). Indirect effects were determined by subtracting the direct effects from total effects (Bollen, 1987; Muller & Judd, 2005), and were bootstrapped (N = 1,000) to infer mediation and produce p-values, confidence intervals, and standard errors (Shrout & Bolger, 2002).

CHAPTER FOUR: RESULTS

Descriptive statistics and intercorrelations are displayed in Table 2 below. Notably, DTS was positively correlated with gender ($r = .16, p < .01$), indicating that females were slightly more likely to use DTS; and it was negatively correlated with the other control variable tenure ($r = -.12, p < .05$). Interestingly, DTS was negatively correlated with age ($r = -.14, p < .05$), which may indicate that DTS' negative correlation with tenure is age-related. DTS was also negatively correlated with wellbeing ($r = -.24, p < .01$). However, it was not significantly correlated with the other outcome variable, stress ($r = .06, n.s.$).

Table 2: Descriptive Statistics and Correlations

	M (SD)	1	2	3	4	5	6	7
1. T1 Gender	.41 (.53)							
2. T1 Tenure	6.05 (5.10)	-.08						
3. T1 SS	1.62 (.92)	-.03	.03					
4. T1 AS	3.90 (.94)	-.07	-.11	-.62**				
5. T1 DTS	3.93 (.71)	.16**	-.12*	.04	-.03			
6. T2 ASI	1.75 (.85)	.10	-.02	.51**	-.44**	.07		
7. T3 Wellbeing	3.89 (1.16)	-.18**	.09	-.24**	-.42**	-.21**	-.26**	
8. T3 Stress	3.05 (1.09)	.07	.12	.32**	-.33**	.06	.24**	-.37**

Note: N = 236. AS = Abusive Supervision. SS = Supervisor Support. DTS = Dialectical Thinking Style. ASI = Ambivalent Supervisor Identification. Male = 0, Female = 1. *** $p < .001$, ** $p < .01$, * $p < .05$

Ambivalence and Negative Health Outcomes

For H1a and H1b, I predicted that abusive supervision and supervisor support would interact to predict stress and wellbeing such that stress would be highest and wellbeing lowest when both abusive supervision and supervisor support were high. After controlling for gender and tenure, the results from the hierarchical regression analysis did not support the interaction effect on stress (H1a) ($B=.05$, $SE=.07$, $\Delta R^2=.00$, *n.s*) or wellbeing (H1b) ($B=-.07$, $SE=.07$, $\Delta R^2=.20$, *n.s*). Contrary to expectations, the results of this study did not replicate past findings for either stress or wellbeing (e.g., Nahum-Shani, 2014). See Table 3 below.

Table 3: ASI Regressed on the Interaction of Abusive Supervision and Supervisor Support

Variable	b(SE)	95% CI	β
<u>Step 1</u>			
Constant	1.74(.083)**	[1.57, 1.92]	
Gender	.14(.094)	[-0.05, 0.31]	.08
Tenure	-.01(.009)	[-0.02, 0.01]	-.05
AS	.37(.063)**	[0.19, 0.54]	.39
SS	-.19(.062)**	[-0.34, -0.08]	-.21
$R^2 = .292^{**}$			
$F = 25.707$			
<u>Step 2</u>			
Constant	1.87(.081)**	[1.70, 2.04]	
Gender	.12(.089)	[-0.05, 0.29]	.07
Tenure	-.01(.008)	[-0.02, 0.01]	-.04
AS	.62(.074)**	[0.46, 0.76]	.66
SS	-.18(.058)**	[-0.34, -0.04]	-.19
AS x SS	.26(.046)**	[0.11, 0.33]	.38
$\Delta R^2 = .076^{***}$			
$\Delta F = 29.679$			
$Total R^2 = .368$			
$F = 55.386$			

AS = Abusive Supervision; SS = Supervisor Support, ASI = Ambivalent Supervisor Identification. N = 236. CI = Confidence Interval. * $p < .05$, ** $p < .01$, *** $p < .001$.

Ambivalence and ASI

For H2, I predicted that abusive supervision and supervisor support would interact to predict ASI, such that ASI would be highest when both abusive supervision and support were high. After controlling for gender and tenure, a moderated hierarchical regression found a significant interaction ($B=.26$, $SE=.05$, $\Delta R^2=.08$, $p<.001$), supporting Hypothesis 2.

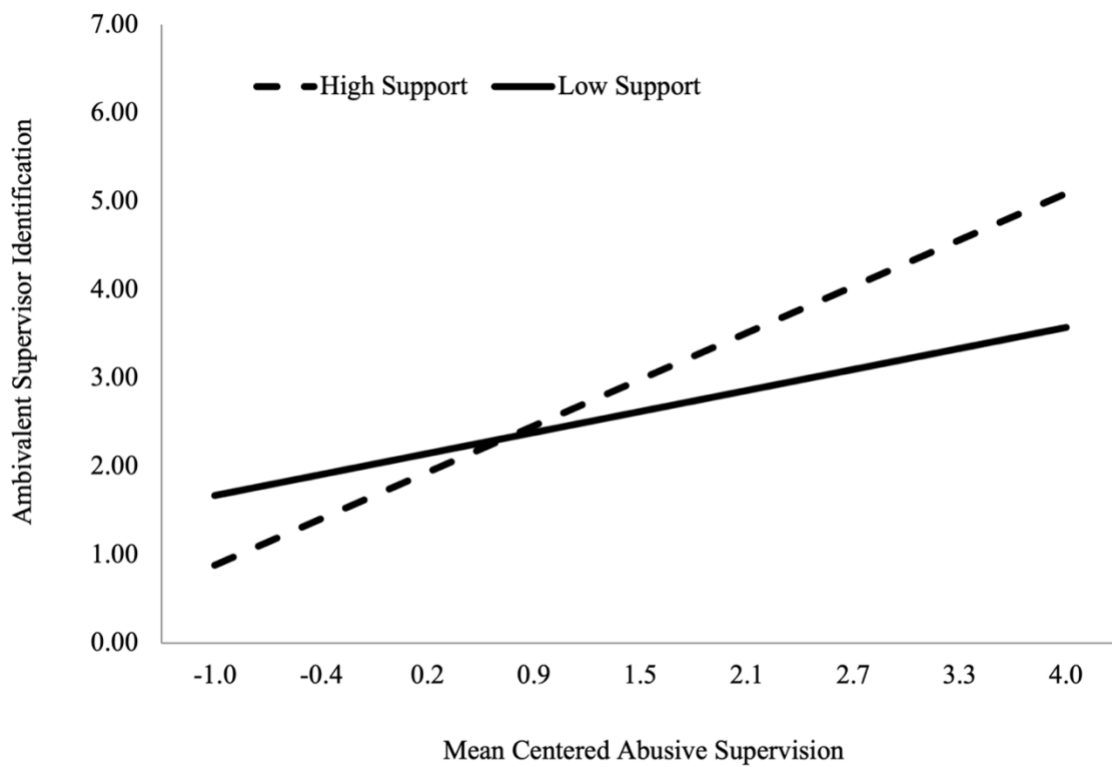


Figure 1: ASI on Abusive Supervision at High and Low Levers of Supervisor Support

Figure 1 depicts the interactive effect of abusive supervision and supervisor support such that at high levels of supervisor support and low levels of abusive supervision, subordinates tend not to experience ASI. However, at high levels of both abusive supervision and supervisor support, subordinates tend to experience more ASI than at low levels of support. Table 4 shows that the relationship between abusive supervision and ASI becomes stronger as supervisor support increases. The results of this simple slopes analysis show that although the relationship is significant and positive at one SD below the mean for supervisor support ($B=.39$, $SE=.08$, $p<.001$), the relationship is stronger at one SD above the mean for supervisor support ($B=.85$, $SE=.89$, $p<.001$).

ASI on Negative Health Outcomes

For Hypotheses H3a and H3b, I expected ASI to predict stress and wellbeing. After controlling for gender and tenure, simple linear regression analyses were conducted and supported both hypotheses. ASI positively predicted stress ($B=.33$, $SE=.08$, $p<.001$) and negatively predicted wellbeing ($B=-.34$, $SE=.09$, $p<.001$).

The Mediating Role of ASI

For Hypotheses H4 (a and b), I expected to find that ASI mediates the relationship between the interaction of abusive supervision and supervisor support and the outcomes of stress and wellbeing. I ran a single path analysis including both stress and wellbeing outcome variables using Mplus statistical software. In my initial analysis, I tested my model with indirect effects only, without including the direct paths from abusive supervision, supervisor support, or the interaction to stress and wellbeing, respectively. Model fit indices showed poor model fit. The

Chi-Square goodness of fit test was significant, $X^2(10) = 542.77, p < .001$, and RMSEA (.112), CFI (.801), and TLI (.643) indicated unacceptable model fit. To improve model fit, the direct paths to both outcomes were included in the next analysis. My second model showed good model fit, $X^2(4) = 8.19, p = .085$, RMSEA (.063), CFI (.975), and TLI (.886). The analysis was bootstrapped (5,000) and bias corrected.

Regarding stress (Hypothesis 4a), there was a significant relationship between ASI and stress ($B = .10, SE = .04, p < .05$), and a significant interaction between abusive supervision and support predicting ASI ($B = .25, SE = .06, p < .001$). The significant indirect effect of stress on the interaction of abusive supervision and supervisor support ($B = .03, SE = .01, p < .05$) and conditional indirect effects supported Hypothesis 4a. The conditional indirect effect of abusive supervision was significant at both +1 SD of support ($B = .09, SE = .04, p < .05$), and at -1 SD of support ($B = .04, SE = .02, p < .05$), indicating that the deleterious effect of abusive supervision on stress as mediated by ASI was stronger at high levels of supervisor support than at low levels of supervisor support.

Although past research suggests that wellbeing should play a role as a negative health outcome, and despite the significant indirect effect in the first model (excluding direct effects), ASI in the final model was not significantly related to wellbeing ($B = -.13, SE = .10, p = .18$), nor was the indirect effect of the interaction of abusive supervision and supervisor support to wellbeing ($B = -.03, SE = .02, p = .18$). Thus, Hypothesis 4b was not supported.

Table 4: ASI as a Mediating Variable Between Stress and Wellbeing on Abusive Supervision and Supervisor Support

Variable	b(SE)	95% CI	β
<u>Stress on ASI:</u>			
Constant	2.75(.034)***	[2.69, 2.82]	
ASI	.10(.043)*	[0.02, 0.19]	.20
$R^2 = .041$			
<u>Wellbeing on ASI:</u>			
Constant	3.90(.080)***	[3.74, 4.06]	
ASI	-.13(.099)	[-0.32, 0.06]	-.09
$R^2 = .176$ ***			
<u>ASI on Interaction</u>			
Constant	.14(.086)	[-0.03, 0.31]	
Gender	.08(.083)	[-0.07, 0.26]	.05
Tenure	-.01(.008)	[-0.02, 0.01]	-.04
SS	-.18(.074)*	[-0.34, -0.05]	-.19
AS	.62(.075)***	[0.49, 0.77]	.65
AS*SS	.25(.055)***	[0.12, 0.33]	.37
$R^2 = .371$ ***			
<u>Direct Effects: Stress</u>			
SS	.03(.041)	[-0.05, 0.11]	.10
AS	-.06(.056)	[-0.05, 0.17]	-.02
SS*AS	-.01(.012)	[-0.07, 0.05]	-.12
<u>Direct Effects: Wellbeing</u>			
SS	.52(.113)***	[0.31, 0.74]	.39
AS	-.06(.127)	[-0.31, 0.20]	.01
SS*AS	-.08(.08)	[-0.24, 0.01]	-.05
<u>Indirect Effects</u>			
AS*SS to Stress	.03(.011)*	[0.01, 0.05]	.08
AS*SS to Wellbeing	-.03(.024)	[-0.88, 0.01]	-.04
<u>Conditional Indirect Effects</u>			
<u>AS to Stress</u>			
+1 SD SS	.09(.037)*	[0.02, 0.17]	.18
-1 SD SS	.04(.019)*	[0.01, 0.09]	.08
<u>Model Fit</u>			
$X^2(4) = 8.18, n.s.$			
RMSEA	.063		
CLI	.975		
TLI	.886		

AS = Abusive Supervision; SS = Supervisor Support; ASI = Ambivalent Supervisor Identification. Bootstrap = 5,000, bias corrected. N = 236. CI = Confidence Interval. * $p < .05$, ** $p < .01$; *** $p < .001$

The Moderating Role of DTS

For Hypothesis 5, I tested the moderating role of DTS on the interaction of abusive supervision and supervisor support on ASI. Specifically, I expected a three-way interaction such that the DTS contradiction dimension would exacerbate the negative effects of abusive supervision and supervisor support was also high. After controlling for gender and tenure, hierarchical regression analysis did not indicate a significant moderating role of DTS ($B=.02$, $SE=.06$, *n.s.*). Thus, Hypothesis 5 was not supported.

Exploratory Analyses

I hypothesized that high levels of the contradiction dimension of DTS would further exacerbate the propensity of experiencing ASI. Because the data did not support this hypothesis, I conducted a series of additional, exploratory analyses with the contradiction DTS variable. I explored the possibility of DTS moderating the relationship between ASI and negative health outcomes. I reasoned that the interaction of abusive supervision and supervisor support may simply serve as behavioral proxies for ambivalence, which leads to the psychological experience of ASI. When this experience is present, DTS may exacerbate the severity or likelihood of negative health outcomes. Analyses did not support this alternative model for either wellbeing ($B = -.025$, $p = .816$) or stress ($B = -.053$, $p = .593$).

CHAPTER FIVE: DISCUSSION

The purpose of this study was to replicate past findings regarding the experience of supervisor ambivalence and its relationship with negative health outcomes, to explore ambivalent supervisor identification as a mediating variable, and to bridge Western and Eastern literatures by exploring the moderating role of DTS on the experience of ambivalent identification. In past research, several studies established a relationship between supervisor ambivalence and negative health outcomes. However, various proxies to infer relational ambivalence have been implemented (e.g., Nahum-Shani, 2014; Uchino, 2004), as well as many different detrimental health outcomes (e.g., Uchino et al., 2012; 2013). The present study used the interaction of abusive supervision and supervisor support as proxies for supervisor ambivalence, and stress and wellbeing as detrimental health outcomes. To unify these interchangeable antecedent and outcome variables, ambivalent supervisor identification was proposed to explain the mechanics of these relationships.

Of the five hypotheses, three were statistically significant, excluding the wellbeing outcome for H4b. Regarding Hypotheses 1a and 1b, contrary to expectations, the interactive effect of abusive supervision and supervisor support did not replicate past findings on the predicted negative health outcomes. This may be in part because the sample distribution of abusive supervision was highly positively skewed. However, this is common in this area of research, which simply highlights that most employees do not experience abusive supervision from their supervisors in general. Another possible explanation could be the samples studied. Past research supporting this relationship came from a military organization (Nahum-Shani et al., 2014) or foreign sampling contexts (Lim et al., 2021), which may have affected the results.

Furthermore, given the dearth of literature addressing ambivalence in the supervisor-subordinate dyad, the expected replication in this study was mostly an extrapolation from other areas of literature outside of occupational health. In other words, negative health outcomes in the present study were expected to replicate because significant results were found in contexts outside of an organizational setting (e.g., Abbey & Andrews, 1985; Major, 1997; Uchino et al., 2004; Birmingham, 2015). In these contexts, different proxies to infer relational ambivalence were used (e.g., ambivalent social ties, spousal negativity/support), and different negative health outcomes were examined (e.g., cardiovascular functioning, blood pressure). Therefore, the present study may not have replicated past findings due to different sampling methods or cultural contexts, and by using negative health outcomes not commonly measured outside of organizational settings.

This study used abusive supervision as a proxy for the negative relational element in the ambivalent supervisor-subordinate dyad, whereas past research used supervisor undermining (Nahum-Shani et al., 2014). At face value, the distinction between abusive supervision and supervisor undermining should not diverge enough to alter this study's results significantly. If anything, abusive supervision could be considered more salient, which should theoretically exacerbate the negative outcomes of ambivalence. Regardless, the differences should be noted. Supervisor undermining behaviors include belittling, talking down to, undermining attempts to succeed, and making subordinates feel incompetent (Duffy et al., 2002). In contrast, abusive supervision is defined as a subordinate's perception of a supervisor's sustained display of hostile verbal and nonverbal behaviors, excluding physical contact (Tepper, 2000). Empirically, abusive supervision and supervisor undermining share similar outcomes in quality and magnitude. For

example, both behaviors are related to turnover, decreased psychological health, CWBs, reduced job satisfaction, and decreased health and wellbeing (see Fatima et al., 2020; Tepper et al., 2017). However, despite similarities, differences between the two may have contributed to the failure to replicate past results. Perhaps this underscores the notion that operationalizing various behavioral proxies may reveal different results.

Despite the non-significant findings of the interaction between abusive supervision and supervisor support on either of the hypothesized negative health outcomes, this interaction significantly predicted the experience of ASI, supporting Hypothesis 2. These findings are promising for the overall theoretical model because they highlight the notion that the simultaneous presence of positive and negative perceived behavioral elements from a supervisor leads to the psychological experience of ambivalent identification towards a supervisor. Despite the body of literature in organizational and ambivalent identification, ASI has not been previously studied (e.g., Doucett, 2000; Christ et al., 2003; Lee et al., 2005). This oversight highlights the need for studies examining ambivalent identification in different organizational contexts. Ambivalent organizational identification is conceptualized as an antecedent for negative organizational outcomes such as CWB and turnover intentions and as an outcome for various organizational conditions such as mergers or organizational changes (Ciampa et al., 2021; Schuh et al., 2016; Ashforth et al., 2013). By reconceptualizing ambivalent organizational identification from sources of ambivalence in organizations to relational dyads, ASI significantly predicted both deleterious health outcomes in the present study, supporting Hypothesis 3. These findings support the construct validity of ambivalent identification in organizations applied to an interpersonal context (ASI).

Regarding Hypotheses 4a and 4b, ASI significantly mediated the interaction between abusive supervision and supervisor support on stress but not wellbeing. The conditional indirect effects of the interaction of abusive supervision and supervisor support indicate that the harmful effects on stress are exacerbated when abusive supervision and supervisor support are high, relative to high abusive supervision and low supervisor support. These results suggest that past findings indirectly replicate when ASI is incorporated as a mediator in that the negative impact of abusive supervision is exacerbated when supervisor support is also high. The failure to replicate the interactive effect of abusive supervision and supervisor support directly on stress but indirectly through ASI as a mediating variable suggests that consideration of the mechanism for these effects may be critical for future research. The individual pieces pointed to wellbeing as a negative outcome, with a significant interaction between abusive supervision and supervisor support predicting ambivalent identification and ambivalent identification predicting wellbeing. However, the interaction's indirect effect was non-significant in the final model. Notably, there was a strong direct effect of supervisor support on wellbeing, and it may be that the strong effects of support overwhelmed the prediction of wellbeing. Perhaps subordinates experienced some feelings of wellbeing from the support provided, but stress due to feelings of ambivalence caused by the presence of both abusive supervision and support. Therefore, stress may be more immediately relevant for ambivalence, whereas wellbeing is more removed. It may also be the case that the analysis was underpowered, and the effect may just be smaller for wellbeing. Regardless, ASI has the potential for unifying inferred ambivalence proxies with deleterious health outcomes in various organizational settings.

The DTS dimension, contradiction, was not found to significantly moderate the interaction between AS and SS, failing to support Hypothesis 5. In English-speaking studies, DTS is traditionally studied using a measure consisting of three dimensions of naïve dialecticism theory: change, contradiction, and holism (Spencer-Rogers et al., 2005). The dimensions of DTS have historically been studied as one, unified variable (e.g., Cheng, 2009, Miyamoto & Riff, 2011), despite opposing study results between the three dimensions. For example, contradiction has been shown to be negatively related to health behaviors, whereas the other two dimensions, change and holism, have been positively related (Jiang et al., 2013). The present study examined only the contradiction dimension as it seemed to be the most relevant dimension to the experience of ambivalence. It also evidenced opposing results relative to change and holism. Perhaps DTS should be measured as a single, unified construct to capture a more comprehensive picture as a moderating variable. However, the other two dimensions were not measured due to limited space in the surveying process.

Limitations and Future Directions

First, I should mention that the survey for this study was collected during the quarantine period of the COVID-19 pandemic. Because of this, both outcome variables may have been affected. Detriments to wellbeing associated with the conditions of COVID-19 quarantine and isolation are well-documented (e.g., Zacher & Rudolph, 2021; Collie & Martin, 2020; Ruiz et al., 2021; etc.). COVID-19-related confounding factors may have muddied the effects on wellbeing in the overall model, thus limiting variability on these items. Furthermore, because the nature of

work has switched to a virtual setting for many people, the presence of abusive supervision may have been less likely to occur, or at least less salient.

The present study was limited to English-speaking participants living in a Westernized culture (the United States). However, past findings suggest that sampling from an Eastern culture, such as China or Korea, will produce a sample showing higher scores on DTS relative to Western cultures. Theoretically, given that past research findings indicate that DTS leads to feelings of ambivalence (e.g., Bagozzi et al., 1999; Hui et al., 2009) and psychological contradiction (Spencer-Rogers et al., 2004), higher scores on DTS should increase the moderating effect between supervisor ambivalence and ASI. Thus, future research should sample countries of both Western and Eastern cultures, comparing differing levels of DTS. Moreover, all three dimensions should be measured to explore each respective dimension, and their total scores.

Furthermore, according to naïve dialecticism theory, the dimension of *change* supposes that all things are forever alternating between two opposites in a perpetual cycle of reversal. The concept of change is closely related to contradiction (Spencer-Rogers et al., 2010). The viewpoint that no truth or situation is permanent and reliable through the passage of time gives rise to the belief that contradiction among multiple truths is inevitable. The tendency for one's emotions to change (emotional lability) is associated with emotional complexity, the tendency to experience opposing emotions simultaneously (Goetz et al., 2008). Individuals in Eastern Cultures tend to score high on DTS, and consequently tolerate opposing/dialectical emotions (Lindquist & Feldman Barrett, 2008). In contrast, in Western Cultures, individuals with low DTS idealize purely positive emotions (Tsai, 2007). Emotional complexity can change over time

depending on the context or situation (Hui et al., 2009), suggesting that the tendency to experience contradictory or opposing emotions is situationally and temporally sensitive. Future research should use a longitudinal design to examine the change dimension of DTS, and the roles of emotional lability and emotional complexity to determine how feelings of contradiction change over time and context. Perhaps when one has the belief of change, they expect contradictory emotions/emotional complexity to arise, preventing them from arising, or this expectation dampens the negative effects of contradictory emotions/emotional complexity when they do arise in different situations. It may also be the case that belief in change alters the development of emotional complexity over time within contradictory/ambivalent relationships. Moreover, further research could survey ex-pats in Eastern and Western cultures to determine how individuals with high DTS function in Western culture and vice versa.

In a past study, 56% of surveyed individuals rated their supervisor as being both undermining and supportive, to varying degrees. Of these participants, 50% (28% of the total sample) reported relatively high levels of undermining and support (Nahum-Shani et al., 2014). However, in the present study, only 25% of participants rated their supervisor as both abusive and supportive, which was determined by omitting cases where any score for abusive supervision and support was below 2. Moreover, 22% (6% of the total sample) reported relatively high levels of both abuse and support. “High levels” were determined by scores higher than the median for both variables. It should be noted that different proxies were used to infer supervisor ambivalence in the present study than in the study mentioned above. Specifically, abusive supervision was used in the present study instead of supervisor undermining. However, the constructs used in the present study are similarly oppositional in that they represent both negative

and positive relational elements. Since ambivalence is considered more the norm than the exception in organizations, I did not expect such a discrepancy of supervisor ambivalence between studies. This may partially explain why abusive supervision and supervisor support did not replicate past findings on their interactive effects (H1a and H1b) on negative health outcomes, or why DTS was not a significant moderating variable.

Further research should explore potential reciprocal effects between negative health outcomes and supervisor ambivalence. For example, perhaps unrelated subordinate stress prompts more abusive supervisor behaviors due to poor performance, or decreased wellbeing due to health problems garners empathy from a supervisor, and consequently, more supportive behaviors to address performance deficits. The present study was limited to a three-wave survey collection. Future longitudinal and multi-wave studies could help explore the dynamics in the supervisor-subordinate relationship by parsing out the effects of reciprocal causation and examining how the length of exposure to supervisor ambivalence affects adverse health outcomes.

In past studies, researchers concluded that ambivalence occurs because of the simultaneous presence of two opposing relational elements, consequently leading to generally negative outcomes. However, using the interaction of two variables makes it hard to measure the extent to which one experiences ambivalence resulting from ambivalent supervisor behaviors. While this is a reasonable inference, the psychological experience of ambivalence is a missing piece from this theoretical model. It is not sufficient to link any number of simultaneous positive and negative behaviors from an actor with arbitrary health outcomes. Relational ambivalence can and should be measured by how an individual identifies with the contradictory behaviors of a

certain actor. Future research should further validate the construct validity of ASI as a mediating variable between behaviors and outcomes by using different proxies for supervisor ambivalence and health outcome variables.

Practical Implications

The results of the present study suggest that supervisor support in an otherwise abusive relationship is more detrimental to a subordinate's feelings of stress than in an abusive relationship alone due to ambivalent identification with the supervisor. However, research suggests that supervisors often attempt to compensate for negative behaviors with supportive behaviors to make amends with an employee (Pearson & Porath, 2005), unaware that this corrective measure likely exacerbates any negative effects. This is unsurprising, considering that practitioners generally adopt the view that supervisor support ameliorates the negative impact of stressful work situations (e.g., Beehr et al., 2000). Tailored workplace interventions or training seminars would likely be helpful in high-stress environments or work cultures where negative behaviors are considered common or acceptable, such as in military organizations. Supervisors could be trained to avoid abusive or negative behaviors toward a subordinate and be conscious of sending mixed signals with both positive and negative behaviors. Perhaps instead of attempting to offset the effects of negative behaviors with supportive behaviors, emphasis can be placed on conflict resolution to avoid feelings of ambivalence or ambivalent identification. Interventions or training seminars could be of benefit to subordinates as well. By learning to recognize contradictory behaviors and consequent feelings of ambivalence, subordinates can learn strategies for managing relational ambivalence. By identifying these feelings, subordinates

can be taught coping strategies, such as seeking social support from family, friends, or peers (see Miller & Jablin, 1991).

CHAPTER SIX: CONCLUSION

Ambivalent relationships in organizations, including supervisor relationships, are more the norm than the exception and lead to negative outcomes such as job strain and harmful effects on perceived physical health (e.g., Nahum-Shani et al., 2014). The present study did not replicate past findings for either of the predicted outcomes, such that supervisor support exacerbates the negative effects of abusive supervision, perhaps due to differences in sampling populations and foreign cultural contexts. Moreover, the theoretical rationale behind my hypothesized interaction was largely an extrapolation from studies in other areas of literature in which numerous measures of different proxies for ambivalence were used, and outcomes uncommonly used in I/O research, such as physiological indicators of stress, were measured. Promisingly, when ASI was included in the model as a mediating variable between the interaction of abusive supervision and supervisor support on negative health outcomes, the conditional indirect effects replicated past findings such that supervisor support exacerbated the negative effects of abusive supervision on stress when mediated by ASI. Many interchangeable proxies and various negative outcome variables have been used in the past literature. However, no explanatory variable linking simultaneous positive and negative relational elements to its negative outcomes has been put forth until now. ASI shows promise for future research on ambivalence within relational dyads and should be further validated using different predictors for ambivalence in different contexts.

DTS, a style of thinking common to Eastern cultures, did not moderate the relationship between supervisor ambivalence and ASI as predicted. People of Western cultures tend to adopt definitive, univalent modes of thinking when confronted with contradiction (e.g., Tsai, 2007). In contrast, people of Eastern cultures tend to experience both sides of an opposite situation or

experience. Specifically, the contradiction dimension of DTS has led to negative outcomes in the past (e.g., Jiang et al., 2013). Therefore, the acceptance of simultaneous opposing feelings toward a supervisor was expected to lead to detrimental health outcomes. However, the DTS dimension contradiction was not found to have a significant moderating effect as hypothesized. This may be partly due to the fact that very few participants indicated that they experienced some level of both abusive supervision and supervisor support. Further examination of all three dimensions of DTS in a longitudinal and cross-cultural design would help parse out temporal and reciprocal dynamics in the supervisor-subordinate dyad, the interactive effects of change and contradiction, the role of holism, and a comparison between low and high levels of DTS.

APPENDIX A: STUDY MEASURES

Demographics

1. What is your current age in years?]
2. What is your gender?
3. What is your ethnicity
4. On average, how many hours on average do you work each week for your primary organization?
5. Do you have at least one supervisor/manager at your primary job?
6. On average, how much do you interact with your primary supervisor while at work?
7. On average, how many hours do you work each week?
8. Approximately, for how many years have you been employed at your current organization?

Attention Checks and Change in Employment

1. Has your employment changed in any way in the past two (2) weeks?
2. Please read each statement carefully and use the scale to indicate the extent to which you agree with each statement. - Please select 'Strongly disagree' for this question.
3. Thinking about yourself as an employee, use the scale below to indicate your level of agreement with each of the following statements. - Please select 'Agree' for this question.
4. Think about your supervisor, [supervisor initials]'s behavior over the past two weeks. Use the scale to indicate the extent to which you agree with each statement. - Please select 'Neither agree nor disagree' for this question.
5. Please read each statement carefully and use the scale to indicate the extent to which you agree with each statement. - Please select 'Strongly Agree' for this question.

6. Please read each of the following statements carefully. Use the scale to indicate how true you consider each corresponding statement. - Please select "Rarely" for this item.
7. When it comes to providing my coworker, [coworker initials], with information, I tend to... - Please select 'Strongly disagree' for this question.
8. Think about your supervisor's behavior over the past two weeks. My supervisor, [supervisor initials], ... - Please select 'Neither agree nor disagree' for this question.
9. Please read each of the following statements carefully. Use the scale to indicate the extent to which you agree with each statement regarding your behavior in your current position. - Please select 'Strongly agree' for this question.

Abusive Supervision

My leader, 1 (Strongly disagree) to 7 (Strongly agree).

1. Ridicules me.
2. Tells me my thoughts or feelings are stupid.
3. Puts me down in front of others.
4. Makes negative comments about me to others.
5. Tells me I'm incompetent.
6. Gives me the silent treatment.
7. Invades my privacy.
8. Reminds me of my past mistakes and failures.
9. Doesn't give me credit for jobs requiring a lot of effort.
10. Blames me to save himself/herself embarrassment.
11. Breaks promises he/she makes.

12. Expresses anger at me when he/she is mad for another reason.
13. Is rude to me.
14. Does not allow me to interact with my coworkers.
15. Lies to me.

Supervisor Support

Instructions: Please read each statement carefully and use the scale to indicate the extent to which you agree with each statement. 1 (Strongly disagree) to 7 (Strongly agree).

1. My leader really cares about my well-being.
2. My leader is available to help when I have a problem.
3. My leader shows a lot of concern for me.

Ambivalent Supervisor Identification

Instructions: Please use the following scale to rate the extent to which each item currently reflects your feelings about your supervisor/manager. 1 (Strongly disagree) to 7 (Strongly agree).

1. I have mixed feelings about my affiliation with [supervisor initials].
2. I am torn between loving and hating [supervisor initials].
3. I feel conflicted about being part of this relationship with [supervisor initials].
4. I have contradictory feelings about [supervisor initials].
5. I find myself being both proud and embarrassed to report to [supervisor initials].
6. I have felt both honor and disgrace by being associated with [supervisor initials].

Dialectical Thinking Style (Contradiction Dimension)

Instructions: Listed below are a number of statements about your thoughts, feelings, and behaviors. Select the number that best matches your agreement or disagreement with each

statement. Use the following scale, which ranges from 1 (Strongly disagree) to 7 (Strongly agree). There are no right or wrong answers. –

1. When I hear two sides of an argument, I often agree with both.
2. I often find that things will contradict each other.
3. I sometimes believe two things that contradict each other.
4. My world is full of contradictions that cannot be resolved.
5. If there are two opposing sides to an argument, they cannot both be right. (reversed)
6. Believing two things that contradict each other is illogical. (reversed)
7. I find that if I look hard enough, I can figure out which side of a controversial issue is right. (reversed)
8. For most important issues, there is one right answer. (reversed)
9. I find that my world is relatively stable and consistent. (reversed)
10. When two sides disagree, the truth is always somewhere in the middle.
11. When I am solving a problem, I focus on finding the truth. (reversed)
12. When two of my friends disagree, I usually have a hard time deciding which of them is right.
13. There are always two sides to everything, depending on how you look at it.

Subjective Stress

Instructions: Please read each statement carefully and use the scale to indicate the extent to which you agree with each statement. 1 (strongly disagree) to 7 (strongly agree).

1. I feel a great deal of stress because of my job.
2. Very few stressful things happen to me at work.

3. My job is extremely stressful.

Wellbeing

Instructions: Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. 1 (At no time) – 6 (All of the time).

1. I have felt cheerful and in good spirits.
2. I have felt calm and relaxed.
3. I have felt active and vigorous.
4. I woke up feeling fresh and rested.
5. My daily life has been filled with things that interest me.

APPENDIX B: IRB CORRESPONDENCE LETTER



UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board
FWA00000351
IRB00001138, IRB00012110
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

NOT HUMAN RESEARCH DETERMINATION

July 6, 2022

Dear [Barret Vermilion](#):

On 7/6/2022, the IRB reviewed the following protocol:

Type of Review:	Initial Study
Title of Study:	The Dialectics of Ambivalent Identification in the Supervisor Subordinate Dyad
Investigator:	Barret Vermilion
IRB ID:	STUDY00004368
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • HRP-251, Category: Faculty Research Approval; • HRP-250, Category: IRB Protocol; • Study Variables, Category: Test Instruments; • Survey Items, Category: Test Instruments;

The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations.

IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are research involving human in which the organization is engaged, please submit a new request to the IRB for a determination. You can create a modification by clicking **Create Modification / CR** within the study.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Kristin Badillo
Designated Reviewer

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