

The Negative Side of Social Interaction: Impact on Psychological Well-Being

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Social exchange theory has long emphasized that social interaction entails both rewards and costs. Research on the effects of social relations on psychological well-being, however, has generally ignored the negative side of social interaction. This study examined the relative impact of positive and negative social outcomes on older women's well-being. The sample consisted of 120 widowed women between the ages of 60 and 89. Multiple regression analyses revealed that negative social outcomes were more consistently and more strongly related to well-being than were positive social outcomes. This effect of negative social involvement did not appear to be due to major differences among women with high versus moderate or low levels of problematic social ties. Analyses of variance indicated that these three groups of women differed neither in important background characteristics nor in indices of social competence. The results demonstrate the importance of assessing the specific content of social relations. Implications for the design of social network interventions are discussed.

Interest in the impact of social relations on psychological well-being has a long history (Bowlby, 1969; Durkheim, 1897/1951; Faris, 1934). This interest has been most evident recently in theory and research on social support. Studies suggest that supportive social relations reduce the adverse consequences of a wide variety of stressful life events (see reviews by Cobb, 1976, 1979; House, 1981; Mitchell, Billings, & Moos, 1983). Studies additionally suggest that social support contributes to psychological well-being irrespective of the level of life stress (e.g., LaRocco & Jones, 1978; Lin, Simeone, Ensel, & Kuo, 1979; Williams, Ware, & Donald, 1981). Thus, having others to turn to for help or to disclose personal problems may enhance subjective well-being directly and may also facilitate coping with stress. Although much of this research has been correlational in nature and is therefore subject to alternative interpretations, the consistency of

results across studies of diverse populations has fostered an emerging consensus regarding the benefits of social ties.

Although this research is very promising, the current groundswell of enthusiasm for the concept of social support threatens to obscure recognition that social relations entail costs as well as rewards. Social exchange theorists (Homans, 1974; Thibaut & Kelley, 1959) have long emphasized the dual nature of social ties, yet there is a tendency among some researchers to equate social interaction with social support. The present study distinguishes positive and negative social outcomes and examines their relative effects on psychological well-being.

Studies of the effects of social involvement have been criticized for relying on respondent estimates of their quantity of contact with others (Conner, Powers, & Bultena, 1979; Lowenthal & Robinson, 1976). Frequent interaction with friends and neighbors is interpreted as a high level of social support. The possibility that such interaction might occasionally involve disputes, embarrassment, envy, invasion of privacy, or other negative outcomes is not addressed. An overlooked risk that lies in asking respondents only to tell us how many friends they have or how often they socialize with others is that we miss a potentially important dimension of their social lives: the

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troublesome aspects of relating to others. For researchers interested in the effects of social ties on personal well-being, it is important to assess the benefits of such ties in relation to the costs.

Several factors may have contributed to the general neglect of the negative side of social relationships among social support researchers. A major impetus to social support research has been an interest in identifying variables that mediate the relationship between stressful life events and psychiatric symptoms. The central hypothesis addressed in this literature (the "buffering hypothesis") has been that supportive social relations enhance coping with stressful events and thus reduce symptoms. The reverse side of this hypothesis, that non-supportive social relations might potentiate stressful events and thus exacerbate symptoms, is rarely considered.¹ Moreover, differences in well-being between individuals who have low rather than high levels of social support are generally attributed to limited opportunities for low-support individuals to obtain help from others. The possibility that those who lack supportive social ties might additionally be burdened with problematic ties is seldom considered. Because virtually no studies have simultaneously assessed positive and negative social relations, it is difficult to know whether those with low levels of social support are generally isolated from others or whether they are in fact not isolated but have a preponderance of disturbed social ties.

Theoretical perspectives emphasizing the role of choice in the construction of social networks may also have served to focus attention on the positive, supportive aspects of social relations. Social exchange theorists argue that we choose our social ties on the basis of their capacity to provide rewards relative to costs and as a function of the alternatives available (Homans, 1974; Thibaut & Kelley, 1959). Choice, then, should lead most people to construct social networks composed predominantly of rewarding social ties. Nevertheless, it is obvious that many constraints limit one's choice of those with whom one interacts (Fischer et al., 1977). Although most people's social contacts may be generally positive, it is plausible that at least some contacts are unwanted and aversive in nature.

Moreover, there are reasons to expect even

limited or infrequent aversive social contacts to have potent effects on well-being. Social psychological research suggests that an asymmetry exists in the response to positive and negative experiences. Person perception studies indicate that negative information about others is weighted more heavily than positive information (Hamilton & Zanna, 1972; Hodges, 1974; Richey, McClelland, & Shimkunas, 1967). Similarly, Katz, Gutek, Kahn, and Barton (1975) found that unpleasant encounters with bureaucracies are far more predictive of clients' overall evaluation of services provided than are pleasant encounters. To explain such asymmetries, researchers have argued that negative experiences have greater impact because they are rarer and therefore more salient. In addition, humans are thought to be generally cost-oriented rather than reward-oriented as a survival mechanism (Kanouse & Hanson, 1972). Extrapolation from this research suggests that negative social experiences with others might detract from well-being to a greater extent than positive experiences enhance well-being.

The present study investigated the effects of positive and negative social ties on the well-being of elderly widowed women. Social relations are believed to constitute an especially important resource for the elderly, and particularly for older women (Cantor, 1980; Pilisuk & Minkler, 1980). Home health care and material assistance provided through informal social relations appear to be critical factors in reducing the likelihood of institutionalization (Lawton, 1981; Shanas, 1979; Weeks & Cuelar, 1981). Involvement with friends and neighbors has also been found to predict older adult's well-being (Arling, 1976; Larson, 1978) and psychological adjustment to such age-related events as widowhood and retirement (George & Maddox, 1977; Lopata, 1978; Lowenthal & Haven, 1968). Moreover, because of their greater incidence of widowhood and greater economic deprivation relative to men, older women may especially need the supports

¹ The possibility is addressed in the psychiatric literature on social ties and psychopathology (Croog, 1970; Jacob, 1975). With few exceptions (e.g., Dunkel-Schetter & Wortman, 1981; Heller, 1979; Wellman, 1981), however, social support theorists have not incorporated perspectives from either this literature or the social exchange literature into their work.

available through social ties (Stueve & Fischer, 1978). These studies provide little basis, however, for anticipating whether supportive transactions are capable of offsetting the effects of problematic transactions, and vice-versa. Thus examining the interplay of supportive and problematic social ties would contribute to a more accurate accounting of the role of informal social relations in sustaining older women's well-being.

The study addressed three specific questions. First, what is the relationship between positive and negative social experiences among older women? Women who have a strong network of supportive social ties might be expected to be successful at avoiding troublesome social interactions. If this were so, then positive and negative social contacts would be inversely related. Alternately, it could be argued that those who are most active socially are at highest risk of having problematic encounters simply by virtue of their greater contact with others. In this case, supportive and problematic social involvement would be expected to be positively related.

Second, what is the relative impact of supportive and problematic interactions with others on older women's psychological well-being? Supportive social contacts were predicted to be positively related to well-being, consistent with previous gerontological studies. Problematic social contacts were predicted to have an independent, detrimental effect on well-being. Additionally, in keeping with previous findings of asymmetries, it was predicted that the effect on well-being of problematic social ties would be greater than the effect of supportive ties.

Third, do the personal characteristics of women with many problematic ties differ from those of women with few problematic ties? This question parallels a concern among social support researchers that people with low levels of support may differ from other people in important characteristics, such as education, health, or social competence. For example, women with low support may also be lower in social competence, and this difference in competence rather than lack of support may account for their generally lower well-being. Differences among women with varying levels of problematic social involvement could similarly account for differences in well-being. The

present study, therefore, not only controls for important background characteristics in analyses linking social contact and well-being but also undertakes analyses to determine the extent to which women with problematic social ties actually differ from other women.

Method

Sample

Standardized interviews were conducted with 120 elderly widowed women who were recruited from four senior citizen centers in Los Angeles. The four centers differed widely from each other in size, neighborhood characteristics, and type of activities emphasized. Thus although all participants were drawn from a common context, the centers sampled were heterogeneous. Each woman received \$5.00 for her participation. Interviews for five women were deleted because of extensive missing data, leaving a sample of 115.

Respondents ranged in age from 60 to 89, with a mean of 72.47 years and standard deviation of 6.93. Ninety-seven percent were white, and 60% had a high school degree or better. The median income was \$406 per month. Despite their modest incomes, most women (82%) maintained independent households. Only 12% lived with relatives, and among this group women were more commonly heads of households than were their relatives.² The length of widowhood ranged from 1 to 43 years, with a median of 10.74 years. A small group of women (14%) had been widowed twice. Twenty-five percent of the women characterized their health as excellent, and another 53% characterized it as good, even though half the sample reported a specific medical complaint. Consistent with their apparent good health, women in this sample were active in local organizations. Sixty-seven percent attended programs at a senior citizen center twice a week or more. Most women (69%) also belonged to other organizations, including other senior citizen centers (40%) and volunteer work organizations (28%).

The women in this sample resembled Harris and Associates' (1975) cross-national sample of older adults in income level and educational background, but were somewhat more likely to be active and in good health. It was important, therefore, to control for the women's health status in analyses of the relative effects of positive and negative interpersonal outcomes.

Measures

The hour-long interview contained sections that dealt with the woman's background, psychological well-being, supportive social ties and problematic social ties. Additional questions probed the extent of her involvement in the senior citizen center and other organizations, the ease with

² These figures correspond fairly closely to national census data indicating that 65% of all widowed women live alone (Michael, Fuchs, & Scott, 1980) and only 22% of nonmarried women over the age of 65 live with others (reported in Marquis Academic Media, 1979, pp. 246-248).

which she made friends, the degree of positive affect felt toward each member of her social network, and patterns of social initiative and decision-making with family and friends.

Psychological well-being. The primary dependent variable, well-being, was measured with three scales. The Life Satisfaction Index (Neugarten, Havighurst, & Tobin, 1961) is one of the most popular measures of well-being within the gerontological literature. This 18-item scale contains many items that specifically address experiences related to being old (e.g., comparison of current and past happiness, feelings of monotony and fatigue). Factor analytic studies have indicated, however, that this scale is not a pure measure of life satisfaction, and includes dimensions of mood, zest for life and congruence between desired and achieved goals (Adams, 1969). To include a unidimensional measure of life satisfaction, I also used Campbell, Converse, and Rodgers' (1976) 9-item Index of Well-Being. Participants' feelings of loneliness were assessed by the 4-item UCLA Short-Form Loneliness Scale (Russell, Peplau, & Cutrona, 1980). Although this scale has previously been validated only on younger age groups, analyses indicated that the scale had reasonable internal consistency with this sample of older adults (alpha coefficient = .67).

Supportive social ties. A variety of approaches to assessing social support have been developed. This study adopted the approach developed by Fischer and his colleagues (Fischer, 1982; McCallister & Fischer, 1978) in which subjects name the people with whom they engage in specific social exchanges. Six questions asked subjects to identify the people to whom they turned for three different categories of social support: companionship, emotional support, and instrumental support. The companionship items asked participants to identify persons with whom they socialized or enjoyed telephone conversations on a regular basis. The emotional support items asked participants to whom they confided personal problems and turned for help when they felt depressed. The instrumental items asked participants to whom they turned for help during times of illness or for help with financial difficulties. A seventh question asked respondents whether there was someone whom they regarded as a best friend.

Though not exhaustive, these questions provide a reasonable representation of the components of social support hypothesized by several theorists to be most important (see House, 1981, for a review). That these questions successfully captured the women's most important social relations is suggested by the fact that when asked in an open-ended question to name anyone else who was important to them, only 40% of the women named anyone, and those who did named an average of 1 additional person, typically a grandchild.

For each social support item, a score of 1 was given if the woman named at least one person and a score of 0 was given if no one was named. A composite score was created by summing across these seven items, with a resulting range of 0 to 7. The composite score thus reflects the number of supportive functions performed by others, rather than the number of others performing these functions.

To be consistent with previous studies that have focused on the extent of involvement with supporters, I constructed two additional measures. One measure assessed the number of people in the woman's social network who performed

exclusively positive functions. This measure was constructed by summing the number of unique names given in response to each of the seven support questions.³ Thus an individual who was named in response to more than one question was only counted once in the composite measure. A second measure assessed frequency of interaction with the people named as sources of support. For each of the people named in response to the support questions, the woman indicated how often she saw them on a scale from 1 (once a year or less) to 6 (daily or several times per week). A composite frequency score was computed by summing these individual frequency scores.

In sum, the three measures of social support reflect different, complementary dimensions of social contact. One measure reflects the range of supportive functions performed by others, whereas the other two focus on quantity of contact, defined as either the number of others who provide support or the frequency of interaction with supporters.

Problematic social ties. Parallel measures of social problems were constructed through use of five questions that asked subjects to name the people who were sources of various problems for them. Four questions asked about specific problems: having one's privacy invaded, being taken advantage of, having promises of help broken, and knowing others who consistently provoked conflicts or feelings of anger. A fifth global question (parallel to the "best friend" question described earlier) asked if there was someone who was consistently a source of problems for the subject.

Three composite measures were constructed following the procedures described earlier. These measures reflect the range of problems caused by others, the number of others who were sources of problems, and the frequency of interaction with problematic others.

Social ties both supportive and problematic. Two additional measures were constructed to represent individuals who functioned simultaneously as sources of support and sources of problems for the respondent (supportive-problematic ties). The two measures were the total number of people named as both supporters and problem-causers, and the frequency of interaction with these people.

Control variables. Several variables were treated as control variables in multivariate analyses to be reported. Age, socioeconomic status, and health have consistently been found to be related to psychological well-being among the elderly (Larson, 1978). These variables have also been shown to be related to older adults' social involvement. For these reasons, age, education, and health were controlled in all analyses that examined relationships between social network variables and psychological well-being. Because socioeconomic status is difficult to assess for elderly women, respondents' level of education (assessed on a 9-point scale) was substituted as a control variable. Respondents rated their health on a scale ranging from "poor" (1) to "excellent" (4).

³ Following guidelines in Jones and Fischer (1978), up to six names were recorded for each question asked. Virtually no women reported more than six names per question, and the majority reported only 2-3 names per question.

Results

Descriptive data on the women's social networks are summarized in Table 1. As might be expected, the women's networks were composed primarily of individuals who served as sources of support. Contact with those who were supportive was also more frequent than was contact with those who were supportive-problematic, or exclusively problematic.

Interrelationships of Support and Problem Measures

The initial analyses examined correlations among the different social network measures. These analyses indicated little evidence that those women with few positive social ties had many problematic ties. The number of social supports reported was unrelated to the number of social problems ($r = .04$, *ns*). Similarly, the number of supportive others had no relationship to the number of problematic others ($r = -.03$, *ns*) and only a weak inverse relationship to the number of supportive-problematic others ($r = -.16$, $p < .05$). Frequency of contact with supporters was related neither to frequency of contact with problem causers ($r = -.12$, *ns*) nor to frequency of contact with supportive-problematic others ($r = -.06$, *ns*). Additional chi-square analyses that further examined trichotomized versions of both support and problem variables failed to reveal any systematic patterns. In general, these results suggest that positive and negative interpersonal experiences were relatively independent of each other in this sample: For some women, low levels of social support were associated with high levels of social problems, whereas for other women low support was associated with having few problems.

Impact of Social Supports Versus Social Problems on Well-Being

The relative impact on well-being of positive and negative interpersonal experiences was evaluated through three sets of multiple regression analyses. Each analysis focused on one of the complementary dimensions of social contact: the type of outcomes provided by others, the number of others providing each type of outcome, and the frequency of inter-

Table 1
Means and Standard Deviations of the Social Network Variables

Social network variable	Range	<i>M</i>	<i>SD</i>
No. of social supports	1-7	5.15	1.69
No. of social problems	0-5	1.52	1.39
No. of supportive others	0-15	5.97	2.97
No. of supportive-problematic others	0-5	0.85	1.18
No. of problematic others	0-6	0.66	0.93
Frequency of interaction with supportive others	0-68	24.93	12.46
Frequency of interaction with supportive-problematic others	0-25	3.55	5.13
Frequency of interaction with problematic others	0-14	1.75	2.71

action with each category of individuals. The regression analyses thus represent conceptually independent tests of the relative effects of supportive and problematic social experiences.

The form of the analyses called for psychological well-being to be regressed on pairs of parallel measures of social support and social problems, with age, education, and health entered as controls in a previous step. For simplicity of presentation, results are reported for only one of the three measures of well-being, the Index of Well-Being. Instances in which the pattern of results diverges for the other two measures are noted.⁴

The first regression analysis compared the effects of social supports versus social problems on well-being. As indicated in Table 2, the number of different social problems reported

⁴ Additional variables, such as the woman's length of residence in the area, length of widowhood, number of children living nearby and the senior citizen center she attended, were not treated as controls because bivariate analyses indicated that they were unrelated both to well-being and to the major social network variables. Another set of regression analyses, not reported, tested for interactions as well as main effects of the support and problem measures. None of the interaction terms was significant and, therefore, are excluded from the tables shown. The Index of Well-Being was chosen over the Life Satisfaction Index because it is considered a unidimensional measure of life satisfaction.

Table 2
Psychological Well-Being and Number of Social Supports Versus Number of Social Problems

Predictor variables	$F(1, 99)^a$	Beta	R^2 change	Explained variance R^2
Controls				
Age	2.11	0.139	.06	
Education	<1	-0.069	.14	
Health	15.04*	0.336	.00	.20
Social network				
No. of social supports	2.73	0.143	.02	
No. of social problems	7.81*	-0.256	.05	.27

Note. The control variables were entered simultaneously in the first step, and the social network variables were entered simultaneously in the second step of a hierarchical multiple regression. The figures shown are from the final equation obtained in the second step. Multiple R for the final equation is .520, $p < .01$.

^a Ten of the 115 subjects were excluded from analysis because of missing data on one or more of the above variables.

* $p < .01$.

was significantly associated with lower well-being, whereas the number of social supports reported was unrelated to well-being. This pattern was obtained for the two measures of life satisfaction but not for the measure of loneliness. The number of social supports reported was significantly associated with less loneliness (Beta = -0.193), $F(1, 99) = 4.21$, $p < .05$, whereas the number of social problems reported was unrelated to loneliness (Beta = -0.186), $F(1, 99) = 3.47$, *ns*.

Thus in two of three comparisons, the results are consistent with the prediction that social problems are more strongly related to well-being than are social supports. It is somewhat surprising, however, that social supports were related to well-being in only one analysis. This lack of a support effect for two outcome measures does not appear to be due to restricted range on the supports measure. As indicated in Table 1, the variability of the supports measure is greater than the variability of the problems measure. The distributions of both measures are somewhat skewed, however, in opposite directions (skewness = -.67 for supports and .69 for problems); that is, most women reported many supports and relatively few problems. To control for possible effects of skewness, I repeated the analyses with log-transformed versions of the supports and problems measures. Log transformations serve to normalize skewed distributions (Cohen & Cohen, 1975). The results of these analyses essentially replicate those reported earlier except that the effect of social problems was reduced for the Life Satisfaction Index, $F(1,$

99) = 3.79, $p < .06$, and neither supports nor problems were significantly related to loneliness. The greater impact of negative social outcomes and the lack of impact of positive social outcomes do not appear to be due to restricted or skewed distributions.

Impact of Supportive, Supportive-Problematic, and Problematic Social Ties on Well-Being

The second regression shifted the level of analysis from the types of outcomes provided by members of the women's social network to the number of people who provided each type of outcome. Well-being was regressed on the number of people who provided supportive outcomes only, the number who provided both supportive and problematic outcomes, and the number who provided problematic outcomes only. As indicated in Table 3, the number of problematic others was significantly related to lower well-being, whereas the number of supportive and supportive-problematic others were unrelated to well-being. This pattern was obtained for all three measures of well-being. These analyses were repeated with log-transformed versions of the network variables, and an identical pattern of results was obtained.

These results, like those reported earlier, are consistent with the prediction that problematic social ties would detract substantially from well-being, but they are puzzling in that *supportive* social ties were not associated with greater well-being. One possible explanation for this pattern is that the items used to assess

Table 3
Psychological Well-Being and Number of Supportive, Supportive-Problematic, and Problematic Others

Predictor variables	$F(1, 98)^a$	Beta	R^2 change	Explained variance R^2
Controls				
Age	1.26	.110	.06	
Education	1.58	-.117	.00	
Health	13.18*	.322	.14	.20
Social network				
No. of supportive others	<1	.005	.00	
No. of supportive-problematic others	1.64	-.114	.01	
No. of problematic others	7.57*	-.252	.07	.28

Note. The control variables were entered simultaneously in the first step, and the social network variables were entered simultaneously in the second step of a hierarchical multiple regression. The figures shown are from the final equation obtained in the second step. Multiple R for the final equation is .525, $p < .01$.

^a Eleven of the 115 subjects were excluded from analysis because of missing data on one or more of the above variables.

* $p < .01$.

problematic social ties may have been more affect-laden than the items used to assess supportive social ties. In other words, the questions about problematic ties tended to identify people who upset the respondent (for example, by making her angry, trying to exploit her, or failing to provide promised help), whereas the questions about supportive ties identified people toward whom the respondent may or may not have felt strong positive affect, despite their role in performing various supportive functions. For example, those who provided instrumental help might have been kin, neighbors, or other associates upon whom the respondent depended but toward whom she did not necessarily feel a strong emotional bond.

To determine whether this potential difference in affectivity of the measures of problematic and supportive social ties might account for these results, I performed an additional set of regression analyses using alternate measures of supportive ties. Two measures were constructed from questions that asked the woman to identify which, if any, of the people she had named she felt "especially close to" and with whom she felt "most comfortable just being yourself." The measures were the total number of people to whom she felt close and the total number of people with whom she felt comfortable. These two measures were only modestly related ($r = .124$, *ns*) and therefore were not combined in a single scale. The regression analyses were identical in form to those of those reported earlier: each measure of psychological well-being was regressed on

the measures of positive social ties (in this case, the number of people toward whom the respondent felt close and the number with whom she felt comfortable) and the measures of negative social ties (the number of people who provided supportive and problematic outcomes and the number of people who provided problematic outcomes only), with age, education, and health entered as prior controls.

The results of these analyses indicated that the number of people with whom the women felt comfortable was associated with significantly higher psychological well-being for two of the three measures (the Index of Well-Being and loneliness), and the number of problematic social ties was associated with significantly lower well-being for all three measures. The results for the Index of Well-Being are summarized in Table 4. These data support the original prediction that both positive and negative social ties would affect well-being but that negative ties would have a greater impact on well-being. For the measure of loneliness, however, the effects of positive and negative social ties were more symmetrical: for the comfort measure (Beta = -0.228), $F(1, 97) = 5.88$, $p < .05$, and for the problematic ties measure (Beta = 0.242), $F(1, 97) = 6.18$, $p < .05$.⁵

⁵ The measure of closeness might not have been related to well-being because women might have felt constrained to say that they felt close to all kin, whereas the measure of comfort might have been less subject to this constraint.

Table 4
Psychological Well-Being and Number of Others Toward Whom Positive Affect Is Felt Versus Number of Supportive-Problematic and Problematic Others

Predictor variables	$F(1, 97)^a$	Beta	R^2 change	Explained variance R^2
Controls				
Age	1.71	.122	.06	
Education	1.62	-.114	.00	
Health	14.86**	.325	.14	.20
Social network				
No. of others R feels close to	<1	.005	.00	
No. of others R feels comfortable with	5.84* [†]	.209	.05	
No. of supportive-problematic others	3.36	-.158	.02	
No. of problematic others	7.67**	-.248	.06	.33

Note. The control variables were entered simultaneously in the first step, and the social network variables were entered simultaneously in the second step of a hierarchical multiple regression. The figures shown are from the final equation obtained in the second step. Multiple R for the final equation is .575, $p < .01$.

^a Ten of the 115 subjects were excluded from analysis because of missing data on one or more of the above variables. * $p < .05$. ** $p < .01$.

Considered together, the results reported in Table 3 and in Table 4 indicate that the number of individuals who provided support had little impact on a woman's well-being, whereas the number of individuals with whom she felt comfortable appeared to enhance well-being. These data suggest that those who function as supporters are not necessarily those toward whom the greatest positive affect is felt. For example, support may be provided by kin as a formal role obligation rather than as a reflection of a strong positive bond.

Impact on Well-Being of Frequency of Interaction With Supportive, Supportive-Problematic and Problematic Others

The third analysis examined the effects of frequency of interaction with each of the three groups of social network members. Well-being was regressed on frequency of interaction with supporters, with supportive-problematic others and with problematic others. Age, health, and education were again treated as prior controls. The results of this analysis indicated that well-being was not significantly related to frequency of interaction with any of the three categories of network members. Additional regression analyses performed on log-transformed versions of the frequency variables yielded the same pattern of results.

The lack of effect of frequency of contact with problematic others suggests that both fre-

quent and infrequent contact with these people are equally distressing. More puzzling is the lack of a relationship between well-being and frequency of interaction with supporters. Previous studies, with some exceptions (e.g., Conner, Powers, & Bultena, 1979), have found frequent interaction with others to be associated with greater well-being (see review by Larson, 1978). Frequency of interaction has typically been assessed in past studies by asking respondents to estimate how often they visit with others or get together with friends and neighbors. This approach emphasizes sociable contact with others and ignores contact with others who may provide supports but who are seen infrequently, such as distant kin.

To determine whether this measurement difference between the present study and previous studies helps to explain why no relationship was found between well-being and contact with supporters, I substituted a more conventional frequency measure in an additional regression analysis. This measure was a single item that asked respondents to rate on a 3-point scale (3 = "very often," 2 = "occasionally," 1 = "never") how often they got together with others "for a visit or to go out someplace." Results of this analysis indicated that after controlling for age, health, and education, frequent sociable contact was associated with higher well-being (Beta = 0.305), $F(1, 99) = 12.20$, $p < .01$, but frequent problematic contact was not significantly related

to well-being ($Beta = -0.104$), $F(1, 99) = 1.49$, *ns*.

Thus the results of these two different sets of frequency analyses indicate that frequent contact with others for purposes of socializing was associated with greater well-being, whereas frequent contact with others who provided varied supports (emotional and instrumental support as well as companionship) was unrelated to well-being. Contact with others who provide primarily problem-oriented support as compared with sociability may be most important during periods of acute need or for psychological outcomes other than those measured, such as worrying. For example, an older woman who can rely on her children for help with household problems or for caretaking during times of illness may worry less than someone who lacks such supports, but this may have little impact on her overall life satisfaction. In this study, therefore, the apparent lack of impact of frequency of contact with supporters may be due to use of global measures of well-being that were unable to detect subtle effects of support or, alternatively, may indicate that women in this sample experienced few needs for support per se and were thus more responsive to sociable contact.

Characteristics of Women With Problematic Social Ties

The results reported thus far have been interpreted as indicating that problematic interpersonal experiences detract from well-being. A viable alternative interpretation, however, is that personal characteristics of some women cause them to have both low well-being and negative social ties. To test this possibility, analyses of variance compared women who were low, moderate, and high in the number of social problems reported (as defined by a trichotomization of the problems measure). These analyses indicated that the three groups of women did not differ in major background characteristics: age, education, income, religion, health, length of residence in Los Angeles, and number of years widowed. Further analyses examined the extent to which the groups differed in social competence. The results indicated that the women did not differ in self-reports of the ease with which they made friends, in the number of people they felt close

to or in the likelihood that they would seek out others to confide in, to talk to on the telephone, or to socialize with. In fact, women who reported more interpersonal problems also knew more people from whom they could obtain support during periods of depression, $F(2, 114) = 3.47$, $p < .03$. Consistent with the lack of relationship reported earlier between positive and negative social involvement, the three groups did not differ in the number of positive outcomes received, the number of supporters, or the frequency of contact with supporters. There were also no differences in the frequency of attendance at the senior citizen center, the number of activities engaged in, or the number of memberships in other organizations.

There were several interesting exceptions to this general pattern of no differences, however. Chi-square analyses revealed that women with problematic social ties were more likely than other women to characterize their social relations as unequal with respect to decision making. They were more likely to say that friends decided (rather than they themselves or both parties equally) when they would get together, $\chi^2(4, N = 104) = 12.23$, $p < .02$, and were marginally more likely to say that friends decided what they would do when they got together, $\chi^2(4, N = 104) = 8.72$, $p < .06$. Consistent with these results, women with problematic social ties were more likely than other women to volunteer negative comments about their children, $\chi^2(2, N = 93) = 7.51$, $p < .02$, and other kin, $\chi^2(2, N = 102) = 8.10$, $p < .02$, in response to open-ended questions about desirable and undesirable aspects of these relations. The three groups of women did not differ in expression of negative comments about friends. (The *Ns* for the chi-square analyses varied due to missing data and to the fact that some women had no children).

Considered as a group, these analyses provide little evidence that the relationships observed between well-being and problematic social involvement are due to major differences in the personal characteristics of women with problematic ties. These women did not differ from other women in important background characteristics. Nor were they less socially active, more hesitant about meeting others or asking for support, or more deficient in positive social involvement. There is some evidence,

however, that their social relations were less satisfying and less egalitarian, which might be interpreted as lower social competence but could also be regarded as one aspect of their interactions that detracts from well-being.

Discussion

Several tentative conclusions emerge from these results regarding the role of negative social ties in the lives of the elderly women in this study. First, supportive and problematic social involvement are not necessarily inversely related. In this sample, positive and negative social ties appeared to represent relatively independent domains of experience. Although unexpected, this evidence of independence is consistent with Bradburn and Caplovitz's (1965) finding that positive and negative affective dimensions of well-being are unrelated. Studies of marital interaction similarly have found that levels of positive and negative spouse behaviors are independent of each other (Weiss, Hops, & Patterson, 1973). Although positive and negative interpersonal experiences may indeed be unrelated, it is also possible that systematic relationships exist for specific subgroups of older women but that, in the absence of a theoretical basis for identifying such subgroups, the relationships tend to cancel each other. Predicting which individuals would be expected to have inverse, positive, or independent relationships between supportive and problematic social involvement represents an important problem for theoretical development.

The results of this study tend to support the idea that negative social interactions have more potent effects on well-being than positive social interactions. The regression analyses indicated that problematic ties with others were more consistently related to well-being than were supportive ties. This pattern held with controls for demographic characteristics and health, and with adjustments for skewness of the social network variables. Positive ties with others were significantly related to well-being only when they involved positive affect (particularly comfort) and sociability rather than provision of support per se. These results underscore the importance of assessing the specific qualities or contents of social ties (Heller, 1979; Sarason, Levine, Basham, & Sarason, 1983). Data ad-

ditionally suggest that it is unwise to make assumptions about the quality of a social tie from knowledge of the role relation. In this study, 38% of those who caused problems for the respondent were identified as friends and an additional 36% were identified as kin. Thus one cannot assume that friends and family are uniformly supportive. Nor can one attribute the effects of problematic social experiences solely to unpleasant encounters with more peripheral network members, such as neighbors and casual acquaintances.

The cross-sectional design of this study does not, of course, make it possible to rule out the possibility that lower well-being causes problematic interactions rather than vice-versa. This alternative interpretation suggests that women with lower well-being somehow alienate others or provoke troublesome interactions because they express their discontent or lack social skills. Yet if the women's problematic social contacts occurred because they tended to alienate others, then they would not be expected to be able to maintain positive social ties. The results showed, however, that women with problematic social ties had as many supportive and close social ties as other women. In general, there was little evidence that women with many problematic ties were less socially skilled or otherwise remarkably different from other women. For these reasons it seems plausible that the significant relationships observed in the regression analyses reflect a direct effect of problematic social contacts on well-being.

An important question raised by these results is why negative social ties appeared to have such strong effects on well-being and why positive social ties were less consistently related to well-being. If positive social ties are assessed primarily in terms of specific supports, as they were in the present study, they may be unlikely to enhance well-being unless an acute need for support exists. The older women in this study probably were not experiencing life crises. Although all were widowed, most had been widowed for several years. They were generally healthy and financially secure even if their incomes were limited. They made effective use of public transportation, and most maintained independent households. Thus although these women definitely turned to others for a variety of supports, they needed less sup-

port than they would have if they were recently bereaved, ill, or otherwise stressed. Alternative methods of assessing positive social experiences, which emphasize strictly enjoyable contacts rather than support, might be expected to point to a more significant role of positive social ties, as was the case with the regression analyses that examined social contact and comfort with others.

Much of the current enthusiasm for work on social support derives from the expectation that research will provide guidelines for the design of social support interventions to enhance well-being. The possibilities of social network intervention with the elderly have attracted considerable interest (Snow & Gordon, 1980). Most discussions of social network interventions focus on the need to facilitate formation of supportive social ties. Results of the present study suggest that it may be useful to expand such discussions to include consideration of the role of troublesome social ties; that is, for some older adults it may be more beneficial to deal with problematic relationships than to establish new relationships. Although the women in this study who had a high level of problematic ties could not be characterized as lacking social skills, the data on decision-making with friends and family suggest that they may have had difficulty asserting themselves with others. Perlman, Gerson, & Spinner (1978) found that the lonely elderly similarly are less effective interpersonally than the nonlonely elderly. Interventions aimed at increasing assertion and interpersonal problem-solving skills might prove particularly useful in such cases. There was no support in this study for the popular stereotype that older adults are eager for any form of social contact. Like other age groups, the elderly should be expected to have highly differentiated social needs, and the diversity of such needs should be reflected in social programs designed for them.

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