Social Support, Negative Social Interactions, and Psychological Well-Being

Karen D. Lincoln
University of Michigan

Abstract

Research examining the relationship between social support and psychological well-being has largely ignored the negative side of social interactions. However, empirical evidence suggests that negative interactions can potentially be more harmful than social support is helpful. This article critically reviews the literature investigating the relationship between social support and negative social interactions and their simultaneous effect on psychological well-being. A review of 28 studies revealed that there are conceptual, theoretical, and methodological limitations associated with this body of research. In order to unravel some of these limitations, studies are grouped according to three conceptual models: the additive effects model, the moderator model, and the domain-specific model. Finally, the article discusses directions social work practice research should take to tackle and fully appreciate the complexities of the relationship between social support and psychological well-being.

A long tradition of theory and research examines the relationship between social support and health. Research findings have repeatedly shown that people with spouses, family members, and friends who provide psychological and material support have better physical and mental health than those who have fewer resources. Mortality, morbidity, depression, and other undesirable health-related outcomes have been associated with the lack of social relationships (Blazer 1982; Cohen and Wills 1985; House, Umberson, and Landis 1988).

Another substantial body of literature has used a stress and coping theoretical framework to examine the role of social factors in health and well-being. The theory posits that adaptation is influenced by the stressful life situations to which a person is exposed, by the appraisal of such stressors, and by the psychological and social resources available to cope with them (Lazarus 1966; Pearlin and Schooler 1978; Billings and Moos 1981; Lazarus and Folkman 1984). Given the importance of social resources, researchers are focusing on understanding the critical components of social networks and identifying their role in the stress and coping process.

Most research in the field of social support focuses on its positive aspects, such as instrumental, emotional, esteem, and tangible support. These findings are well established and quite promising. However, the focus on the positive aspects of social support obscures that there are also costs associated with social relations. The negative side of social relationships has received considerably less attention. A small, but growing body of research

examining both positive and negative aspects of social support suggests that negative social interactions may be a distinct dimension of social support, which has a deleterious impact on mental health. Some investigations report that negative social interactions may, in fact, have more potent effects on psychological well-being than positive interactions (e.g., Rook 1984; Abbey, Abramis, and Caplan 1985; Davis and Rhodes 1994). Other studies, however, report a stronger effect from positive interactions on psychological well-being (e.g., Okun and Keith 1998), whereas still others report equal effects of the two constructs (e.g., Ingersoll-Dayton, Morgan, and Antonucci 1997). These conflicting findings suggest that we must take a more balanced approach to investigating the relationship between social ties and mental health by including measures of both positive and negative social interactions. This is particularly important in research that informs social work practice and intervention.

This article provides a critical review of studies that examine the relationship between social support and psychological well-being. Specifically, studies investigating the dual nature of social support, both positive and negative interactions, and their simultaneous effect on psychological well-being are considered. The major focus of this review is to identify the conceptual and operational complexities of this body of research. This article also includes a limited discussion of the studies' methodological complexities (e.g., sampling methods, populations). The goal of this review is fourfold: (1) to identify limitations in research examining the relationships among positive and negative social interactions and psychological well-being, (2) to identify ways of addressing these limitations, (3) to highlight three conceptual models for understanding the relationships among positive and negative interactions and well-being, and (4) to discuss implications for social work practice and research.

Positive and Negative Social Interactions and Psychological Well-Being

Although previous investigations have conceptualized negative interactions differently, most measures include in this category those actions by a member in one's social network that cause distress (e.g., resentment, sadness, shame). Negative interactions may include discouraging the expression of feelings, making critical remarks, invading another's privacy, interfering in another's affairs, or failing to provide promised help, among others. This article excludes those costs discussed by social exchange theorists (e.g., Thibaut and Kelley 1959; Homans 1974; Emerson 1976, 1981), such as time or money, as well as actions that may be irritating but do not cause psychological harm. Instead, the focus is on those actions that are perceived as negative or problematic and that cause the individual to have some reservations about the relationship.

The same conceptual and methodological limitations that plague the research examining positive aspects of social relations have also affected research examining the negative aspects. These limitations may account for the equivocal nature of the findings in this area. One issue of concern is the variety of terms used to refer to what I call "negative social interactions." The diversity in terms reflects the many ways in which negative social interactions are conceptualized. These terms include social conflict (Abbey et al. 1985; Lepore 1992; Gant and Ostrow 1995), social hindrance (Ruehlman and Wolchik 1988), social network stressors (Eckenrode and Gore 1981), interpersonal stress (Beach et al.

1993), problematic social interactions (Brenner, Norvell, and Limacher 1989; Davis and Rhodes 1994; Rhodes, Ebert, and Meyers 1994; Davis, Rhodes, Hamilton-Leaks 1997), problematic relationships (Horwitz, McLaughlin, and White 1998), problematic support (Revenson et al. 1991), problematic social ties (Rook 1984), negative social ties (Finch et al. 1989), negative social exchange (Ingersoll-Dayton et al. 1997; Okun and Keith 1998), negative social interactions (Schuster, Kessler, and Aseltine 1990; Lakey, Tardiff, and Drew 1994; Rauktis, Koeske, and Tereshko 1995), negative social support (Ray 1992), negative network interactions (Siegel, Raveis, and Karus 1994), negative relations (Elder et al. 1995), network upset (Fiore, Becker, and Coppel 1983; Pagel, Erdly, and Becker 1987; Kiecolt-Glaser, Dyer, and Shuttleworth 1988), unwanted or unneeded interactions (Stephens et al. 1987), and social undermining (Gant et al. 1993; Vinokur and van Ryn 1993; Vinokur, Price, and Caplan 1996). All of these terms represent a broad range of negative social interactions that cause an individual to experience an adverse psychological reaction.

In addition to differences in terms, different sources of both positive and negative social interactions are found in the literature. Researchers have argued that greater attention should be paid to who provides support. Although positive and negative social interactions within family networks are emphasized in this article, the literature is more inclusive and considers other potential sources of interaction, including friends (Lepore 1992), coworkers (Beach et al. 1993), church members (Taylor, Chatters, and Jackson 1997), and roommates (Lepore 1992). The inclusion of varied sources of interaction stems from the belief that different people provide different kinds of support with different degrees of effectiveness. A review of this research may help explain the inconsistencies in the literature.

One perspective assumes that positive and negative aspects of social relations are unrelated or have only a weak, insignificant association (see Okun and Keith 1998). This perspective posits that positive and negative social interactions exert independent effects on psychological well-being, such that both types of interactions can occur simultaneously within relationships. But, studies examining the relationship between positive and negative social interactions yield inconsistent results. Discrepancies in the literature are not trivial, and clarifying the relationship between positive and negative social interactions is an important task. Some key questions include (1) whether positive and negative interactions are distinct from each other, and, if they are, the question remains whether they relate at all; (2) if positive and negative interactions are distinct and different, what is the relative potency of their effect on psychological well-being; and (3) whether positive and negative interactions demonstrate various interactions with psychological well-being. The nature of this relationship influences the form and effectiveness of social work interventions.

Review of the Literature

Articles for this review were identified through an electronic search of PsycINFO. All available dates were considered. Key words included social support, interpersonal interactions, and psychological well-being. Additional criteria restricted the sample to the adult population,[1] and to investigations that included both positive and negative social interactions, and identified some dimension of psychological well-being as the outcome variable.

A review of the literature identified 28 studies; table A1 lists these studies alphabetically. This table functions as a summary of the literature in this area and highlights several important features of this research, including author(s) of the study; terms used to describe positive and negative social interactions; description of the sample, model, or theory that guided the study; statistical method used in the analysis; dependent variable(s); results; and correlation between positive and negative social interactions.

Few works have attempted to discuss whether positive and negative interactions form a single dimension, but some have assumed as much. The purpose of estimating the relationship between these two concepts is to determine whether positive and negative aspects of social interaction are distinct from one another. An individual may have many interactions of one kind and few of the other if positive and negative interactions are related. However, if the two concepts are not related, then an individual may have frequent interactions of both kinds, few interactions of both kinds, or any combination thereof. Further, if there is no relationship, then the next step is to determine which aspect of an interaction is more significant for psychological well-being.

Of those studies that measure both concepts separately, very few show strong relations between positive and negative interactions, which thus indirectly supports the view that the two concepts are distinct dimensions. Further, although correlation between variables is not proof of one dimension, investigations using structural equation modeling (e.g., Finch et al. 1989; Vinokur and van Ryn 1993; Vinokur et al. 1996) suggest that positive and negative social interactions constitute empirically distinct constructs rather than parts of the same factor. Of the 28 studies reviewed, 20 (71 percent) estimated the correlation between positive and negative social interactions. Eleven of these 20 studies (55 percent) found a significant correlation between the two concepts, while the remaining nine studies (45 percent) failed to find a significant correlation. Although there may be several reasons for this discrepancy in the findings, including theoretical and methodological differences, it is the conceptual differences that are particularly interesting, specifically, the source of interaction.

A clear pattern emerges among studies that investigate the relationship between positive and negative social interactions. Of the 11 studies that found a significant correlation, all but one used a source-specific approach as opposed to a global approach to measure social interaction. That is, those investigations using a source-specific approach examined the impact of positive and negative social interactions on psychological well-being from several different sources in an individual's network, including spouses, relatives, and friends (Schuster et al. 1990; Rhodes et al. 1994; Okun and Keith 1998); spouses only (Vinokur and van Ryn 1993; Vinokur et al. 1996; Horwitz et al. 1998); people at varying degrees of closeness (Abbey et al. 1985); friends and roommates (Lepore 1992); and coworkers and supervisors (Gant et al. 1993). This approach directly addresses the question of whether interaction with different sets of individuals has differential effects on psychological well-being and emphasizes the importance of distinguishing between source-specific and global

[1]A total of three articles reviewed for this article included a sample of adolescents; two of them examined the interactions between adolescents and adults and one included both adolescents and adults in the investigation.

studies in addressing the controversy. In any case, results from these studies do indeed suggest that each concept has distinct effects on well-being when presented by source, and thus both positive and negative interactions deserve to be investigated separately, given that they are unlikely to be one dimension.

The nine studies reporting no correlation between positive and negative social interactions did not take a source-specific approach. These studies attempted to capture the multifaceted nature of the support concept by assessing social interactions across various dimensions of support irrespective of source (i.e., global approach). In fact, although two of these studies (Fiore et al. 1983; Kiecolt-Glaser et al. 1988) examined the unique effects of particular dimensions of social interaction, the remaining studies aggregated the various dimensions and, in doing so, lost the ability to determine the unique effect of particular dimensions of social interaction on psychological well-being (Rook 1984; Ruehlman and Wolchik 1988; Brenner et al. 1989; Finch et al. 1989; Revenson et al. 1991), making it impossible to determine the effects of separate dimensions of supportive interaction.

The relationship between positive and negative social interactions clearly warrants further investigation. However, a review of the relevant research suggests that the current debate about the relationship between positive and negative social interactions may reflect the conceptualization of these constructs. Apparently, studies that focus on the relationship with a particular individual (e.g., spouse, relative, friend) will have very different results from those that focus on relationships with individuals in general, or more global networks.

The varying results from these studies demonstrate the importance of considering different sources, as well as different dimensions of supportive and negative relations. Perhaps this debate can be reconciled by research that simultaneously assesses various dimensions of supportive relationships and different sources of support. It is reasonable to speculate that different sources of social interaction and different dimensions of social support can have differential effects on psychological well-being. There is some evidence that both the source and dimension of support should be considered when attempting to determine the effect of supportive interactions on health and well-being (e.g., Dakoff and Taylor 1990). For example, review of the current social support and illness research, not covered here, reveals two specific types of supportive interactions perceived as being stressful: (1) when the patient (or individual) perceives the wrong person as having provided a particular type of support and (2) when the patient (or individual) feels that although the correct person has provided the support, they have not done so in a manner perceived as helpful (Dunkel-Schetter 1984; Neuling and Winefield 1988; Rose 1990). In either of these two types of interaction, the effect can be negative. Therefore, researchers need to specify that both dimensions and sources of supportive interactions may play a key role in determining the effects of positive and negative social interactions on psychological well-being.

Conceptual Models of Relations

Although the literature concerning the simultaneous effects of positive and negative social interactions on psychological well-being is small and equivocal, three general conceptual models of relations between support and psychological well-being have been identified that

are useful for organizing these studies. The following section describes these models: (1) the additive or direct effects model, (2) the moderator or buffering model, and (3) the domain-specific model.

The Additive Effects Model

The additive or direct effects model suggests that positive and negative social interactions have additive effects on psychological well-being. This perspective argues that positive interactions have a beneficial impact on well-being, while negative interactions have a harmful impact. Although all 28 of the studies reviewed used an additive effects approach to their investigation, a variety of methodological and analytic strategies were used to test this theoretical model. For example, the samples used were quite diverse, representing differences in race, age, marital and socioeconomic status, sexual orientation, and health status. Further, various study designs were used, including national probability surveys, community-based questionnaire designs, and convenience samples. Finally, several different statistical procedures were used to test the additive effects model, including correlations, various multiple regression procedures, and structural equation modeling. These methodological and analytic differences partly explain the inconsistent findings across the various studies.

The prevailing view among researchers is that negative social interactions have a more potent effect on psychological well-being than do positive interactions (e.g., Hobfoll and Stephens 1990). It has even been argued that the absence of negative social interactions may be more important for health and well-being than the presence of positive social interactions (Schuster et al. 1990). Research in this area has typically found that negative interactions occur less frequently than positive interactions but are often more predictive of mental health outcomes. However, some evidence suggests that positive social interactions are more important for positive mental health outcomes (Okun and Keith 1998), while other work indicates that positive and negative social interactions have equal effects on mental health outcomes (Siegel et al. 1994; Vinokur et al. 1996).

Nineteen of the studies listed in table A1 (68 percent) reported that negative social interactions had a stronger impact on psychological well-being, while only one study reported stronger effects for positive social interactions. Six of the studies (21 percent) reported equal effects of positive and negative social interactions on psychological well-being. This disparity in the research makes the task of integrating and comparing findings across studies difficult. No observable trends in conceptualization, operationalization, samples, or analytic strategy were found in those studies indicating that negative social interactions were more potent, nor were they found among those reporting comparable effects for positive and negative interactions. However, these results provide strong support for the argument that negative social interactions have more potent effects on psychological well-being than positive interactions. Still, the number of studies reporting contradictory findings cannot be ignored.

To make sense of the work that has been done so far in this area, we need a fully articulated theory of how positive and negative social interactions either help or hinder psychological

well-being. A better understanding of the relationship between social interactions and well-being will be useful for developing tools for social support assessment and designing effective interventions that include members of a clients' social network. Most of the studies examined here did not have an identified theoretical framework. In fact, less than 20 percent of the studies explicitly identified the theoretical model to be tested. Given the various fields and disciplines (e.g., sociology, psychology, anthropology, epidemiology), different methodological approaches (e.g., large population-based surveys, community-based studies, convenience-sample questionnaire designs), and differences in populations studied (e.g., college students and middle-aged and older adults), it is not surprising that the progress has been less than orderly and that our understanding of the relationships among positive and negative social interactions and psychological well-being is limited.

Operational complexities may explain the inconsistent findings. Several different measures of positive and negative social interactions were employed across investigations. Some researchers used standardized instruments to measure positive social interactions (e.g., Lepore 1992), while others consulted previous research when selecting their measures for both positive and negative social interactions. Further, only nine studies (32 percent) employed comparable items for positive and negative social interactions, both in number and content. A lack of comparability between measures of positive and negative aspects of social relations may lead to disparate findings regarding the relationships among social interactions and psychological well-being, in particular whether positive and negative relations are distinct dimensions and the relative potency of the effects of the two concepts on well-being.

The conceptualization of psychological well-being may also partly explain the equivocal findings in the literature. For example, although many of the investigators identified depression as one of their outcome measures (64 percent), others identified psychological distress (21 percent), psychological well-being (11 percent), and various other dimensions of well-being, including anxiety (11 percent), psychiatric symptoms (7 percent), positive and negative affect (3 percent), morale (3 percent), emotional well-being (3 percent), and life satisfaction (3 percent). Further, several investigators identified a common dimension of psychological well-being (e.g., depression) but measured the concept in different ways (e.g., CES-D, Hopkins Symptoms Checklist, Beck Depression Inventory [BDI], the Symptom Checklist-90-R [SCL-90-R]).

The Moderator Model

Similar to the stress-buffering model described by Sheldon Cohen and Thomas Wills (1985), the moderator model assumes that positive social interactions buffer the deleterious impact of negative social interactions on psychological well-being. Studies using this model tended to examine one of three things: (1) the extent to which positive social interactions buffered the impact of stress on psychological well-being (e.g., Revenson et al. 1991); (2) whether negative social interactions could be potentially buffered by positive social interactions (Abbey et al. 1985; Lepore 1992); and (3) the extent to which negative social interactions exacerbated the effects of stress on psychological well-being (Rauktis et al. 1995). As illustrated in table A1, 10 studies were identified that examined the interaction effect of

positive and negative social interactions. The following section discusses how positive and negative relations interact to moderate the relationship between social interactions and psychological well-being. Consistent with the argument that the source can potentially influence the outcome, the following section is divided into same-source (e.g., positive and negative interactions with one's spouse), cross-domain (e.g., positive interactions with one's friend and negative interactions with one's relative), and non-source-specific (e.g., general or global measures of positive and negative interactions) investigations.

Same-source buffering—Seven of the studies reviewed (25 percent) used source-specific measures of positive and negative social interactions. However, only four of the seven studies (57 percent) reported buffering effects when positive and negative social interactions involved the same source. In a study by Antonia Abbey, David Abramis, and Robert Caplan (1985), social support buffered conflict for "some one person." That is, for respondents who reported receiving low levels of social support from one person, the relationship between social conflict from that individual and emotional well-being was strong and significant. In contrast, for those reporting high levels of social support from "some one person," the relationship between conflict and well-being was nonexistent. Anita Davis, Jean Rhodes, and Jewell Hamilton-Leaks (1997) examined the degree to which positive interactions with parents buffered the effect of negative interactions with parents on daughters' level of depression. No significant interaction was observed. However, the results were different when positive and negative interactions were disaggregated and maternal and paternal interactions were examined along with parental interactions. Specifically, positive and negative interactions with one's father interacted with one another in their association with depression. This finding suggests if an individual has high levels of support from his or her father, the impact of negative interactions with one's father on depression may be attenuated.

Morris Okun and Verna Keith (1998) also found that when positive social interactions with an individual's spouse are low, negative social interactions with the spouse adversely affect depressive symptoms. The same results were observed when relatives and friends were the source examined. Finally, Jean Rhodes, Lori Ebert, and Adena Meyers (1994) investigated the degree to which positive and negative social interactions decreased or increased the effects of economic strain (e.g., difficulty paying bills, worrying about money, not having enough money for medical care) on psychological distress among young African-American mothers. A significant interaction effect was found between non-kin relationship problems and economic strain. Specifically, as economic strain and problems with friends increased, levels of psychological distress also increased.

Okun and Keith (1998) found evidence of a "reverse" buffering effect among older adults for positive and negative social interactions with other relatives or friends. Specifically, high levels of negative interactions were not influenced by positive interactions. However, when levels of negative interactions were low, increasing levels of positive interactions reduced the impact of negative interactions on depression. This finding is quite interesting and suggests that high conflict with a network member "neutralizes" the potential benefits of positive social interactions with that same member (Barrera, Chassin, and Rogosch 1993). At low levels of conflict, however, positive exchanges are a more effective buffer.

Cross-source buffering—Two studies found evidence to support a cross-source or different source hypothesis that credits one source's interactions (e.g., family relations) with buffering negative interactions with another source (e.g., friend). Stephen Lepore (1992) found only cross-domain buffering effects of social support, such that support from friends cushioned the impact of conflict with roommates on psychological distress. Similarly, support from roommates cushioned the impact of conflict with friends on distress. Okun and Keith (1998) found that among older adults (60–92 years), positive social interactions with children buffered the harmful effects on depressive symptoms of negative social interactions with both spouse and other relatives or friends. Likewise, the effect of negative social interactions with children on depressive symptoms was buffered by positive social interactions with other relatives or friends.

Non-source-specific buffering—Measures that did not specify a particular source of interaction (e.g., spouse, relative, friend) but employed a more general measure were used in the four remaining studies, which reported significant interaction effects of positive and negative social interactions on psychological well-being. Mary Rauktis, Gary Koeske, and Olga Tereshko (1995) and Karolynn Siegel, Victoria Raveis, and Daniel Karus (1994) found that, although positive interactions did not buffer the effect of stress on distress and depression, negative interactions amplified the effect of stress on distress and depression. In contrast, the final two studies found evidence to support the buffering hypothesis. Tracey Revenson, Kathleen Schiaffino, S. Deborah Majerovitz, and Allan Gibofsky (1991) found that negative interactions were associated with increased depression for patients who received little positive support. Similarly, Mark Pagel, William Erdly, and Joseph Becker (1987) found negative interactions to be associated with increasing depression among caregivers who reported positive interactions with their network. This suggests that positive interactions with networks may be expected, but that negative interactions are unexpected. Thus, negative interactions may be more salient events than positive interactions and may have harmful effects on psychological well-being.

The Domain-Specific Model

The domain-specific model assumes that positive and negative social interactions have equal effects on psychological well-being within their respective domain. That is, positive aspects of the social network are hypothesized to be associated with positive well-being, and negative aspects are hypothesized to be associated with negative well-being. Berit Ingersoll-Dayton, David Morgan, and Toni Antonucci (1997) tested four conceptual models that potentially characterize the relationships among positive and negative social interactions and psychological well-being. Using non-source-specific measures of social interaction (i.e., global measures), they found that, among middle-aged and older adults, positive and negative social interactions have equal effects on psychological well-being within their respective social domain. Specifically, positive aspects of the network (e.g., confiding, reassurance, getting respect) were associated with positive aspects of well-being (e.g., feeling excited, proud, pleased), and negative aspects of the network (e.g., getting on nerves, too demanding) were associated with negative aspects of well-being (e.g., feeling restless, depressed, upset).

The results of Ingersoll-Dayton and colleagues' study (1997) illustrate the complex relationships among positive and negative social interactions and psychological well-being. The domain-specific model accounts for two dimensions of social interaction and two dimensions of psychological well-being. This theoretical model challenges findings that suggest more potent effects of one aspect of social interaction over the other and calls into question using an outcome measure that represents only one dimension of psychological well-being.

A variety of alternative models have been proposed to explain the association between positive and negative social interactions and their effect on psychological well-being. The conceptual models presented here—the additive effects, moderator, and domain-specific models—represent only three ways that social interactions can potentially affect psychological well-being. Currently, little empirical research exists that examines the utility of these models. Moreover, the lack of conceptual and methodological consensus encourages the proliferation of alternative models, without settling current debates about the nature of the relationships among positive and negative social interaction and psychological well-being.

Implications for Social Work Practice and Research

Social workers have long recognized the importance of an individual's social network for health and well-being. In direct practice, one must accurately assess the client's supportive network before planning any kind of intervention. Assessment is defined as the process of "gathering, analyzing, and synthesizing salient data into a formulation that encompasses the following vital dimensions: 1) the nature of clients' problems, including special attention to the roles that clients and significant others play in the difficulties; 2) the functioning (strengths, limitations, personality assets, and deficiencies) of clients and significant others; 3) the motivation of clients to work on the problems; 4) the relevant environmental factors that contribute to the problems; and 5) the resources that are available or are needed to ameliorate clients' difficulties" (Hepworth and Larsen 1990, p. 193). This definition of assessment involves both the individual and his or her social network. It follows, then, that social workers need to deliberately and comprehensively assess the significant forces in their clients' social networks before providing services or designing interventions.

A comprehensive assessment recognizes that primary relationships within a client's social network can be sources of both help and stress at different times and under different conditions. Therefore, social workers must assess both the quantity and the quality of social interactions. Quantity refers to the actual number of social interactions, and the quality of one's network refers to how rewarding and satisfying a client's social relationships are. Social workers tend to romanticize or idealize the role of supportive networks. A more realistic perspective is needed, as well as instruments that comprehensively assess the social networks of individuals. Simply assessing the structure of a clients' social network (e.g., size or number) provides little information about the quality, amount, and experience of positive and negative social interactions (Tracy and Abell 1994). For example, small networks may at first seem inadequate, but the client may perceive them as very supportive and have very few negative interactions with them. In contrast, large networks, although seemingly ideal

for its ability to provide support, may be perceived by the client as unsupportive. Social workers need to assess the quality of interactions, in addition to the number of available supportive resources.

A great deal of progress has been made in assessing social support (see Streeter and Franklin 1992). Despite this progress, social support assessment remains an underdeveloped area. Because it is difficult to formulate a definition of social support that includes all or most of its dimensions, it is even more challenging to develop instruments based on such a definition. The lack of universal terms to describe supportive social relations, along with the lack of understanding of the mechanisms by which these relations influence health and well-being, has made it burdensome to integrate the disparate research findings obtained from the various disciplines. The complexity of social support processes requires several different measures. Many instruments do not cover more than one dimension, or they confuse or aggregate the dimensions, and most instruments fail to take into account the negative aspects of supportive relations. Further, the negative aspects of the social support process, though recognized, have not been well-integrated into current measures of social support assessment (Vaux 1992).

An additional challenge to accurately assessing social support and social networks stems from many social support assessment tools being too complex, lengthy, difficult to administer, and not designed for direct practice (Tracy and Whittaker 1990). Generally lacking an integrating theoretical foundation, social network assessment tools currently used by social work practitioners are numerous and are based on a variety of approaches that may not be appropriate for specific practice situations. Not only is more research needed to understand the processes whereby social interactions affect psychological well-being, but research is also needed to develop more appropriate instruments to accurately assess social support in direct practice with individuals and families and that have a relatively high level of clinical utility (i.e., short, inexpensive, and easy to administer).

Directions for Future Research

Before research on the relationship between social support, social networks, and psychological well-being can advance, a clear definition of terms is needed in order to gain a better understanding of positive and negative interactions and psychological well-being. A review of the literature reveals a plethora of terms and conceptualizations for these constructs. Positive and negative interactions and psychological well-being may refer to many constructs, defined in different ways, that play important and different roles in our lives. More precise definitions will facilitate research investigating these potential roles and in integrating the disparate findings.

Future research efforts should also focus on the various types of positive and negative social interactions and how these may vary across age-groups or cultural groups. Qualitative techniques, such as ethnographic studies and focus groups, should be conducted with diverse populations in order to determine the kinds of positive and negative interactions that individuals identify as helpful or harmful. Age, socioeconomic status, and race are just a few

of the factors that may influence how positive and negative interactions are defined, as well as their impact on psychological well-being.

Future work must also develop a theoretical framework for understanding the processes whereby social interactions affect psychological well-being. Several theoretical models were presented that potentially characterize the relationships among these constructs. These models may, in fact, depict the diverse ways in which positive and negative interactions are related to well-being. But, very few empirical investigations have been conducted to test these alternative models. Therefore, the mechanisms through which positive and negative social interactions affect psychological well-being remain unclear. Further, it is unclear whether negative interactions actually have more potent effects on well-being than positive interactions. This review of the literature identified 19 articles reporting stronger effects for negative interactions, compared with only one article reporting stronger effects for positive interactions. One possible explanation is that negative interactions are more rare and thus more salient than positive ones, which may be anticipated. Or, perhaps negative interactions erode feelings of personal control or self-esteem, decrease motivation to engage in positive health behaviors, or provoke adverse physiological responses (Cohen 1988; Rook 1990).

There is the possibility that negative interactions are conceptualized in such a way that results in their greater impact on psychological well-being. Some researchers have argued that investigations of the joint effects of positive and negative social interactions do not employ equivalent measures of the concepts (Rook 1997; Ingersoll-Dayton et al. 1997). For example, measures of positive interactions may comprise quantitative aspects (e.g., number of network members, frequency of contact), while measures of negative interactions include qualitative dimensions (e.g., degree of negativity within a network). Researchers should include parallel measures of positive and negative social interactions in investigations. Additional studies that employ parallel measures of psychological well-being are also needed. Research examining positive and negative dimensions of both social interaction and psychological well-being will greatly contribute to the literature.

Finally, researchers need to develop strong assessment tools. A review of available social support assessment instruments (Streeter and Franklin 1992) revealed the scarcity of tools that include measures of negative social interactions. Limitations related to theoretical and conceptual issues in social support research have inhibited the development of tools that comprehensively assess social support networks. Further, the lack of attention to negative aspects of supportive relations in the literature has resulted in the omission of such measures from available assessment instruments. To strengthen assessment, researchers must develop social support assessment instruments that are theoretically and conceptually linked to the dimensions of social interaction being measured; improve the reliability and validity of existing instruments; standardize existing measures so that assessment results will be comparable across diverse groups (Corcoran and Fischer 1987; Jordan, Franklin, and Corcoran 1993); and develop assessment tools that incorporate both positive and negative social interactions.

Acknowledgments

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Table A1

Summary of Investigations of the Effects of Positive and Negative Social Interaction on Psychological Well-Being

Author(s)	Terms	Sample N	Model	Method	Dependent Variable	Results	Corre-lation
Abbey, Abramis, and Caplan 1985	Social support, social conflict	56 (college students; convenient)	Additive effects, moderator	Correlations	Emotional well-being	Positive and emotional well-being (+) Negative and emotional well-being (−) Positive × negative (significant) Negative, more potent	Yes
Beach et al. 1993	Social support, interpersonal stress	349 (married adults; community)	Additive effects	Regression	Depression	Positive and depression (−) Negative and depression (+) Negative, more potent	…
Brenner, Norvell, and Limacher 1989	Supportive social inter-actions, problematic social interactions	101 (medical students; convenient)	Additive effects	Regression	Life satisfaction	Positive and satisfaction (+) Negative and satisfaction (−) Negative, more potent	No
Davis and Rhodes 1994	Supportive interactions, problematic inter-actions	71 (teen moms; convenient; 100% black)	Additive effects	Hierarchial multiple regression	Psychological symptomotology	Negative and distress (+) Positive and distress (N.S.) Negative, more potent	…
Davis, Rhodes, and Hamilton-Leaks 1997	Supportive interactions, problematic inter-actions	53 (teen moms; convenient; 100% black)	Additive effects, moderator	Hierarchical multiple regression	Depression	Positive and depression (−) Negative and depression (N.S.) Positive × negative (significant) Negative, more potent	…
Elder et al. 1995	Positive relations, negative relations	429 families (inner-city; community; 66% black)	Additive effects, moderator	Structural equation modeling	Depressed affect	Positive × stress (significant) Negative × stress (significant)	…

Author(s)	Terms	Sample N	Model	Method	Dependent Variable	Results	Correlation
Finch et al. 1989	Positive social ties, negative social ties	246 (elderly; convenient)	Additive effects	Structural equation modeling	Psychological well-being, psychological distress	Positive and psychological well-being (N.S.); Negative and psychological well-being (−); Positive and distress (N.S.); Negative and distress (−); Negative, more potent	No
Fiore, Becker, and Coppel 1983	Network helpfulness, network upset	44 (caregivers; convenient)	Additive effects	Stepwise multiple regression	Depression	Positive and depression (N.S.); Negative and depression (+); Negative, more potent	No
Gant et al. 1993	Social support, social undermining	285 (social workers; national probability; 100% black)	Additive effects	Multiple regression	Depression, anxiety, somatic complaints, emotional exhaustion	Positive and depression (−); Negative and depression (+); Positive and complaints (−); Negative and anxiety (+); Negative, more potent	Yes
Gant and Ostrow 1995	Social support, social conflict	33 (Men with HIV; convenient; 50% black)	Additive effects	Spearman correlations	Depression, mood, loneliness	Positive and mental health (+); Negative and mental health (−)	Yes
Horwitz, McLaughlin, and White 1998	Supportive relationships, problematic relationships	458 (married; young adults; community; 90% white)	Additive effects	Multiple regression	Depression	Positive and depression (−); Negative and depression (+); Negative, more potent	Yes
Ingersoll-Dayton, Morgan, and Antonucci 1997	Positive social interactions, negative social interactions	178 (middle-aged and older adults; national probability; 89% white)	Domain-specific	Structural equation modeling	Psychological well-being	Positive and positive well-being (+); Negative and negative well-being (+)	No

Author(s)	Terms	Sample N	Model	Method	Dependent Variable	Results	Correlation
Kiecolt-Glaser, Dyer, and Shuttleworth 1988	Network helpfulness, network upset	68 (caregivers; convenient; white)	Additive effects	MANOVA, hierarchical multiple regression	Depression	Equal effects / Positive and depression (N.S.) / Negative and depression (+) / Negative, more potent	No
Lakey, Tardiff, and Drew 1994	Social support, negative social interaction	101 (college students; convenient)	Additive effects	Correlations	Psychological distress, positive affectivity	Negative and distress (+) / Equal effects	…
Lepore 1992	Social support, social conflict	228 (college students; room-mates; convenient; 4% black)	Additive effects, cross-domain buffering	Correlations, regression	Psychological distress	Positive and distress (+) / Negative and distress (−) / Positive × negative (significant) / Equal effects	Yes
Okun and Keith 1998	Positive social interactions, negative social interactions	1,201 (younger and older adults; national probability)	Additive effects, buffering	Multiple regression	Depression	Positive and depression (−) / Negative and depression (+) / Positive × negative (significant) / Positive, more potent	Yes
Pagel, Erdly, and Becker 1987	Network helpfulness, network upset	68 (37–85 years old; caregivers; convenient)	Additive effects, moderator	Hierarchical multiple regression	Depression	Positive and depression (N.S.) / Negative and depression (+) / Positive × negative (significant) / Negative, more potent	…
Rauktis, Koeske, and Tereshko 1995	Positive social interactions, negative social interactions	106 (caregivers; convenient; 98% white)	Additive effects, moderator	Mixed model/chunkwise regression, moderated multiple regression	Distress, depression	Positive and distress (N.S.) / Negative and distress (−) / Negative and depression (−)	…

Author(s)	Terms	Sample N	Model	Method	Dependent Variable	Results	Correlation
Ray 1992	Positive social support, negative social support	207 (patients with chronic fatigue syndrome)	Additive effects	Correlations	Depression, anxiety	Positive × stress (N.S.)	Yes
						Negative × stress (significant)	
						Negative, more potent	
						Positive and anxiety (−)	
						Negative and anxiety (+)	
						Negative and depression (+)	
						Negative, more potent	
Revenson et al. 1991	Positive support, problematic support	101 (arthritis patients; convenient; 14% black)	Additive effects, stress-buffering	Correlations, hierarchial multiple regression	Depression	Positive and depression (−)	No
						Negative and depression (+)	
						Positive × negative (significant)	
						Positive × stress (N.S.)	
						Negative × stress (N.S.)	
						Equal effects	
Rhodes, Ebert, and Meyers 1994	Supportive interactions, problematic interactions	129 (single mothers; convenient; 100% black)	Additive effects, moderator	Hierarchial multiple regression	Psychological distress	Positive and distress (N.S.)	Yes
						Negative and distress (−)	
						Negative × stress (significant)	
						Negative, more potent	
Rook 1984	Supportive social ties, problematic social ties	115 (elderly widows; convenient; 97% white)	Additive effects	Multiple regression	Psychological well-being	Negative and psychological well-being (−)	No
						Positive and psychological well-being (N.S.)	
						Negative, more potent	

Author(s)	Terms	Sample N	Model	Method	Dependent Variable	Results	Correlation
Ruehlman and Wolchik 1988	Social support, social hindrance	229 (undergrads; convenient)	Additive effects	Hierarchical multiple regression	Psychological distress, psychological well-being	Positive and distress (N.S.) Negative and distress (+) Negative, more potent	No
Schuster, Kessler, and Aseltine 1990	Supportive interaction, negative interaction	1,755 (married couples; nonblack; community)	Additive effects	Multiple regression	Depression	Positive and distress (−) Negative and distress (+) Negative, more potent	Yes
Siegel, Raveis, and Karus 1994	Positive network inter-actions, negative network interactions	83 (gay men; convenient; 11% black)	Additive effects; stress-buffering	Hierarchical regression	Depression	Positive and depression (−) Negative and depression (+) Positive × stress (N.S.) Negative × stress (significant) Equal effects	…
Stephens et al. 1987	Wanted/needed inter-actions, unwanted/unneeded inter-actions	48 (simple random; convenient; 12.5% black)	Additive effects	Multiple regression	Psychiatric symptoms; morale	Positive and morale (N.S.) Negative and morale (−) Positive and symptoms (N.S.) Negative and symptoms (+) Negative, more potent	No
Vinokur, Price, and Caplan 1996	Social support, social undermining	1,630 (unemployed adults and spouse/partner; community; 21.5% black)	Additive effects	Structural equation modeling	Depression	Positive and depression (−) Negative and depression (+) Effects equal	Yes
Vinokur and van Ryn 1993	Social support, social undermining	1,087 (unemployed adults; community; 15% black)	Additive effects	Structural equation modeling	Depression, anxiety	Negative and anxiety (+) Negative and depression (+) Negative, more potent	Yes

NOTE.—Information in the "Sample" column describes characteristics of the sample. Various study designs were used: "convenient" describes samples taken from a convenience sample questionnaire; "community," samples taken from community-based studies; and "national probablity," samples taken from national probability surveys. The "Results" column provides information regarding the relationship between social interactions and well-being. The symbols in parentheses indicate whether the relationship between a given social interaction and well-being is positive (+) or negative (−). N.S. = not significant.