The Exchange of Emotional Support With Age and Its Relationship With Emotional Well-Being by Age

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This study tested three hypotheses derived from the application of socioemotional selectivity theory and exchange theory to the exchange of emotional support with age and its relationship with positive and negative affect by age. Data are from the Midlife in the United States study of 3,032 U.S. adults between the ages of 25 and 74. The social contact hypothesis predicts that hours of emotional support given and received should decrease with age. The exchange hypothesis predicts that the discrepancy between the hours of emotional support given and received should decrease with age to reflect more balanced exchanges with age. The goal hypothesis predicts that unequal exchanges of support should predict higher negative and lower positive affect with age. Findings supported each hypothesis. Hours of emotional support given and received decreased as chronological age increased. Although adults of all ages gave more support than they received, the discrepancy between hours of emotional support given and received became more balanced with age. Compared with equal exchanges, unequal exchanges predicted worse emotional well-being profiles only among the oldest adults in this study (i.e., those aged 55–64 and 65–74). Findings contribute to the growing literature on the changing nature of the quantity and quality of interpersonal exchanges with age.

THE purpose of this study is to investigate whether socioemotional selectivity predicts the exchange of emotional support and its linkage to emotional well-being throughout adulthood. Emotional well-being is individuals' avowed feelings toward, and emotional reactions to, their lives. It is often measured as the evaluation of happiness and satisfaction with life or as the subjective report of the frequency of positive and negative affects over a time period (Diener & Larsen, 1993). Studies have indicated that levels of avowed happiness and life satisfaction remain constant, or increase slightly, between the ages of 20 and 70 (Diener & Suh, 1997; Keyes & Waterman, 2003). The frequency of positive affect shows evidence of minor declines in some studies and gains in others, whereas the frequency of negative affect generally declines with age (Charles, Reynolds, & Gatz, 2001; Diener & Suh, 1997; Mroczek & Kolarz, 1998; Shmotkin, 1990). Moreover, the duration of positive emotions appears to increase, and the duration of negative emotions appears to decrease, with age (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000; see Appendix, Note 1).

Social support is salubrious, and research has shown this to be a primary function of emotional support, which entails expressions, gestures, and behaviors that are interpersonally intimate and emotionally positive (Stroebe & Stroebe, 1995, 1996). Examples of emotional support range from a smile, a hug, holding another's hand, and gently patting or rubbing another's arm or back to giving advice, encouragement, and consolation (Mancini & Blieszner, 1992). The perception of the availability of more emotional social support (Krause, 1997; Wethington & Kessler, 1986) and its receipt even under low-stress conditions has been linked to positive outcomes such as higher subjective well-being and fewer symptoms of mental illness (Stroebe & Stroebe, 1995, 1996).

However, the exchange of support depends on social ties and contact that dwindle with age (Cumming & Henry, 1961; Lang, 2001; Lang & Carstensen, 1994; Palmore, 1981). Contact diminishes such that only 10% of an older adult's day consists of direct social contact (Baltes, Wahl, & Schmid-Furstoss, 1990). Nonetheless, quantity of social contact may decrease with age while its quality may increase. In fact, the reduction in social contact may be a deliberate attempt to improve the quality of social contact, and, as the quality of contact increases, well-being should also increase.

According to goal theories, subjective well-being will increase as individuals attain or come closer to achieving their needs and wants (Campbell, Converse, & Rodgers, 1976; Michalos, 1985). Socioemotional selectivity theory (Carstensen, 1992, 1993, 1995) suggests that the key to emotional well-being is prioritizing the goal of emotionally satisfying social contact. However, individuals have two goals that motivate social contact and vary as a function of age. Individuals may seek social contact to regulate knowledge (i.e., information) about self and culture, or they may seek social contact to regulate their emotions.

When time is subjectively short or compressed (e.g., by a terminal illness), the goal of emotion regulation becomes salient and the goal of information regulation becomes unimportant. Thus, when there is little time left to live or little time left to spend in a context, individuals become motivated for contact that is emotionally satisfying. Individuals will therefore forgo contact with casual acquaintances or developing new ones in favor of contact with emotionally intimate persons. When, however, there is a lot of time left to live and abundant time to spend in a particular context, individuals seek numerous and diverse social contacts from which they can learn about themselves and society. A large and diverse pool of social contact ensures a rich source of information to satisfy the goal of information regulation

(Carstensen, 1995; Carstensen, Gross, & Fung, 1997; Carstensen, Isaacowitz, & Charles, 1999).

A byproduct of growing older is a shift from a bountiful to a compressed subjective timeframe. Research has shown that the number and frequency of social ties decrease linearly with age, but relationships are perceived as more intimate and satisfying (Lang & Carstensen, 1994; Lansford, Sherman, & Antonucci, 1998). With age, adults are more likely to categorize and perceive others on the basis of whether they can provide emotionally close and satisfying contact (Fredrickson & Carstensen, 1990). There is also evidence that adults are better able to prevent unpleasant interpersonal exchanges as they age. With age, couples are able to discuss sensitive topics in ways that prevent the instigation and display of negative feelings (Carstensen, Gottman, & Levenson, 1995).

Besides the latter study by Carstensen and colleagues (1995), there has been little research on the dynamics of interpersonal exchanges with age. Do interpersonal exchanges become more emotionally satisfying or conducive to satisfaction with age? In addition to investigating whether the provision and receipt of emotional support decrease with age, this study therefore investigates whether the exchange of emotional support becomes more balanced with age.

Emotional support is a desirable quality that can produce in recipients and providers a sense of attachment (e.g., comforting and intimacy), belonging and alliance with others, guidance and reassurance of one's worth (Mancini & Blieszner, 1992; Weiss, 1969, 1974), and purpose and social contribution (Cutrona & Russell, 1987; Keyes & Ryff, 1998; Rook & Ituarte, 1999). Low levels of emotional support may create loneliness, anxiety, uncertainty, a sense that life is meaningless (Rook, 1987; Weiss, 1974), and vulnerability to stress (Stroebe & Stroebe, 1995).

Social exchange theorists (Homans, 1974) have asserted that individuals are motivated to maximize gains and minimize costs in social contacts. With age and the hypothesized shift toward the goal of emotion regulation (Carstensen et al., 1997), the exchange principle is translated into the goal of maximizing positive affect and minimizing negative affect. Social exchange theories of relationships may therefore help to partially explain how aging adults regulate emotion. The exchange of valued resources like emotional support may become more balanced and equitable with age (see, e.g., Antonucci & Jackson, 1990; Traupmann & Hatfield, 1983).

Exchange-based theories of relationships suggest that intimacy will increase as the equality of exchange increases (Deutsch, 1985; Rook, 1987; Sprecher & Schwartz, 1994; Walster, Walster, & Berscheid, 1978). Intimacy increases in equal-exchange relationships because equitable relationships incite positive emotions and minimize negative emotions. Imbalanced exchanges, where an individual may get less than she or he gives, may incite negative emotions or at least quash positive emotions. According to equity theory (Walster et al., 1978), perceived inequity generates negative affect. When individuals receive more than they put into a relationship (i.e., overbenefited), they feel guilt or shame. When individuals receive less than they put into a relationship (i.e., underbenefited), they become distressed or angry.

Equitable exchanges of a resource like emotional support should create positive emotion and intimate social contacts; imbalanced exchanges of emotional support should create negative emotion or quell positive feelings.

The perspectives of socioemotional selectivity and social exchange theories converge into three hypotheses tested in this study. First, the *quantity hypothesis* predicts that the hours of emotional support given and received should decrease as chronological age increases because adults become selective about social contacts with age. Second, the *exchange hypothesis* predicts that the discrepancy between the hours of emotional support given and received should decrease with age because more balanced social exchanges are conducive to greater intimacy and satisfaction, and the goal of emotional regulation becomes more salient with age. Third, the *goal hypothesis* predicts that, with age, balanced exchanges of emotional support will predict higher levels of positive affect and lower levels of negative affect compared with unbalanced exchanges of (i.e., giving more or receiving more) emotional support. That is, the goal of emotional regulation becomes more salient with age; therefore, unbalanced exchanges of emotional support will fail to meet individuals' social contact goal with age.

METHODS

Sample

The data are from the MacArthur Foundation's Midlife in the United States (MIDUS) study. This study involves a random-digit-dialing sample of noninstitutionalized English-speaking adults aged 25 to 74, living in the 48 contiguous states, whose household included at least one telephone. In the first stage of the multistage sampling design, investigators selected households with equal probability via telephone numbers. At the second stage, they used disproportionate stratified sampling to select respondents. The sample was stratified by age and sex; men between ages 65 and 74 were oversampled.

Field procedures were initiated in January 1995 and lasted approximately 13 months. The respondents were contacted by professional personnel; those who agreed to participate in the entire study took part in a computer-assisted telephone interview lasting 30 min on average. Respondents were then mailed two questionnaire booklets requiring about 1.5 hr on average to complete. As incentives for participation in the complete study, each respondent was offered $20, a commemorative pen, periodic reports of study findings, and a copy of a monograph on the study. The sample consisted of 3,032 adults, with a 70% response rate for the telephone phase and an 87% response rate for the self-administered questionnaire phase, or a combined response rate of 61% (.70 × .87 = .61).

Measures

Emotional support exchanges.—Respondents were asked to think about the emotional support they give and get. Emotional support was defined for respondents as "giving or getting comfort," "listening" or "having someone listen to you," and "giving or getting advice." Respondents then

estimated the number of hours of emotional support they gave and received during an average month. Respondents first indicated the hours of emotional support given and subsequently estimated the hours of emotional support received in six sets of relationships.

The recipients (and then sources) of emotional support were (in the following order): "your spouse or partner," "your parents or the people who raised you," "your in-laws," "your children or grandchildren," "any other family members or close friends," and "anyone else (such as neighbors or people at church)" (see Appendix, Note 2). The hours of emotional support were recoded into ranges, and each range was coded to the midpoints as follows: none = 0, 1 to 4 hr in a month = 2.5, 5 to 8 hr = 6.5, 9 to 16 hr = 12.5, 17 to 24 hr = 20.5, 25 to 32 hr = 28.5, 33 to 40 hr = 36.5, and 41 or more hr = 44.5 (i.e., all variables were top-coded to reflect the equivalent of a 40-hr "work week"). The hours of emotional support over the six relationships were summed to form separate scales of the total monthly hours of support received and given.

Emotional well-being.—Respondents indicated how much of the time during the past 30 days—all, most, some, a little, or none of the time—they felt six negative and six positive indicators of affect. The negative indicators were feeling (a) so sad nothing could cheer you up, (b) nervous, (c) restless or fidgety, (d) hopeless, (e) that everything was an effort, and (f) worthless. The positive indicators were feeling (a) cheerful, (b) in good spirits, (c) extremely happy, (d) calm and peaceful, (e) satisfied, and (f) full of life. Each set of items was summed and divided by the number of constituent items so that the final scale ranged from 1 to 5, with a higher score indicating more negative affect and more positive affect. The internal reliability of the Positive Affect scale was .91; for the Negative Affect scale, it was .87. Details about the sources of the affect items used in the MIDUS can be found in Mroczek and Kolarz (1998, p. 1337).

Social structural variables and controls.—Chronological age was the central independent variable, which was coded into age cohorts as follows: ages 25 to 34, ages 35 to 44, ages 45 to 54, ages 55 to 64, and ages 65 to 74. Several sociodemographic variables that are possible predictors of the receipt or provision of emotional support as well as emotional well-being were also measured. Dummy variables indicating respondents' gender, race (White vs minority) marital status (currently married vs all other), employment status (part time or full time vs all other) were used as control variables. In addition, a dummy variable for parental status and a continuous variable reflecting the number of biological and adopted children were used as controls. Respondents indicated the highest grade or year of schooling they had completed at the time of the interview. Education was coded as 1 (less than high school), 2 (high school), 3 (some college; vocational), 4 (bachelor's degree), or 5 (master's or doctoral degree). Income was measured as the sum of respondents' self-reported (a) own personal income, (b) income from a spouse or partner, and (c) any additional household income from all other sources during the past year.

All sources of income were summed to form a continuous measure of total household income.

All multivariate analyses adjusted for respondents' physical health, which may affect the individual's need for support, ability to provide emotional support, and emotional well-being. Respondents indicated their current health status by judging how much their health limited several daily activities a lot, some, a little, or not at all. The activities included (a) lifting or carrying groceries; (b) bathing or dressing oneself; (c) climbing several flights of stairs; (d) bending, kneeling, or stooping; (e) walking more than a mile; (f) walking several blocks; (g) walking one block; (h) vigorous activity (e.g., running, lifting heavy objects); and (i) moderate activity (e.g., bowling, vacuuming). The internal alpha reliability of the limitations of daily activities scale was .93.

RESULTS

Table 1 presents the unadjusted means of emotional support given and received and their correlation by age. The one-way analysis of variance (ANOVA) and the Tukey's honestly significant difference procedure was used to test whether the mean levels of emotional support given and received differed by age cohort. The overall ANOVA revealed statistically significant age cohort differences in terms of emotional support given, $F(4,2723) = 39.5$, $p < .001$, and emotional support received, $F(4,2760) = 28.5$, $p < .001$. The youngest adults, aged 25 to 34 and 35 to 44, gave more emotional support on average than adults between the ages of 45 and 54, 55 and 64, and 65 and 74. Adults between the ages of 45 and 54 gave more emotional support than adults in the oldest age cohort (i.e., 65 to 74). At the age of 45 and thereafter, adults gave about the same amount of emotional support.

Table 1. Descriptives Statistics of Total Monthly Hours of Emotional Support Given and Received by Age, Sample Weighted

Age	Hours Emotional Support Given	Hours Emotional Support Received	Correlation of Support Given With Support Received
25–34$_a$ (n = 714)			.84
M	65.9$_{c,d,e}$	46.4$_{b,c,d,e}$	
SD	51.4	44.2	
35–44$_b$ (n = 766)			.84
M	60.5$_{c,d,e}$	40.6$_{d,e}$	
SD	51.1	43.2	
45–54$_c$ (n = 535)			.81
M	44.7$_e$	28.8	
SD	39.4	32.4	
55–64$_d$ (n = 402)			.87
M	43.5	30.9	
SD	41.6	37.5	
65–74$_e$ (n = 308)			.85
M	34.7	24.0	
SD	37.7	29.5	
Total			.84
M	53.4	36.5	
SD	47.6	40.2	

Notes: Subscripts refer to statistically significant ($p < .05$, two-tailed) contrasts between means based on the one-way analysis of variance and Tukey's honestly significant difference procedure.

The receipt of emotional support also tended to decline with age. The youngest adults, aged 25 to 34, received more emotional support than all other age groups. In turn, adults between the ages of 35 and 44 received more support than all successively older age cohorts. However, adults in each age cohort between the ages of 45 and 74 received about the same amount of emotional support. Last, the correlation between provision and receipt of emotional support in each group was .80 or higher. Adults in each age cohort who gave more emotional support also tended to receive more support; conversely, as the provision of emotional support declined, the receipt of emotional support also tended to decline. Thus, despite the age decrements in emotional support, there is reciprocity in the exchange of emotional support in each age cohort (see Appendix, Note 3).

Next, multivariate regression was used to test the quantity hypothesis by regressing the hours of emotional support given and the hours of emotional support received onto the age and control variables. Because the conclusions for these and all subsequent analyses were unchanged by sample weighting, only the unweighted sample estimates are shown (see Winship & Radbil's 1994 rationale for using unweighted data in this case). Focusing on the age differences in the provision and receipt of emotional support in Table 2, one sees that the results support the quantity hypothesis. That is, the provision and receipt of emotional support decreased linearly with age.

The age decrements in emotional support can be seen in Figure 1, which reports the adjusted hours of emotional support by age cohort, using the mean values of the control variables to solve the regression equation. The average adult between the ages of 65 and 74 gave 32 hr of emotional support, whereas the average adult between the ages of 25 and 34 gave 69 hr. Similarly, the average adult between the ages
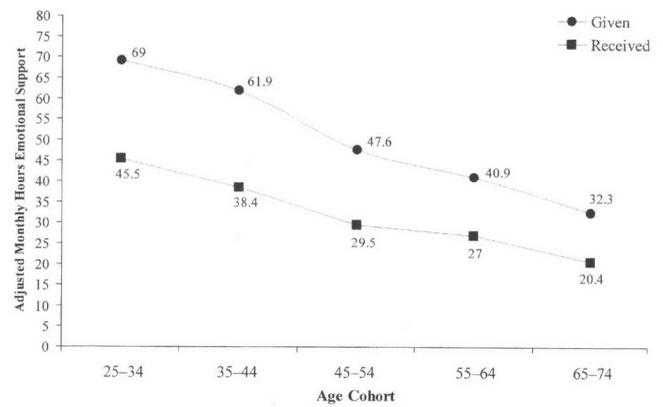

Figure 1. Adjusted monthly hours of emotional support given and received by age cohort.

of 65 and 74 received 20 hr of emotional support, whereas the average adult between the ages of 25 and 34 received nearly 46 hr. In short, the youngest age cohort gave and received over twice as many hours of emotional support than the oldest age cohort. Figure 1 also reveals that adults of all ages provided more emotional support than they received.

The exchange hypothesis predicted that exchanges of emotional support should become more balanced with age; the findings plotted in Figure 1 imply that exchanges become more balanced with age. A direct test of this hypothesis is the regression of the emotional support discrepancy variable (i.e., total hours given minus total hours received for each respondent) onto age and the control variables (see Appendix, Note 4). Findings in Table 3 show that the gap in

Table 2. Ordinary Least-Squares Regression of Monthly Hours of Emotional Support Onto Age and Control Variables, Sample Unweighted

Predictor	Emotional Support Given		Emotional Support Received	
	b	β	b	β
Age				
25–34	—	—	—	—
35–44	−7.1**	−0.07	−7.1***	−0.08
45–54	−21.4***	−0.21	−16.0***	−0.19
55–64	−28.1***	−0.25	−18.5***	−0.20
65–74	−36.7***	−0.26	−25.1***	−0.21
Female (male = 0)	15.1***	0.17	10.0***	0.14
Whites (minority = 0)	−3.7	−0.03	−5.9**	−0.06
Married (unmarried or separated = 0)	19.1***	0.21	14.1***	0.19
Employed (unemployed = 0)	−1.5	−0.01	−0.51	−0.02
Household income	−0.01	−0.01	−0.19	−0.01
Level of education	−2.7***	−0.07	−2.7***	−0.09
No. children	3.0***	0.12	1.1**	0.05
Limitation of activities of daily living	0.02	0.01	0.05	0.01
α	47.3		39.0	
F	38.9***		25.3***	
Adjusted R^2	.14		.10	

**$p < .01$; ***$p < .001$ (two-tailed).

Table 3. Ordinary Least-Squares Regression of the Discrepancy Between All Hours Given From All Hours Received Onto Age and Control Variables, Sample Unweighted

Predictor	Discrepancy of Hours Given and Received	
	b	β
Age		
25–34	—	—
35–44	0.04	0.01
45–54	−5.3***	−0.10
55–64	−9.6***	−0.16
65–74	−11.5***	−0.15
Female (male = 0)	5.2***	0.11
Whites (minority = 0)	2.2	0.03
Married (unmarried or separated = 0)	5.0***	0.10
Employed (unemployed = 0)	−0.98	−0.02
Household income	0.17	0.01
Level of education	0.08	0.01
No. children	1.9***	0.14
Limitation of activities of daily living	−0.03	−0.01
α	8.3	
F	14.7***	
Adjusted R^2	.06	

Note: The solved regression equation $\hat{y} = 18.6 + $ (Age Cohort).
*** $p < .001$ (two-tailed).

emotional support given and received is the same for adults between the ages of 25 and 34 and between the ages of 35 and 44. However, when compared with the youngest adults, the gap in the exchange of emotional support is about 5 hr smaller among adults 45 to 54, nearly 10 hr smaller among adults 55 to 64, and almost 12 hr smaller among adults 65 to 74.

The average discrepancy of emotional support among the youngest adults (i.e., using the mean value of statistically significant control variables to solve the equation) was 18.6 hr. Thus, adults between the ages of 35 and 44 also gave 18.6 more hr of support than they received. However, adults between the ages of 45 and 54 gave 13.3 (18.6 − 5.3) more hr of support than they received, compared with the youngest adults. Adults aged 55 to 64 gave 9.0 (18.6 − 9.6) more hours of emotional support than they received, and adults between the ages of 65 and 74 gave 7.1 (18.6 − 11.5) more hours of emotional support than they received, compared with the youngest adults. The exchange of emotional support did not become perfectly balanced with age (i.e., the discrepancy did not approach 0). However, the exchange of emotional support was less discrepant (or more balanced) with age.

The goal hypothesis predicted that unbalanced exchanges of support would affect emotional well-being with age because the social contact goal of emotional regulation only becomes salient with age. Table 4 reports the regressions of positive and negative affect onto the control variables, total hours of emotional support given and received, and variables reflecting the balance and imbalance of exchanges. Specifically, adults whose discrepancy of emotional support equaled 0 were used as the reference group; two dummy variables were created to reflect adults who gave more support than they received and adults who received more support than they gave. The regressions of positive and negative affect were performed separately by each age group to determine whether the relationship of exchanges of emotional support with positive and negative affect varied by age cohort.

The results in Table 4 provide partial support for the goal hypothesis. Even though the older adults received fewer hours of emotional support than the younger adults, adults in the age cohorts of 55 to 64 and 65 to 74 who received more support reported more negative affect and less positive affect than the same-aged adults who had perfectly balanced exchanges. However, those adults between the ages of 55 and 64 who gave more emotional support had the same levels of emotional well-being as the adults who had perfectly balanced exchanges. Adults between the ages of 65 and 74 who gave more emotional support reported the same level of positive affect as the adults with perfectly balanced exchanges. However, among the oldest adults, those who gave more emotional support had a higher level of negative affect than adults with perfectly balanced exchanges. Finally, unbalanced exchanges among adults in the age cohorts of 25 to 34, 35 to 44, and 45 to 54 showed no relationship to positive or negative affect when compared with the same-aged adults with perfectly balanced exchanges. In sum, there is strong support for the goal hypothesis with regard to receiving more emotional support. There is weak support for the goal hypothesis with regard to giving more emotional support, which was related only to negative affect among adults in the oldest age cohort.

DISCUSSION

Socioemotional selectivity theory posits that older adults prioritize the goal of emotion regulation; with age, adults want emotionally satisfying contact. Consequently, adults prune their social ties to weed out unsatisfying, and to retain satisfying, social relationships as they age. To achieve the goal of emotion regulation, exchange theory suggests that adults must achieve more equitable or balanced exchanges of emotional support. On the basis of these theories, this study investigated three questions: Does the quantity of emotional support diminish with age? Does the exchange of emotional support become more balanced with age? Do unbalanced exchanges of emotional support predict lower levels of emotional well-being with age?

Findings unequivocally supported the quantity hypothesis and the exchange hypothesis. With age, adults spent less time engaging in acts of emotional support and less time receiving emotional support. Moreover, the discrepancy in the hours of emotional support given and received diminished with age. Not only did they give and receive the most hours of emotional support, the youngest adults (i.e., 25 to 34) gave an average of nearly 19 more hours of support than they received. In contrast, the oldest adults (i.e., 65 to 74) gave and received the fewest hours of emotional support, and they gave about 7 more hours of emotional support than they received.

In turn, this study inquired whether the relationship of the imbalance of exchanges of emotional support with emotional well-being varied by age. Imbalanced exchanges were not associated with decreased positive affect and elevated negative affect among younger adults between the ages of 25 and 54, although these adults had more unequal exchanges of support than the older adults. Although the older adults between the ages of 55 and 74 had relatively more equal exchanges, those who had imbalanced exchanges

Table 4. Ordinary Least-Squares Regression of Negative and Positive Affect Onto Control Variables and Whether Respondent Gave More or Received More Emotional Support, Sample Unweighted

	Ages				
Outcome and Predictor	25–34	35–44	45–54	55–64	65–74
Negative affect					
Gave more	.04	.01	.06	.09	.16*
Gave = received (α)	1.5	1.9	1.5	1.3	1.1
Received more	.01	−.04	.03	.25**	.25**
Positive affect					
Gave more	−.04	−.02	−.04	−.12	−.04
Gave = received (α)	3.5	3.3	3.1	4.0	3.8
Received more	−.08	−.20	−.14	−.41**	−.35**

Note: Each regression by age controlled for gender, race, marital status, employment status, household income, level of education, number of children, limitations of activities of daily living, and the total hours of emotional support given and emotional support received.

*p < .05; **p < .01 (two-tailed).

reported less positive and more negative affect than those who had equal exchanges. These findings are consistent with the theoretical proposition that the goal of emotion regulation may be achieved, in part, through principles of social exchange as adults age.

However, the goal hypothesis was supported primarily when older adults received more emotional support. With one exception, adults between the ages of 55 and 74 who gave more emotional support had similar levels of emotional well-being as those who had equal exchanges. The exception to this rule occurred among the oldest adults, aged 65 to 74, who felt more negative affect when they gave more emotional support compared with the adults with perfectly balanced exchanges. In addition to violating the goal of emotion regulation, receiving more emotional support as an older adult may predict lower emotional well-being because it reflects an undesirable sense of dependency (see Magai et al., 2001), or it could reflect a undesirable situation in which an older adult is receiving unsolicited or unsuitable support (see Rook, 1984). Even if giving more support violates the goal of emotional regulation, studies have shown that it can be a source of purpose and contribution (see, e.g., Krause, Herzog, & Baker, 1992) that may offset the goal violation.

Findings from this study challenge the convoy model of social support (see Antonucci & Akiyama, 1987; Antonucci & Jackson, 1990). Antonucci and colleagues argued that the norm of reciprocity can operate more long term over the life span because individuals keep a mental account of the total support put into and taken out of their "support bank." With age, individuals who may require more emotional support than they can give may not feel distress if they had provided more support to others when they were younger. Because younger adults are likely to give more support than they require—a finding consistent with the results of this cross-sectional study—they can draw on this debt as they age and receive more support without feelings of guilt. However, adults aged 55 to 74 who received more emotional support felt more negative affect than the same-aged adults with equal exchanges, which suggests that receiving more emotional support as an older adult violates some standard of interpersonal exchange. The correlations of support given and received were high in each age cohort (all *r*s = .80 or higher), suggesting that reciprocity was operative in each age cohort. Thus, if individuals view life in terms of time left to live as they age, the receipt of more emotional support could generate an unpleasant state of urgency over the time one has left to repay others' kindness and support. Future research may benefit from measurement of adults' subjective urgency and time frame for reciprocating the receipt of emotional support.

Strengths of the present study for testing selectivity theory include its emphasis on behavior in relationships (see also Carstensen et al., 1995). In addition, respondents in the MIDUS were not directly asked to rate the satisfaction of their social contacts, nor were they directly asked to rate the discrepancies in emotional support exchanges. Prior studies have focused on the frequency with which people have social contact and subjective reports of their satisfaction with social contact (see Carstensen et al.'s 1997 review). The present study used an indirect method of measuring social contact by asking respondents to report the hours of emotional support given to others in a typical month and the hours of emotional support received from the same set of people in a typical month. Also, this study used a representative national probability sample of U.S. adults. The multivariate analyses adjusted for relevant demographic variables, which permit generalization to the average adult in the United States.

Limitations of this study include the cross-sectional design of the MIDUS. Longitudinal data are needed to begin to investigate whether and how changes in the exchange of emotional support predict changes in emotional well-being. The measures of emotional support were perceived rather than actual exchanges of support. Although the social support literature has shown stronger linkages of perceived than received support with health outcomes (Stroebe & Stroebe, 1996), future tests of the exchange of emotional support would benefit from behavioral and experience sampling measurements of support (see, e.g., Carstensen et al., 2000). Research may also benefit from the investigation of the various kinds of exchanges that can occur throughout adulthood. Rook and Ituarte (1999; see also Rook, 1987) argued that social contacts can be characterized in terms of companionship and instrumental supports, in addition to emotional support. That is, adults pursue common activities (i.e., companionship) that can be emotionally satisfying. Adults also provide instrumental support in terms of money, tools, and favors (e.g., repairing broken objects for others), which may generate emotional well-being.

As the baby boom generation ages, understanding the sources of emotional well-being has taken on greater importance because of recent findings that it protects against disease, disability, and mortality. The absence of emotional well-being may be implicated in the onset of cardiovascular disease (Musselman, Evans, & Nemeroff, 1998) and appears to elevate risk for physical disability and premature mortality in older adults (Ostir, Markides, Black, & Goodwin, 2000; see also Danner, Snowdon, & Friesen, 2001). Finally, there is mounting evidence that the risk of suicide, which increases dramatically with age, increases as emotional well-being decreases (Koivumaa-Honkanen et al., 2001; Weerasinghe & Tepperman, 1994).

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Appendix

Notes

1. The terminology *emotional well-being* and *positive and negative affect* are used interchangeably throughout this article (see, e.g., Bradburn, 1969).
2. All measures in this study were taken from the self-administered questionnaire.
3. The reciprocity correlations by type of relationship revealed that reciprocity was high and stable by age cohort for relationships with spouse, other family members, and anyone else (e.g., neighbor). The reciprocity correlation with parents and in-laws decreased with age, whereas the reciprocity correlation with children increased with age (results available on request).
4. The discrepancies between the hours of support given to and received from spouses, parents, in-laws, children, and other family members decreased with age. The only exception was the exchange of emotional support with parents. Perhaps indicative of the role of caregiver, the discrepancy in emotional support exchanged with parents increased between the ages of 25 and 64 (but not between 65 and 74).