

Social Withdrawal as a Short-Term Coping Response to Daily Stressors

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I suggest in this chapter that social withdrawal immediately following exposure to a stressor can alleviate some of the negative aftereffects of the stressful encounter by returning the individual's mood, arousal, and energy to baseline levels. The description of a social withdrawal response differs in several ways from the paradigms that are currently popular in the coping literature. Withdrawal is conceptualized as a daily coping strategy that facilitates a *short-term recovery process*. It is therefore directed toward coping with the immediate residues of a stressful encounter, rather than with the long-term effects of the stressor or the precipitating stressor itself. Differences between short-term and long-term coping strategies account for the effectiveness of social withdrawal despite the known long-term benefits of social support. In addition, because withdrawal is viewed as an adaptive response to the *aftereffects* of a stressful encounter, it is expected to occur in a social situation that is disconnected from the stressor. Finally, in contrast to the usual assumption that coping involves a deliberate effort to manage a stressor, the social withdrawal response as described here does not necessarily involve a conscious intention to cope with the precipitating stressor nor

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even an awareness of a link with the stressor. Therefore, as discussed later, self-report assessment techniques may not be the most appropriate approach to use when studying social withdrawal as coping behavior.

In order to detect social withdrawal, one must observe a temporary change in the subject's typical behavior. Three possible dimensions of a social withdrawal response are discussed here: (a) an observable reduction in behavioral involvement and interest in others, (b) decreased emotional responsiveness to others, which may include less expression of both positive and negative emotion, and (c) a concomitant increase in self-focused attention.

A Working Model of the Functions of Social Withdrawal

The model presented here suggests that social withdrawal is an overdetermined response to stressful episodes. Specifically, it proposes that three common short-term outcomes associated with stress—negative affect, increased arousal, and fatigue—may be alleviated by a period of withdrawal immediately following the stressful encounter. Thus, the social withdrawal response should be observed in situations that follow the stressful event.

Negative Affect and Social Withdrawal

Most stressors have an immediate impact on individual subjective well-being, especially by increasing dysphoric mood. A growing body of research indicates that individuals use a variety of techniques to manage their emotional states and, in particular, to repair negative moods (Mayer, Salovey, Gombert-Kaufman, & Blainey, 1991).

Social withdrawal may help to regulate emotional responses to stressors, which Lazarus and Folkman (1984) termed *emotion-focused coping*. Evidence from several different literatures suggests that social withdrawal can help to restore a more positive affective state. First, residual negative emotional states from a prior situation are sometimes associated with decreased social responsiveness in a new situation (Isen, 1984; Moore, Underwood, & Rosenhan 1984). Second, data from daily diary studies indicate that a period of solitude has a positive aftereffect on mood (Larson & Csikszentmihalyi, 1983). Third, negative mood states that commonly result from exposure to stressors, such as sadness, anxiety, and anger, appear to be associated with an increased focus on the self (Wood, Saltzberg, & Goldsamt, 1990; Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990).

Several theorists speculated that the association between self-focused attention and dysphoric mood may reflect a process of self-regulation following a stressful event and that the period of self-focus may be transitory (Greenberg & Pyszczynski, 1986; Wood, Saltzberg, & Goldsamt, 1990). As mentioned earlier, a temporary shift in attention away from others and toward the self may sometimes be an important component of social withdrawal.

In addition, when individuals use distraction to relieve negative moods, some of the distracting behaviors may remove them from social interaction. Solitary nonarousing activities, such as reading, watching television, listening to music, or working on a crossword puzzle, can facilitate distraction both from thoughts about the stressful events and from any potentially stressful cues in the current environment. Thus, social withdrawal may help to restore a more positive affective state both directly and indirectly as part of some other effort at mood repair.

Increased Arousal and Social Withdrawal

Most theorists assume that the initial "fight or flight" response to a stressful situation or demand involves increased levels of sympathetic arousal (Selye, 1976). A purely mechanistic homeostatic model posits that, following the stressful encounter, arousal levels mechanically return to baseline levels. Frankenhaeuser and her colleagues identified a pattern of physiological unwinding, consisting of a gradual decrement in heart rate, blood pressure, and levels of circulating catecholamines that occurs after returning home from a stressful day at work (Frankenhaeuser, 1979, 1981). I would like to suggest that this unwinding response reflects more than a mechanistic-biologic process. Unwelcomed secondary effects of increased arousal may motivate individuals to facilitate a return to baseline levels of arousal and thereby enhance the automatic recovery process.

An individual might strive to reduce his or her arousal level for several reasons. High levels of arousal can interfere with performance (Anderson, 1990). In addition, the perception of autonomic arousal may amplify the intensity of emotional experiences (Chwalisz, Diener, & Gallagher, 1988). Therefore, negative mood states resulting from stressful encounters might be ameliorated by reducing perceived arousal levels. Zillmann and his colleagues (Bryant & Zillmann, 1979) found that residual excitation or arousal from a previous situation can intensify provoked aggressive behavior in a current (nonrelated) situation. This is another potential aftereffect of the increased

arousal that remains after termination of a stressor. To illustrate the negative secondary outcomes that may be associated with increased arousal following a stressful episode, imagine a highly aroused mother after a particularly stressful day at work and a difficult drive home in heavy traffic. Research indicates that if she can relax and facilitate a return to baseline levels of arousal, she will enhance her performance of complex household tasks, diminish the intensity of her negative emotional state, and avoid overreacting in an aversive manner to her demanding child. Her own experience may have taught her the same lesson.

Social withdrawal and other behaviors that may sometimes require withdrawal, such as relaxation and distraction, can facilitate recovery from increased levels of arousal. Someone in a heightened state of arousal from stress may avoid social interaction because it would further increase arousal. For example, blood pressure and heart rate have been found to increase during couples' discussions of problems (Ewart, Taylor, Kraemer, & Agras, 1991) and during even simple social conversation (Lynch, Thomas, Paskevitz, Malinow, & Long, 1982). So just as the phobic person avoids anxiety-arousing stimuli, a stressed individual may withdraw from potentially arousing social stimuli in the environment. Relaxation lowers heart rate, blood pressure, and other indicators of arousal (Davidson & Schwartz, 1976), and in order to relax one typically withdraws from active participation in social interaction. Cognitive distraction also reduces arousal (Miller, 1980) and, as pointed out earlier, many solitary behaviors, such as watching television, can facilitate distraction.

Fatigue and Social Withdrawal

Stressors and efforts to cope with them require the expenditure of energy, often resulting in energy depletion and fatigue once the encounter has ended. Research indicates that physical exhaustion, even in response to everyday occurrences, is associated with reduced affective responsiveness (Thayer, 1989). Indeed, recovery from fatigue is probably best achieved in the absence of any social interaction. For example, someone who is tired or weakened by a stressful encounter often finds a quiet rest period, a nap, or a shower invigorating.

Once removed from a stressful situation, individuals may engage in behaviors to alleviate the physical and emotional residues of stress. Mood, arousal, and energy are nonindependent states that covary in response to stress (Thayer, 1989). The model and

research evidence presented here suggest that recovery through mood repair, arousal reduction, and replenishment of energy can be facilitated by social withdrawal and behaviors that may entail withdrawal, such as distraction, relaxation, and rest. It is therefore reasonable to expect social withdrawal to be a common short-term response to stress.

Preliminary Evidence Regarding Social Withdrawal as a Short-Term Coping Response

There is preliminary evidence that social withdrawal immediately follows exposure to stressors. Repetti (1989) found that male air traffic controllers (ATCs) were more withdrawn from family interaction after stressful days at work. The daily report data indicated that after high-work-load days, husbands were more distracted and less involved and interested in social interaction with their wives. There was also evidence of decreased emotional responsiveness; the ATCs expressed less anger and engaged in fewer hostile behaviors during marital interactions that followed high-work-load shifts. It is important to point out that these findings do not simply reflect the effects of energy depletion. Controlling for self-reported fatigue after work did not change the relation between work load and marital behavior.

On the basis of data from the same study, Repetti (1991a) found that, for the subsample of ATC fathers of school-aged children, a day at work characterized by a high work load or negative social interactions with coworkers and supervisors was also followed by greater withdrawal from parent-child interactions. The fathers were less involved with their children both in a positive and helpful manner (such as helping with homework) and as disciplinarians (less reminding, yelling, and punishing) after stressful days at work. There was also less negative emotion expressed during father-child interactions.

Some of the ATC parent-child findings were recently replicated in an investigation that focused on mothers employed in a wide variety of occupations (Repetti, 1991b). For 1 week, at the end of each workday but before being reunited with their children, mothers completed surveys describing their day at work. Later each evening, each mother completed measures describing interactions with the target child that occurred between

the time she left work and the time her child went to sleep. Preliminary findings indicated that, like the ATCs, on evenings after more demanding workdays these mothers were more withdrawn from their children. For example, they reported less playing, talking, and laughing with their children, less involvement with their children's activities and games, and less interest in what their children had to say. They described themselves as less responsive to their children and reported that between them there was a feeling of less warmth, less togetherness, and more disappointment.

The Absence of Social Withdrawal From the Coping Literature: Methodological Considerations

Although the findings summarized earlier suggest that withdrawal at home often follows stress at work, most subjects in stress and coping studies do not mention social withdrawal as a primary coping strategy. Coping inventories, therefore, generally do not include a separate social withdrawal scale, which is consistent with Stone and Kennedy-Moore's (this volume) observation that these scales may not represent the full domain of possible coping responses. Moreover, in most studies of daily coping, a subject is asked to use a self-report questionnaire to describe how he or she attempted to manage a problem that occurred that day or how he or she typically attempts to cope with daily stressors. This methodological approach precludes the possibility that the stressful event may have led the individual to alter his or her behavior (adaptively or maladaptively) in ways that he or she is not able to identify. Social withdrawal may be one response to stress that is not noticed by most people, perhaps because it is the absence of social behavior or because it requires one to observe a subtle qualitative change in social behavior rather than a proactive response to the event. Additionally, subjects may view their withdrawal from social interaction as secondary to some other coping response, such as watching television, resting, or reading the newspaper. This may explain why, as discussed later, social withdrawal items are often embedded within measures of avoidant coping styles.

Although social withdrawal may not be a salient response to stress, when behavior was assessed in the two studies described earlier without requiring the subject to interpret its link to earlier conditions at work, stress at work was clearly associated with increased withdrawal later at home. It may prove critical for researchers to design tests of the social-withdrawal hypothesis that do not require subjects to recognize a change in their level of social participation, to then connect that behavioral change to an earlier

stressful encounter and, finally, to label their withdrawal as a separate coping response. Certain experimental designs, quasi-experimental designs, and passive observational methodologies (e.g., daily diary studies) may provide additional evidence that social withdrawal is a short-term response to stress. For example, changes in subjects' expressed preference for social interaction and their social behavior in naturalistic and analogue situations can be assessed following exposure to a stressor.

However, investigations of the proposed functions of social withdrawal are also needed in order to rule out the possibility that withdrawal is simply a symptom of stress. The only way to confirm that social withdrawal acts as an effective coping response is by observing actual reductions in negative mood, arousal, and fatigue. The research designs mentioned earlier might assess the rate at which the emotional and physiological residues of stress dissipate under conditions of social interaction and social isolation following exposure to a stressor.

Social Withdrawal and Avoidant Coping Strategies

The emotion-focused coping strategies described in the stress and coping literature include a general class of rejection or avoidant coping styles, such as denial, distraction, and repression, which may share some conceptual overlap with social withdrawal. Avoidant responses focus attention away from the stressor or one's psychological and somatic reactions to it (Suls & Fletcher, 1985). For example, the Avoidance subscale of the Impact of Events Scale includes items such as "I tried not to think about it," "I tried to remove it from memory," and "I tried not to talk about it" (Zilberg, Weiss, & Horowitz, 1982). In a study of the dimensionality of coping in older adults, Rohde, Lewinsohn, Tilson, and Seeley (1990) identified an Ineffective Escapism factor that had high loadings on items such as "Do something dangerous," "Wait for someone to help," and "Stay in bed." Related coping strategies include Pennebaker and colleagues' description of *inhibition* or *constraint*, in which people actively inhibit their desire to talk about or confront a traumatic event (Pennebaker & Susman, 1988), and Carver, Scheier, and Pozo's (this volume) studies of the effects of giving up or behavioral disengagement from pursuit of a goal.

The general avoidance-escapism-inhibition coping style usually refers to an internal psychological coping process that may or may not involve social withdrawal. On the one hand, most avoidance coping scales include social withdrawal items like "Keep away from people" (Rhode et al., 1990), "Avoided being with people in general," and "Wished

that people would just leave you alone" (Amirkhan, 1990). On the other hand, avoidance coping may sometimes involve increased social activity. For example, one might avoid all opportunities to examine (through private thought or discussions with others) a stressful encounter by actively participating in distracting social events. Similarly, social withdrawal does not necessarily involve an escape from the problem or stressful situation at hand. During a period of social withdrawal, individuals may be attempting to distract themselves, or they may be using private time to actively problem solve or ruminate about the prior stressful situation. For example, self-focused attention, one possible component of social withdrawal, may help stressed individuals to actively analyze the stressful encounter and their emotional reactions to it. This, of course, is the opposite of avoidance.

Despite the differences between social withdrawal and avoidance as coping strategies, the partial areas of overlap between the two constructs may be a fruitful avenue for further investigation. It is important to know, for example, when withdrawn individuals are attempting to distract themselves from thoughts about a prior stressful encounter, when they are ruminating about the encounter, and when they are planning problem-solving strategies. These different cognitive coping strategies, each of which can be associated with social withdrawal, may have different short-term effects on dysphoric mood, arousal, and fatigue following exposure to the stressor. For example, evidence suggests that distraction facilitates remediation of depressive affect, but rumination interferes with mood repair (Morrow & Nolen-Hoeksema, 1990).

Long-term problems may result if social withdrawal is always associated with avoidant coping strategies. These strategies not only can interfere with the individual's use of problem-focused coping, but evidence suggests that they may also increase risk for long-term health problems. In the short-term, distraction and other blunting techniques (responses that involve psychologically absencing oneself from danger signals) minimize arousal and subjective distress (Miller, 1980). In a meta-analytic study, Mullen and Suls (1982) also found that, in the short run, focusing attention away from a stressor is associated with a variety of indicators of better physical adaptation, including less arousal and fewer physical symptoms. However, in the long run, a strategy of focusing attention on the stressor was associated with better health, including fewer illnesses and symptoms. Pennebaker and his colleagues also found that writing or talking about a traumatic event resulted in fewer health problems and improved functioning of the immune system (Pennebaker & Susman, 1988).

Long-Term Effects of Social Withdrawal

Not only may avoidant cognitive activities during periods of social withdrawal have different short-term and long-term implications for coping, but social withdrawal alone may be associated with different short-term and long-term outcomes. It has been argued here that social withdrawal can be an adaptive short-term response to the emotional and physiological residues of a stressful encounter. Yet, a long-term strategy of social withdrawal in the face of repeated or chronic stressors may lead, over time, to difficulties in interpersonal relationships. For example, the frequent withdrawal of one partner during marital interactions is associated with marital dissatisfaction (Christensen & Heavey, 1990). The same may be true of withdrawal from the parent-child relationship.

Consider, for example, the ATCs who withdrew from father-child interaction after high-stress days at work. When a desired period of self-focus and withdrawal is interrupted by a child's need for attention, a father probably finds himself less responsive to the child's demands and less tolerant of the child's noncompliant behavior. Moreover, more frequent periods of parental withdrawal are probably associated with more attention-seeking behavior by the child. When repeated day after day, a nonresponsive parenting style and a child's reaction to it may escalate into irritable or punishing parental behavior and, ultimately, a more aversive parent-child relationship.

In the ATC study, there were different short-term and long-term effects of social stressors at work that are consistent with this analysis. Although there was a same-day link between distressing social interactions at work and increased withdrawal at home, controllers who were part of work groups with chronically stressful social climates characterized the emotional tone of their relationships with a target child as more negative and less positive. Over 3 days, they reported more anger, hostility, and tension, and less closeness and warmth during father-child interactions (Repetti, 1991a). It is possible that, for these fathers under chronic stress at work, repeated patterns of social withdrawal at home partly accounted for their more aversive parent-child relationships.

In addition to its effects on family relationships, a sustained pattern of social withdrawal in response to chronic daily stressors may gradually erode an individual's social support network (including both family and friends). In one study, people who had a desire to be left alone also reported that less social support was available to them (Evans,

Palsane, Lepore, & Martin, 1989). By reducing access to social-support resources, social withdrawal may indirectly impede an individual's ability to cope with chronic stressors.

Despite the social difficulties that may result from a dependence on social withdrawal as a coping response, there may be some long-term health benefits associated with withdrawal. A prolonged recovery from the negative affect, increased arousal, and fatigue of a stressful episode might underlie some of the deleterious health outcomes associated with stress. It has been suggested that a sustained physiological mobilization following exposure to a stressor can result in systemic damage both directly (e.g., ulcers) and indirectly (e.g., by depressing the effectiveness of the immune response) (Lazarus & Folkman, 1984). Exaggerated cardiovascular and neuroendocrine responses to stress are associated with an increased risk for hypertension and coronary heart disease (Krantz & Manuck, 1984; Matthews et al., 1986). If social withdrawal facilitates a speedy recovery from physiological arousal caused by stress, it may also help to reduce risk for these health problems. In addition, by facilitating mood repair, social withdrawal may interfere with a dysfunctional process in which sustained daily increases in dysphoric mood gradually lead to a deterioration in psychological functioning.

Individual Differences and Situational Factors

The extent to which social withdrawal immediately follows exposure to a stressor and the extent to which it is experienced as beneficial may partly depend on individual differences and situational factors. For example, individuals with avoidant coping styles may be more likely to withdraw because, in addition to its other effects, withdrawal can facilitate distraction and escape. Individual variability in the extent to which people are aroused avoidant and in the intensity of their responses to minor daily events may also influence the extent to which withdrawal follows stress (Larsen, Diener, & Emmons, 1986; Martin, Kuiper, Olinger, & Dobbin, 1987).

Similarly, certain types of social situations may limit opportunities for withdrawal, whereas others may abet withdrawal. Aspects of the social environment that follows the stressful encounter, such as the nature of one's relationships with others in the environment, others' behavior, and the importance of situational demands on the individual, most likely play a critical role in determining whether the individual withdraws from social interaction. The influence of social partners was highlighted in the ATC study through an analysis of the wives' emotionally supportive behaviors (such as being tolerant, patient,

and cheerful, and providing comfort and sympathy). Differences in the likelihood of withdrawal were found when the ATCs' evenings were divided into high-spouse-support evenings and low-spouse-support evenings. Social withdrawal was correlated with earlier levels of work load only on the high-spouse-support evenings (Repetti, 1989). On days in which wives provided high levels of emotional support, both subjective and objective measures of that day's work load were associated with withdrawal at home that evening. However, this was not true for low-spouse-support evenings. These results suggest that some level of emotional support from a spouse may be a necessary condition for withdrawal to occur at home.

Sex Differences

Despite Repetti's (1991b) finding that women also withdraw from parent-child interaction after demanding workdays, investigators should explore possible sex differences in the extent to which withdrawal is used as a coping response. In a recent study, the physiological unwinding response was observed in male managers after a stressful day at work, but female managers did not show evidence of unwinding (Frankenhaeuser et al., 1989). This finding might reflect a sex difference in the tendency to use social withdrawal as a response to job stress. More generally, we know that women complain more about their male partners' withdrawal and emotional nonresponsiveness than men complain about this behavior in their female partners (Buss, 1989). Men are also more likely than women to withdraw during marital conflict (Christensen & Heavey, 1990).

Sex differences in the use of social withdrawal as a short-term coping response may in part represent differences in the demands and expectations inherent in the situations in which men and women are observed. Data from the ATC study indicated that, under conditions of high spouse support, men use withdrawal as a short-term response to daily job stress. However, the family responsibilities and level of support in the home environment of most employed wives may not allow them to withdraw as easily as the ATCs did when they return home from a hard day at work. Csikszentmihalyi and Graef (1980) found that men tend to rate most of their daily activities as more voluntary, especially cooking and childcare. Furthermore, evidence suggests that when their husbands have had a demanding day at work, wives compensate by increasing their work load at home, but that husbands do not respond in kind (Bolger, DeLongis, Kessler, & Wethington, 1989). Thus, men may feel freer to withdraw from daily household routines (including parenting) after a stressful day, and their wives may encourage withdrawal by

providing an emotionally supportive environment and by assuming additional responsibilities for household chores.

Directions for Future Research

The proposed model of social withdrawal as a short-term strategy for coping with some of the physiological and emotional discomforts engendered by everyday stressors suggests a promising avenue for further investigation. Some of the model's predictions and supporting preliminary evidence are surprising. For instance, they contradict a popular assumption that more irritable behavior is a common immediate reaction to everyday stressors (e.g., kicking the dog after an argument with the boss at work). Another example is that, although a large research literature indicates that a high level of socially supportive interaction can be an enormously helpful coping resource, withdrawal from all social interaction may be an effective short-term coping strategy. Indeed, findings from the ATC study of job stress suggest that emotional support from a spouse functions precisely by creating a situation in which withdrawal can occur.

I would like to review and highlight four directions for future research on social withdrawal as a response to stress. First, innovative research strategies that do not require subjects to identify their coping behaviors should supplement self-report assessment techniques. Researchers can make inferences about short-term coping strategies by observing behaviors that follow exposure to stressors and relating those behavioral changes to concurrent changes in rates of emotional and physiological recovery. Second, future research should include assessments of cognitive activity during periods of withdrawal. This will help researchers to determine when withdrawal is a social concomitant of other coping strategies, such as avoidance. Third, future studies might identify those situational factors that facilitate and those that impede a withdrawal response, as well as investigate individual differences and sex differences in the proclivity to use withdrawal.

Fourth, the persistent use of social withdrawal to cope with chronic daily stressors may, over time, be associated with significant health-related outcomes. The possibilities range from long-term health benefits to problems in intimate relationships and reduced access to social-support networks. If future studies indicate that social withdrawal is an adaptive short-term response to daily stress, one challenge for health psychologists will be to design preventive interventions that maximize the short-term and long-term health benefits of withdrawal and minimize long-term damage to social relationships. One recommendation might be to create situations that afford a brief period of social withdrawal

following predictable daily stressors. An example is setting aside a period of solitary time to unwind and recover after work.

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