

10 Social Support, Stress and the Buffering Hypothesis: A Theoretical Analysis

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The last few years have seen a blossoming of interest in the role of interpersonal relationships in protecting people from the possibly pathogenic effects of stressful events (cf. Caplan, 1974; Cassel, 1976; Cobb, 1976; Heller, 1979; Henderson, 1977; Kaplan, Cassel, & Gore, 1977). The term "social support" has been used widely to refer to the mechanisms by which interpersonal relationships presumably buffer one against a stressful environment.¹ Studies of the role of social support in the prevention of psychological and somatic disorders in the face of stress are multiplying. Moreover, intervention programs based on the hypothesized advantages of increased social support for those experiencing stress have been developed for a diverse range of clients including, among others, the elderly (Pilisuk & Minkler, 1980), the bereaved (Silverman, 1969), and the parents of young children (Kelly, 1980).

The possible protective effect of social support in the face of psychosocial stress is precisely stated in what has been termed the buffer or buffering hypothesis. The hypothesis states that psychosocial stress will have deleterious effects on the health and well-being of those with little or no social support, while these effects will be lessened or eliminated for those with stronger support systems. In

¹It is noteworthy that social support is defined in this chapter in a way which focuses the discussion on the resources provided by others when one is confronted with a stressor. There is a larger literature on the effects of the provision of emotional and tangible resources in situations in which stressors may not be present. Effects of these resources (main effects of social support) on behavior and health presumably are caused by different mechanisms, e.g., the resource deprivation that occurs for isolated persons, than the stress-buffering mechanisms discussed in this chapter.

contrast, pathological outcomes for nonstressed control subjects should be relatively unaffected by their level of support.

A study by Brown, Bhrolchain, and Harris (1975) provides an example of recent research addressing the buffering hypothesis. The study investigated the role of social support in moderating the relationship between life change stress and psychiatric disorder in a large sample of 18–65-year-old women. Women reporting that their husband or boyfriend was a confidant—a person with whom she could talk about things that were troubling her—were considered to have high levels of support. Those not reporting such a tie were considered to have low levels of support. Consistent with the buffering hypothesis, women who had experienced a severe life event and had low levels of support showed a substantial increase in their degree of psychiatric disturbance compared to nonstressed women, while women who had experienced a severe life event but had high levels of support did not show increased pathology. Level of support was unrelated to pathology in the nonstressed control group.

Although there are over 30 published studies addressing the buffering hypothesis, overall their results are inconsistent with one another and are generally considered inconclusive (cf. LaRocco, House, & French, 1980; Pinneau, 1975). One of the reasons for the inconsistency in this literature is a lack of a consistent conceptual perspective on the part of various researchers. The investigators do not agree upon a meaning of the term social support, a technique for measurement of support, or a conception of the mechanism(s) by which it presumably operates.

Further understanding of the role of interpersonal relationships in buffering one against the pathogenic effects of stressful events could profit from the development of testable hypotheses derived from a clear conceptualization of the buffering process. The resulting research would be conceptually unified and allow for a more precise interpretation of research findings. To this end, this chapter presents a theoretical analysis of a number of different mechanisms through which interpersonal relationships may protect one from stress-induced pathology, and proposes a model of the buffering process. The model is based on a multidimensional view of social support and focuses on the functional relationships between the coping requirements of a situation and the resources provided by one's support system.

Some assumptions about the nature of stress, social support, and pathological outcomes. For the purposes of this chapter, we will assume that stress arises when one is called to respond to a situation for which one has no adequate response and the consequences of failure to respond effectively are important (Sells, 1970). This assumption is consistent with the view that stress occurs when one appraises a situation as threatening and does not have an appropriate coping response (Lazarus, 1966). We will also distinguish between a stressful event, the experience of stress, and the onset of a pathological outcome. Stressful event (or

stressor) will be used to refer to an event that has the potential of eliciting a stress appraisal. In many cases, it refers to an event that is viewed as requiring a response but has not yet been evaluated in terms of the person's ability to respond. The experience of stress refers to the negative affect, elevation of physiological response, and behavioral adaptations that often occur in response to a threatening situation for which one has no adequate coping response. In order to speculate on the importance of the temporal relationship between the occurrence of a stressful event and the availability of support, it will also be assumed that the occurrence or the anticipation of the occurrence of a stressful event necessarily precedes the occurrence of the experience of stress which precedes the occurrence of a stress-induced pathological outcome.

The following discussion of the buffering hypothesis assumes that various stressors are not etiologically specific to any given somatic or psychological disorder, but enhance susceptibility to disease in general (Cassel, 1974; also see Lazarus, 1977 and Mason, 1975 for a related discussion). Admittedly, this last assumption oversimplifies the mechanism(s) involved in determining the effects of stressful events on health and health related behavior. It does, however, allow us to focus on the characteristics of the stressors and interpersonal relationships while treating all health outcome variables as roughly equivalent.

SOME ALTERNATIVE BUFFERING MECHANISMS

A number of investigators have distinguished between psychological and non-psychological forms of social support (e.g., Caplan, 1979; Cobb, 1976; Pinneau, 1975). The crux of this distinction is that psychological support refers to the provision of information (cf. Cobb, 1976) while nonpsychological or tangible support refers to the provision of material aid. Psychological supports have further been divided into appraisal supports which contribute to one's body of knowledge or cognitive system and emotional supports which contribute to meeting one's basic social-emotional needs (Pinneau, 1975). The following discussion of the mechanisms hypothesized as responsible for the moderating effect of support on reactions to a stressor will be divided into three sections based on the mechanisms implied by the distinctions between tangible, appraisal, and emotional support.

Tangible Support

The effectiveness of tangible support as a buffer of stress is generally considered less interesting to social scientists than support effects that are presumably psychologically mediated. For example, it appears reasonably obvious and mundane that loss of income for someone with a wealthy family who will support them is likely to be less stressful than for those without such support. Many existing

studies do not, however, distinguish tangible supports from psychological ones. Thus in many cases, data that are presented as reflecting an interesting interaction of the mind and body may merely be a case of people providing others under stress with necessary material resources. Studies of support in the sick and elderly are especially subject to tangible support interpretations. The often cited anecdotes and studies of the importance of social support in buffering one from the effects of combat and natural disasters (e.g., Swank, 1949; see Cobb, 1976) may confound the material aid provided when one participates in a cooperative activity with emotional support (cf. Epley, 1974).

Although virtually anyone with the required resources could provide someone in need with money, care, or other forms of assistance, tangible support is probably most effective when the provision of aid is viewed by the recipient as appropriate. It is likely that aid from another is perceived as inappropriate when the recipient feels threatened with a loss of freedom, interprets receiving help as a sign of inadequacy, or feels uncomfortably indebted (Gross, Wallston, & Piliavin, 1979). Inappropriate aid could presumably result in an accentuation rather than moderation of stress effects.

It is noteworthy that even clear cases of tangible support may have psychological implications since the provision of material support may be interpreted by the receiver as evidence for the love and/or esteem of the giver. Thus material aid often suggests information about one's relationship with a support system as well as the provision of assistance per se. In short, in many cases it may not be the actual help that is operative but merely the perception that "others" are behind you (cf. Heller, 1979).

Appraisal Supports

A common view of how interpersonal relationships interfere with the potential pathological effects of a stressor suggests that this mediation involves an appraisal or reappraisal of a potentially harmful stressor as benign. One approach to understanding this process is based on Lazarus' (1966) cognitive model of stressor appraisal. According to Lazarus, whether one experiences psychological stress depends on whether a potentially threatening stimulus configuration is evaluated by a person as threatening or benign. Threat appraisal is proposed as a process that occurs between stimulus presentation and stress reaction and is presumed to depend on the psychological structure of the individual and the cognitive features of the stimulus situation. When a stimulus is evaluated as threatening and an appropriate coping response is not available, a stress reaction occurs. Thus, Lazarus suggests the importance of both the assessment of a potential threat and the adequacy of one's perceived ability to cope with the threat as determinants of whether one experiences stress. Presumably, social support may enter into this analysis by altering either one's assessment of threat or one's assessment of their ability to cope.

Social support and the assessment of threat. One's support group may affect the extent to which a situation is viewed as a threat. A reduction in stress would be accomplished to the degree that information is provided that leads one to believe that either an adequate response to the situation is available or that failure to respond effectively is not really important (cf House & Wells, 1977; Sells, 1970).

The conditions under which one turns to others to help determine whether or not a situation is threatening have been discussed in the context of Social Comparison Theory (Festinger, 1954; Schachter, 1959). The theory suggests that when a situation is arousing and the cause of arousal is somewhat ambiguous, people will look to others for information about the appropriate emotional reaction. Moreover, Social Comparison Theory (SCT) predicts that one will turn only to those who are similar to themselves for comparison information. Important dimensions of similarity include similarity of attitudes and personality. Another important dimension is whether the comparison person has experienced or is experiencing the same or similar situation. One turns to similar people because they are presumed to provide the most relevant information for making an accurate judgment of how to respond. SCT argues that comparison results in a reduction of stress only when the person(s) with whom one is comparing themselves are reacting in a relatively calm manner.

A modification of SCT was proposed by Sarnoff and Zimbardo (1961; also see Buck & Parke, 1972; Firestone, Kaplan, & Russel, 1973). They argued and experimentally demonstrated that there are certain emotionally ambiguous situations that do not result in a desire for comparison. These include situations in which people feel guilty or ashamed about their feelings. They may also include situations in which people are afraid that revealing their feelings to others will alter the nature of their relationship with the comparison group. For example, workers may be unwilling to reveal their anxiety about a job or their feelings of incompetence because they may lose the respect of their peers. In such cases, people often prefer to remain isolated.

If we assume that social support buffers people against stress by helping them redefine a situation as less threatening, then SCT suggests some limitations on when support will be effective. Particularly, it suggests that support will only have stress-reducing effects when (a) the stressor is one that is socially acceptable and does not result in feelings of guilt and shame; (b) discussion of the stressor will not be detrimental to one's relationship with a comparison other; (c) the support is provided by people who are perceived as providers of accurate information, e.g., others who have similar personalities, attitudes, and the like, or others who have experienced a similar stressor; and (d) the support group communicates a relatively calm reaction to the potential stressor.

An example of the operation of the first two limitations is provided in Wortman and Dunkel-Schetter's (1979) discussion of cancer patients' interpersonal relationships. They point out that cancer patients generally do not want to discuss

their illness with healthy others because of the stigma attached to having cancer. Moreover, many patients feel inhibited about seeking out other cancer patients (similar others) because of the emotional risk involved in publicly identifying themselves as cancer patients. A similar reticence to engage in social comparison is reported in a study by White, Wright, and Dembo (1948) in which disabled men were reluctant to openly discuss their injuries. This occurred despite their apparent desire to communicate and need to be understood and accepted.

It can be argued that in the case of some stressors, the information received during social comparison with similar others may result in more harm than good. Severe illness may be such a stressor (cf. Wortman & Dunkel-Schetter, 1979). For example, Sanders and Kardinal (1977) indicate that patients often use others who are doing well as yardsticks against whom they measure their own progress. This suggests the possibility that severely ill employ "upward comparison" (i.e., comparison to someone who is slightly better off in order to measure their own improvement). (Festinger [1954] predicted upward comparison for situations when one is evaluating an ability.) However, it seems likely that upward comparison would be distressing and otherwise destructive for those who do not measure up.

Others have argued that the comparison process seldom results in harm since people seldom, if ever, make upward comparisons. Hence in a recent reinterpretation of the social comparison literature, Wills (1981) suggests that all comparisons are motivated by the desire to enhance one's own subjective well-being by comparing oneself with less fortunate others. Similarly, Pearlin and Schooler (1978) argue that comparison is only a successful coping strategy when it allows people to judge their condition to be less severe, or no more severe than that of the comparative other. These arguments are supported by studies of social comparison under conditions of threat. In general, people prefer to compare themselves to those who are worse off in order to reduce the threat to themselves (e.g., Hackmiller, 1966; Taylor, 1982; Wheeler et al., 1969). Thus the availability of a support (comparison) group that provides a positive comparison may also be necessary for a positive outcome.

Social support and coping strategies. Assuming one evaluates a situation as threatening (i.e., as a situation in which a coping response is required), support may affect one's ability to cope. One method of enhancing a person's coping abilities would be for the members of the support system to suggest alternative coping strategies, possibly based on their own previous experiences. This information would be communicated by social comparison and thus this mechanism could operate only under the conditions of similarity and acceptability of the stressor described earlier. Rather than merely offering suggestions, a social support system may also, through social pressure or otherwise, facilitate certain kinds of behaviors (e.g., exercise, personal hygiene, proper nutrition and rest) which could increase an individual's ability to tolerate or resist a stressor (House

& Wells, 1977) Support may also operate by getting persons to focus on more positive aspects of a troubled situation (Pearlin & Schooler, 1978) and/or on more positive things in their lives (cf. Pennebaker & Funkhouser, 1980), possibly including one's interpersonal relationships. This refocusing of attention could distract the person's attention from the stressor. As discussed earlier, a support system could also affect one's coping abilities by providing tangible aid in dealing with a stressor.

A psychological stress perspective assumes that there is no real threat outside of that that one perceives. Within this psychological stress framework, it is possible to think of social support systems that convince persons that their present coping abilities are adequate to respond to the particular situation or induce the perception that if a critical need to cope does arise, others will be there to help out. In both of these cases no new coping strategies are provided (at least immediately) but people's perceptions of their abilities to cope are enhanced. This analysis would, of course, be limited to stressors that do not represent a universal threat.

Emotional Supports

Several investigators (e.g., Cobb, 1976; Pinneau, 1975; Sarason, 1980) have defined social support in terms suggesting that the effect of an interpersonal relationship on one's feelings may be partly or wholly responsible for its presumed effects. Cobb, for example, defines support as information leading one to believe any of the following: that he or she is cared for and loved, esteemed and valued, and/or belongs to a network of communication and mutual obligation. Thus while appraisal mechanisms emphasize the evaluation of something external to the subject, i.e., the potential stressor, emotional support mechanisms emphasize persons' evaluations and feelings about themselves.

An emotional support interpretation can be employed in the prediction of the buffering hypothesis if one assumes that the stressor lessens one's feelings of belonging and/or being loved. In turn, it is these emotional losses that result in the hypothesized pathological effects. Social support would presumably provide a reserve of these resources and thus protect one (or help one recover) from the stressor-induced loss. The assumption that emotional loss may result in pathology is based on studies of both somatic and psychological health, suggesting the important role of one's feelings of control and self-esteem in the resistance to and recovery from disease (cf. Engel, 1971; Krantz, 1980; Krantz & Schulz, 1980).

Self-esteem. Since it is unlikely that everyone who is confronted by a stressor, even a stressor that cannot be coped with, responds with self-deprecation, it is important to know under what conditions people who are confronted with stressors make attributions that result in negative feelings about themselves. Effects of uncontrollable stressors on one's self-esteem are discussed by Abram-

son, Seligman, and Teasdale (1978). They suggest that people who believe their inability to control important outcomes is due to their own incompetence (personal helplessness) will have low levels of self-esteem while those who believe their inability to control a stressful event is due to something that no one is able to control (universal helplessness) will not show a lowered level of self-esteem. Abramson et al. (1978) give the example of two individuals who are convinced that no matter how hard they try they will remain unemployed: "The person who believes that his own incompetence is causing his failure to find work will feel low self-regard and worthlessness. The person who believes that nationwide economic crisis is causing his failure to find work will not think less of himself" (p. 66).

Suppose that a person's spouse or child is dying of an incurable disease. Because the disease is incurable, there is nothing he or she or anyone else could do. According to Abramson et al. this condition would result in passivity, negative cognitive set and sadness (all components of learned helplessness) but would not result in lowered self-esteem. Thus interpersonal relationships that bolster one's self-esteem may be at least partially effective in the face of uncontrollable stressors that result in feelings of inadequacy but irrelevant in the face of uncontrollable stressors that do not produce these feelings.

Cobb (1976) has also argued that esteem support might encourage a person to cope, i.e., to go out and master a problem. In this case, esteem is viewed as either increasing one's feelings of self-efficacy or increasing the importance of attempting to protect one's self. Presumably support systems could elevate one's level of self-esteem by either the praise of relevant others (status is the important dimension here) or through positive social comparison with similar others.

Feelings of belonging. Why would increased feelings of belonging result in increased immunity to a stressor? One possibility is that increased belonging and feelings of solidarity have a general elevating effect on mood. Assuming that there is some minimum level of positive affect that is necessary for health and well-being, the additional elevation provided by feelings of solidarity may help the individual maintain that minimum level. Since negative moods are often associated with depression (cf. Seligman, 1975) this mechanism may be particularly relevant in protecting one from stress-induced psychological disorders.

Alternatively, it can be argued that belonging itself meets needs that are necessary for a normal and healthy life. For example, information from such relationships can be viewed as meeting Murray's (1938) need succorance, need nurturance, and need affiliation. The buffer hypothesis can be explained with this analysis if we assume that a particular stressor deprives someone of this solidarity and belonging and that the support system replaces it. Thus only the effects of a specific type of stressor would be ameliorated by increased feelings of belonging. Some stressors that can be viewed as depriving someone of the opportunity to fulfill belonging-related needs include bereavement and life

changes such as divorce, retirement, and employment termination. The most effective form of support in cases where a stressor deprives one of feelings of belonging would be relatively intimate interpersonal relationships. The well established relationship between life changes involving social exits and depression (e.g., Paykel, 1974) suggests that the feelings of belonging provided by some social support systems may also be particularly important in preventing psychological disorders. Moreover, recent work linking social exits with cancer (cf. Krantz, Glass, Contrada, & Miller, 1981) suggests the possibility that these issues may be similarly important in the prevention of this disease.

A STRESSOR-SUPPORT SPECIFICITY MODEL OF THE BUFFERING PROCESS

The above discussion argues for a conception of the buffering process that takes into account both the variety of coping requirements that may be elicited by a stressful event and the range of resources that may (or may not) be provided by one's interpersonal relationships. The model proposed below reflects the authors' assumption that it is impossible to adequately assess the buffering hypothesis without taking into account the multidimensionality of both stressful events and support systems.

As apparent from the previous discussion, the supportive aspects of interpersonal relationships are presumed to be operative only under certain specifiable conditions. Particularly, they will be effective when the type of support provided matches the coping requirements elicited by a particular stressor or stress experience. Thus accurate prediction of the role of one's interpersonal relationships in buffering one against a stressful event requires a careful evaluation of the possible role of each of the buffering mechanisms and of the kinds of support available to a person. This analysis starts with an assessment of the coping requirements elicited by a stressful event and is followed by the specification of interpersonal relationships that fulfill those needs.

These speculations suggest a refinement of the buffering hypothesis. Specifically, stressors and stress experiences can be categorized in terms of those that elicit coping requirements for tangible support, appraisal support, self-esteem support, and belonging support (or some combination of these), and only those interpersonal relationships that provide the appropriate forms of support will operate as effective buffers.

Temporal Aspects of Buffering

When testing this revised hypothesis, it is important to distinguish between the two different points in the stressful event—stress experience—pathology chain at which social support may intervene. First, support may intervene between the

stressful event (or the expectation of that event) and stress experience by attenuating or preventing a stress response. Second, support may intervene between the experience of stress and the onset of the pathological outcome by reducing or eliminating the stress experience.

Functionally, these two processes may be somewhat different. That is, the coping requirements for preventing or attenuating one's initial response to a stressful event may be different from the requirements for reducing or eliminating the experience of stress. In the case of the former, one can focus solely on the relationship between the coping requirements elicited by the stressor and the resources provided by the available support. In the case of the latter, one must be concerned with both these initial coping requirements and any additional requirements created by the stressor.

Table 10.1 presents a model of the conditions under which one's support system would attenuate or prevent a stress response in the face of a stressful event. The model is based on our earlier analysis of mechanisms involved in the buffering process and reflects the principle that the resources of one's support

TABLE 10.1
Stressors and Support Sources Required for a Buffering Effect for
Each Support Mechanism

<i>Support Mechanism</i>	<i>Applicable Stressors</i>	<i>Applicable Sources of Support</i>
<i>Tangible</i>	Situations where tangible aid will help one cope. Some examples include illness, disabilities that often accompany aging, and loss of income.	Any source viewed as appropriate by the recipient.
<i>Appraisal</i>	Especially those stressors involving primarily psychological as opposed to universal sources of stress. Socially acceptable stressors not involving feelings of guilt or shame.	<i>Similar others</i> are presumed to be optimal, especially those who have or are experiencing the same or similar situation.
<i>Emotional</i>		
Self-esteem	Stressors that can result in a self-attribution of failure or inadequacy.	<i>Similar others</i> are presumed to be optimal, especially those providing positive comparison.
Belonging	Separation from those with whom one has interpersonal relationships, especially close relations, e.g., spouse and children.	Those providing the opportunity for close, relatively intimate relationships are presumed to be most effective.

system must match the coping requirements of the situation in order to provide an effective buffer

It is noteworthy that in many cases a number of coping requirements may be elicited simultaneously by the same stressful event. Take for example the role of the various sources of support following the death of a spouse. If the spouse provided a significant portion of the family income, then tangible support would be important. Appraisal support could operate in terms of evaluating one's ability to cope with loss, and emotional support may be operative in terms of a need to feel one belongs. This example suggests that some stressful situations are best buffered by a variety of support sources.

It is more difficult to specify the coping requirements that arise in situations where one is already experiencing stress. In this case, the model presented in Table 10.1 would apply, however, additional coping requirements may also be elicited by the consequences of the stress experience. For example, job related stress might result in marital conflict or sexual problems due to preoccupation, anxiety, or fear. Although support relevant to the original stressor may help reduce the job related stress, the marital conflict may still remain and operate as an independent stressor.

Some suggestive data. A recent review of studies of the role of support in buffering perceived job stress indicates that others on the job provide more effective support than one's family or friends (Cohen & Wills 1983). If we view job stress as eliciting the need for appraisal of the potential threat of an aspect of one's job demands, the effectiveness of other persons on the job (i.e., similar others) as buffers is consistent with the stressor-support specificity model. In particular, interpersonal relationships that provided appraisal support were effective in buffering a stressful event that elicited a coping requirement for appraisal. Alternative relationships (family and friends) that were inappropriate sources of appraisal support, i.e., were not similar others and thus could not provide accurate information about the stressor, were relatively ineffective buffers. The reviewed studies were not, however, designed to assess or evaluate the roles of distinctive mechanisms in creating a buffer effect and thus must be viewed as merely suggestive in this regard.

A recent study of the relationship between stressful life events and depressive and physical symptomatology in college students similarly suggests support for the specificity hypothesis (Cohen & Hoberman, 1983). Students rated the degree to which their life events elicited needs for money or help, someone to talk to, a feeling of belonging, and positive feedback from others. They also completed a perceived support scale that provided separate scores for tangible, appraisal, belonging, and self-esteem support. The need for positive feedback (self-esteem) was the only need that was a unique (independent) predictor of life stress scores and the buffering interaction of life events and self-esteem support was the only buffering interaction providing a unique predictor of both depressive and physi-

cal symptomatology. Hence it appears that self-esteem needs were elicited by the stressful events experienced by the students and self-esteem support was effective in buffering this stress. Again, however, the data is merely suggestive and does not provide definitive evidence for the specificity hypothesis.

Implications for Future Research

We have argued that support will be effective only when one's interpersonal relationships provide the resources for fulfillment of the coping requirements elicited in a particular situation. Moreover, a model of stressor-buffer specificity has been proposed which suggests testable hypotheses in regard to the forms of social support that will and will not lessen or eliminate a stress response in the face of a particular stressful event.

Testing of this model requires more sophisticated assessment techniques and research methodologies than have generally been employed in previous studies in this area. First, in regard to assessment techniques, multidimensional measures of one's functional support resources will be needed to replace the unidimensional and structural measures employed in most previous studies. By structural measures we mean measures that describe the existence of a relationship(s), e.g., number of friends or marital status, while functional measures assess whether one's interpersonal relationships serve particular functions, e.g., provide one with affection, feelings of belonging, or the opportunity for self-appraisal. Multidimensional functional measures should separately tap the extent to which relationships provide (or would provide if necessary) a range of functional resources (cf. Schaefer, Coyne, & Lazarus, 1981). Subscales could be devised to measure tangible, appraisal, belonging, and self-esteem support as proposed above (cf. Cohen & Hoberman, 1983; Cohen, Mermelstein, Kamarck & Hoberman, in press), or possibly to reflect an alternative typology of support resources. Because the subjects' perceptions of the availability of support are central to the appraisal of stress, a measure of perceived availability of functional support resources may be optimal.

Second, it is necessary to assess the coping requirements elicited by stressful events and by the experience of stress. One possible measure would require subjects to indicate (from a list of alternatives) the coping requirements occurring at the onset of an event and at other points in the stress process.

A related issue is the reevaluation of measures that combine the experience of a number of stressors into one stress score, e.g., life event scales. These measures may be more sensitive if they were analyzed in terms of the patterns of stressors (classified in terms of their coping requirements) that contribute to cumulative stress scores rather than just treating all events as if they elicit the same kinds of coping requirements.

Since the coping requirements of a stressor appraisal and/or stress experience may vary over time, the optimal methodological strategy is to track both coping

requirements and social support resources over the course of the stress experience. These longitudinal data would allow one to examine the relationship between coping requirements and social support resources at various stages of the coping process. Thus one would not require assumptions about either the stability over time of the coping requirements elicited by a continuous stressful event or about the stability over time of available support resources. Prospective research would be especially effective because knowing a respondent's support resources before a stressful event occurred would allow an analysis of the role of support in the initial appraisal of the event.

CONCLUSION

The above proposal suggests the necessity of viewing both stressful events and social support systems as multidimensional. Moreover, the proposed model argues that in order to understand the way in which interpersonal relationships might protect one from the potentially pathogenic effects of a stressful event, it is necessary to evaluate the relationship between the coping requirements elicited by the event and the experience of stress and the coping resources provided by one's support systems. Finally, since the time course of the event, the coping process, and the pathologies in question will vary from situation to situation, longitudinal studies will be required to accurately and sensitively tap this process.

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