In a literature review, we found that social support protects persons from the potentially pathogenic effects of stressors when support is defined as perceived availability of social resources. In contrast, social support is beneficial for health irrespective of stress levels when support is defined as integration in a social network. [The SSCH® and the SCI® indicate that this paper has been cited in more than 480 publications.]

Social Support, Stress, and Health

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Since the mid-1970s, there has been a strong interest among behavioral and medical scientists alike in the roles that social networks and the social supports they provide play in influencing health and well-being. Two competing theories about the nature of the relation between social supports and health provided a central focus. The “stress-buffering” hypothesis argued that social supports positively influenced health and well-being by protecting people from the pathogenic effects of stressors. Alternatively, the “main effect” hypothesis argued that social supports positively influenced health irrespective of whether persons faced stressful events.

From 1979 through 1984, work in my laboratory addressed the conditions under which each of these hypotheses would be supported. At the same time, dozens of other laboratories were addressing the same issues. By 1984, there were more than 30 published studies in this area. On the surface, this literature was confusing at best—some studies providing evidence for only main effects of social support and others for stress-buffering. Many different measures of social networks and supports were used in these studies. Our own work suggested that different types of measures reflected different social and psychological processes and that careful categorization of studies by measure type might bring order to the literature.

I asked a former student of mine, Tom A. Wills, if he would collaborate with me in reviewing this work. I thought that Tom’s expertise in epidemiology would provide a perspective that would complement my own. In the article, we set methodological criteria for distinguishing between better and worse studies, and outlined some alternative psychobiological models of how social supports might influence health.

By categorizing studies by types of measures used, we were able to establish that stress-buffering effects were found when perceptions of available support were measured, and main effects were found when numbers of social relationships were assessed. These distinctions fit well with our theories about how the social environment might influence health and are still reflected in our current views of this area.1-5

I think the major reasons this article has had such a broad impact are its timeliness and its attraction to a very broad interdisciplinary audience. The article has become the standard reference to this area of work, and I think it is often cited by persons who have never read it. Hopefully, the clarification of the state of the literature, suggestions for methodological approaches, and theoretical proposals have also played some role in its impact. I do not consider this article one of my most important publications. There are at least five others that I view as making more substantial contributions.

Recognition for our work in social support includes invited addresses, an award from the American Psychological Association’s Division of Health Psychology (1987), and a career award from the National Institute of Mental Health (1987). Although I am sure that the visibility the Cohen and Wills article contributed to receiving these honors, I like to think that they were a reflection of the broad array of empirical and theoretical contributions made by my laboratory.

   (Cited 45 times.)

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