INTRODUCTION

The substantial contemporary interest in the epidemiologic functions of social support or social support networks in depression and other disorders is rooted in a number of sources. These include (1) the growing scientific and clinical conviction that stress may be a significant factor in a wide variety of psychiatric and physical disorders. (2) In the epidemiologic literature in particular, the weight of evidence that recent life changes have a significant, if modest, effect on the occurrence of depression leads to a sustained search for clarification of factors which may explain the differential vulnerability of individuals to illness in the context of recent life changes or other stressors. These factors include biological, psychological or social support. (3) The existence of highly suggestive evidence that social support may serve to reduce the risk of illness in the face of stress (the buffering effect of social support). And, (4) the theoretical importance of intimate relationships within the fields of sociology, clinical psychology and psychiatry.

Our own study is one of a number of systematic studies undertaken to ascertain whether and the extent to which an individual's intimate relations with others have any significant and positive effect on one's mental health. What we wish to present is a historical review of our involvement in this line of research, our approaches to conceptualize and measure social support, and our efforts at modelling the role of social support in the context of the stressors-illness model.
A 1977 paper described our views of the status of knowledge regarding the epidemiological functions of stressful life events and social support, emphasizing the need to conceptualize and measure social support (Dean and Lin, 1977). In 1978, we began a research program to carry out these proposed objectives, with funding provided by the Center for Epidemiologic Studies, National Institute of Mental Health. Our program, based on a representative sample of adults from the Albany-Troy-Schenectady area of New York, is known as the Albany Health Study. A pretest was conducted in 1978 in which a sample of 99 respondents provided responses for the formulation and initial scaling of measures. In 1979, the first wave of data was gathered from a sample of 1087 respondents. The second wave and third wave of data have since been gathered in 1980 and 1982. The panel design, therefore, involves three waves of data with gaps of one year (1979-1980), two years (1980-1982) and three years (1979-1982) between data points, allowing estimates of effects of varying time gaps. During the panel period, we have been able to retain over 64 percent of the original respondents.

The remainder of the presentation will highlight three of the issues we have attempted to address and selective findings from the first two waves of the data. The issues are (1) conceptualization of social support, (2) measurement of social support, and (3) modeling social support in the etiology of depression.

CONCEPTUALIZATION AND MEASUREMENT OF SOCIAL SUPPORT

Two strategies have been employed to conceptualize social support. The first strategy called for a classification system in which various elements and components of social support as defined or conceptualized previously in the literature are represented and the second strategy concerned the formulation of a particular theoretical perspective from our own previous work. It was hoped that the two strategies would provide coverage of prevailing understanding of the concept as well as a theoretical focus. In this paper, we discuss progress relating to the first strategy. A discussion of the second strategy is unavailable elsewhere (Lin, 1982, 1983; Lin, Woelfel and Light, 1983).

A review of the discussions in the literature identifies at least four elements of social interactions as central to the concept of social support: (1) the relationships between ego and the source transmitting the help or reinforcement, (2) the channel or network in which such help or reinforcement is transmitted, (3) the message or content of the transmission which conveys or is perceived as help or reinforcement, and (4) the social context within which the trans-