Social support is a concept that, because of its pervasive role in human affairs, needs operationalization and assessment. One of the primary confusions about social support is that the term is linked both to objective events (actual availability of others) and to subjective estimates (perceptions of others’ willingness to help). The clarification of the social support concept and its measurement are important because there is growing evidence that personal adjustment and social behavior, as well as health maintenance and recovery from illness, can be influenced significantly by a person’s access to supportive others. If social support deficits (however they might be defined) are related to negative outcomes, and if it is important to identify people who vary along the social support continuum, a method is needed for accurately measuring the relevant social resources.

During the past decade many attempts have been made to quantify social support, and a large number of instruments are available. It is important for researchers to recognize that social support instruments that differ in their conceptual bases may also differ in which aspects of social relationships they assess and in their adequacy as measurement tools. In this chapter we are concerned primarily with the methods of measurement used in social support research, but the underlying conceptualizations that led to specific measurement approaches will also be discussed.

This chapter deals with both theoretical and practical issues. First, it will highlight the theoretical roots of the different approaches to the
assessment of social support. Second, it will provide as much practical information as possible about how a researcher might choose the most appropriate measure depending on the focus of the research. Topics dealt with include how to fit the choice of an instrument to the research question, the effects of psychometric characteristics of the assessment instruments on the potential research findings, and general guidelines for the measurement of the social support construct. We also discuss what is known about the comparability of instruments based not only on their psychometric characteristics, but also on their conceptualization.

**Origins of Social Support Research**

The formal history of research on social support is a relatively brief one, going back only a little over a decade, although the concept has a much longer history. Durkheim’s (1951) development of the idea of anomie, Cooley’s (1909) concept of the primary group, Bowlby’s (1969) ideas on attachment, Rogers’s (1942) conception of the therapeutic process, and Likert’s (1961) focus on support as the core of the supervisory process are all examples of important theoretical perspectives that have contributed to present thinking about the role of social support in people’s lives.

In addition to the work of these theorists and others, clinical observations, research findings, and political and social changes have provided impetus for work on social support. Clinicians first observed anecdotally and then through formalized studies that support (defined by the existence of a social network or a confidant) helped prevent illness, reduce birth complications, and speeded recovery (e.g., Gore, 1978; Nuckolls, Cassel, & Kaplan, 1972). Administration of emotional support by health care personnel or others was shown in several studies to be beneficial to health (Auerbach & Kilmann, 1977; Whitcher & Fisher, 1979). Epidemiological research also provided data from large population samples indicating the effect of supportive relationships on mortality (Berkman & Syme, 1979; House, Robbins, & Metzner, 1982; see also Chapters 5 and 6).

The common focus of much early work on social support involved the concept of support as a resource that moderated stress. Sociological studies suggested that stressors were more common in certain groups, such as the economically disadvantaged. During the 1960s in the United States, the War on Poverty resulted in large-scale intervention attempts focused on prevention, including preschool programs for children at risk, an emphasis on maternal health and well-child programs, community mental health centers, and a proliferation of support groups of various types, many agency sponsored. In all these areas, effort was directed at