



An exploratory study of the nature of rural social networks and help-seeking  
by Elizabeth Carol Veign

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING  
Montana State University

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Abstract:

There are many myths about the nature of rural social networks and the independent nature of rural individuals. This study was conducted for the purpose of providing data about the nature of rural social networks and the relationship between rural social networks and help-seeking behavior. The conceptual framework utilized for the study was a systems perspective of man, with the social network comprising part of the environment which influences individual and social behavior.

An exploratory design was used in order to provide baseline data about rural social networks and help-seeking behavior. The Social Network Analysis Tool, a self-report questionnaire, was developed and tested in a pilot study. The tool contained space to list network members by categories of relationships and a checklist for structural and linkage characteristics. A Guttman-type scale was used to determine the degree of help-seeking, and forced-choice questions were utilized to obtain demographic data. The tool was mailed to 300 subjects who were randomly chosen from the telephone books of the County Seats of 19 Montana counties; the counties had population densities of less than two people per square mile, and the County Seats were not located within 50 miles of a city with 50,000 or more inhabitants.

A multidimensional analysis of 61 rural social networks was accomplished; three structural and six linkage characteristics were analyzed. The networks were found to be large and composed primarily of family members. Network members were geographically close and frequency of contact was occasional. Different categories of relationships were found to provide a greater number of specific kinds of help, but the networks, in general, were characterized by relationships that served several functions. The majority of the sample did not seek help beyond their families when faced with a distressing event. There were differences in network characteristics for men and women and for different age categories. There were also differences in network characteristics depending upon the degree of help-seeking.

Implications for nursing were related to involving the network in client care, providing health education, planning of health services, and use of network analysis as a tool in nursing practice. Several hypotheses were formulated for further investigation.

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RURAL SOCIAL NETWORKS AND HELP-SEEKING

by

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A thesis submitted in partial fulfillment  
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## ABSTRACT

There are many myths about the nature of rural social networks and the independent nature of rural individuals. This study was conducted for the purpose of providing data about the nature of rural social networks and the relationship between rural social networks and help-seeking behavior. The conceptual framework utilized for the study was a systems perspective of man, with the social network comprising part of the environment which influences individual and social behavior.

An exploratory design was used in order to provide baseline data about rural social networks and help-seeking behavior. The Social Network Analysis Tool, a self-report questionnaire, was developed and tested in a pilot study. The tool contained space to list network members by categories of relationships and a checklist for structural and linkage characteristics. A Guttman-type scale was used to determine the degree of help-seeking, and forced-choice questions were utilized to obtain demographic data. The tool was mailed to 300 subjects who were randomly chosen from the telephone books of the County Seats of 19 Montana counties; the counties had population densities of less than two people per square mile, and the County Seats were not located within 50 miles of a city with 50,000 or more inhabitants.

A multidimensional analysis of 61 rural social networks was accomplished; three structural and six linkage characteristics were analyzed. The networks were found to be large and composed primarily of family members. Network members were geographically close and frequency of contact was occasional. Different categories of relationships were found to provide a greater number of specific kinds of help, but the networks, in general, were characterized by relationships that served several functions. The majority of the sample did not seek help beyond their families when faced with a distressing event. There were differences in network characteristics for men and women and for different age categories. There were also differences in network characteristics depending upon the degree of help-seeking.

Implications for nursing were related to involving the network in client care, providing health education, planning of health services, and use of network analysis as a tool in nursing practice. Several hypotheses were formulated for further investigation.

## Chapter 1

### INTRODUCTION

In working with a rural population over the past six years, this researcher noted an apparent discrepancy between the value rural individuals seemed to place on relying upon themselves for survival and what appeared to be an abundance of help both given and received by these same individuals. Health professionals often identify "achieve independence" as a broad goal for their clients. The federal government has recently promoted the idea of independence (self reliance) with its emphasis on "new federalism." The notion that people function independently of others is a myth; everyone is dependent upon others for continued survival. A common finding in sociology research is that individuals tend to help others whom they know, interact with frequently, and like (Homans, 1950). Furthermore, people do not exist as single entities; they exist as part of a complex, structured system.

According to various nurse theorists (Johnson, 1980; Neuman, 1980; Rogers, 1980), human beings are open systems in constant interaction with their environment. The environment can be viewed as a network of subsystems which includes family, friends, neighbors, social acquaintances, community, and the physical surroundings. The individual interacts with each of these subsystems, and they in turn

interact with one another. Due to this ongoing exchange between subsystems, the individual person's behavior will be largely influenced by the values, norms, and rules of the environment with which he interacts. The nature of the environment and its effects on health behavior are important factors to be considered in the provision of holistic nursing care.

The concept of social networks is a means by which nurses and other health professionals can assess both the type of relationships an individual forms with the subsystems in the environment and the characteristics of those relationships. As McKinlay (1972) states in a review of the literature on the utilization of health services, "It is perhaps altruistic to point out that the family, and its associated kin and friendship networks, are important influences on health and illness behaviors, yet there have been remarkably few attempts to specify the nature of such influences" (p. 139).

According to available empirical data, social networks have been studied in relation to the following variables: help-seeking (Gourash, 1978); utilization of health services (McKinlay, 1973; Salloway and Dillon, 1973); and the stress buffering role of support systems (Gore, 1978; Lin, Ensel, Simeone, and Kuro, 1979; Nuckolls, Cassell, and Kaplan, 1972). Many of these studies concluded that the nature of the social network is important in influencing the behavior of individuals, and utilization and function of the network are

related to specific network characteristics.

These studies, which were all conducted in urban areas, speculated that there are differences between rural and urban social networks. It is commonly believed that rural people have a large network of family, friends, and neighbors who are relied upon to provide various kinds of help. Rural individuals are supposed to be geographically close to their family and extended kin, who constitute the greatest proportion of network members. Another myth about rural networks is that they are composed of many individuals who have known one another for long periods of time. There is another widely held belief that although this vast network of helping individuals exists in rural areas, rural individuals are extremely independent.

There was no empirical data to support these myths, and the findings from urban network studies could not be applied to rural residents. Therefore, in order to investigate the myths about rural networks and the supposed independence of rural individuals, the researcher decided to conduct an analysis of rural social networks and their relationship to help-seeking behavior.

#### Problem Statement and Purpose

If man is viewed from a systems perspective, it is conceivable that an individual's social network will have an influence on the individual by exerting pressure to conform to its norms and values.

Providing holistic nursing care requires the involvement of the social network to provide support, advice, or assistance for clients.

Therefore, there is a need to assess the usefulness of the social network concept as a systems approach to nursing research and practice, and there is also a need to assess the nature of rural social networks and their relation to help-seeking behavior.

Network characteristics have been shown to be related to a variety of variables. Psychiatric patients who had daily contact with a tie in their networks were more likely to receive help with personal care and performing tasks than patients who had less frequent contact (Hammer, 1963). Network members who are not contacted as often as others can be important resources within the network. Granovetter (1973) found that network members who were contacted infrequently were an important resource for locating new job opportunities. Networks in which most of the members knew one another were associated with the provision of social and emotional support (Craven and Wellman, 1973; Hirsch, 1979). Bott (1971) found that the degree of segregation of conjugal roles varied directly with the degree to which network members knew one another. Hospitalized medical and psychiatric patients were found to have networks that differed in structure and function (Tolsdorf, 1976). Social networks have been identified as sources of help during times of crisis (Lieberman and Mullan, 1978; Quarantelli, 1976). Networks have been found to be significant

modifiers of the negative health-related responses to stress (Gore, 1978; Lin, Ensel, Simeone, and Kuro, 1979; Nuckolls, Cassel, and Kaplan, 1972).

Of the studies reviewed, only two contained any reference to rural networks. One was a study by Gore (1978) in which she found that rural unemployed men had significantly higher mean values on support measures than the urban respondents; "rural" was a community located outside of a large metropolis. The other investigation, which was conducted in Australia, looked at the incidence and degrees of friendship in rural and urban areas (Sutcliffe and Crabbe, 1963). "Rural" was defined as outside the three major cities in the state of New South Wales, and zones were established based on the number of persons per inhabited acre; the range was Zone I, 24.2 persons/acre through Zone V, less than 1.9 persons/acre. The investigators found that there were no significant differences in the incidences of friendly contacts between rural and urban groups.

Only one study provided some baseline data about the characteristics of urban networks (Shulman, 1975). This study examined the networks of 347 respondents who resided in a large metropolis and who were at various stages in the life-cycle. Life-stage variations were noted in (a) the composition of the networks; (b) the stability of the networks; (c) exchange of services; and (d) the degree to which network members knew each other.

Several conclusions were drawn based on these studies. The characteristics of the network did have an influence on the utilization and function of the network, and the networks were a source of help. Although there were several studies which related social networks to other variables, there was a lack of any substantial baseline data about the characteristics of urban networks. There was no empirical evidence that there were any differences between urban and rural social networks; in fact, there was no documentation about the nature of rural social networks or rural help-seeking behavior.

Based on these conclusions, an exploratory study was proposed for the purpose of providing data about the nature of rural social networks, and the relationship between rural social networks and help-seeking behavior. The specific questions the study proposed to investigate were:

1. What are the structural and linkage characteristics of rural social networks?
2. When faced with a distressing event, do rural individuals seek help from their network or rely upon themselves?
3. Are there differences in the network structural and linkage characteristics of those individuals who seek help for a distressing event versus those who rely upon themselves?

#### Definition of Terms

As the social network concept has developed, a wide variety of

terms have emerged with different meanings. The use of differing terminology has created problems in research because there has been a lack of consistency in how variables have been operationalized. For the purposes of this study, the following definitions of terms will apply.

Social Network. The social network of an individual (the focal person) is composed of family, friends, neighbors, and associates who the focal person considers important and with whom the focal person has contact at least once a year. The characteristics of these linkages as a whole may be used to interpret the social behavior of the persons involved (Mitchell, 1969, p. 2).

Network structural characteristics. There are three structural characteristics in this study:

1. Style: the social network of an individual has certain normative contexts for the relationships contained in the network; one of these is usually primary and designates the style (Mitchell and Trickett, 1980, p. 31). The style may be primarily family, friend, neighbor or associate.
2. Range: the number of persons in direct contact with the focal person (Mitchell, 1969, p. 19); the size.
3. Density: the proportion of people in the network who know one another (Kaplan, Cassell, and Gore, 1977, p. 54).

Network linkage characteristics. The linkage characteristics

describe the nature of the relationships that the focal person has with the members of his network. There are six linkage variables in this study:

1. Frequency: how often the focal person has contact with a network member. The contact may be frequent, occasional, or rare.
2. Dispersion: how many miles away from the focal person a network member lives. Dispersion is an indication of the accessibility of the network members in terms of geographic proximity (Mitchell and Trickett, 1980, p. 31).
3. Content: the meaning which persons in the network attribute to their relationships (Mitchell, 1969, p. 20); i.e. the functions served by each linkage. The content exchanges include support, advice, financial/material aid, and task-oriented assistance.
4. Multiplexity: the number of content exchanges provided by a linkage. A linkage is unidimensional if it provides only one content exchange; a linkage which provides two or more content exchanges is multidimensional (Mitchell and Trickett, 1980, p. 31).
5. Reciprocity: the degree to which support, advice, financial/material aid, and tasks are given and received within each linkage. A linkage is reciprocal for a content

exchange if that exchange is both provided for and provided by the focal person within that linkage.

6. Symmetry: the degree to which the total number of content exchanges provided for the focal person equals the total number of content exchanges provided by the focal person. A symmetrical linkage has an equal amount of content exchanges provided for and provided by the focal person; an asymmetrical linkage has an unequal number of content provided for and provided by the focal person.

Rural. Refers to residing in an area which (a) has a population density of less than two people per square mile, and (b) is not located within 50 miles of a city with 50,000 or more inhabitants.

Distressing Event. Those events for which an individual would seek support, advice, or assistance. The event will vary between individuals depending on whether or not it is perceived as troublesome.

Help-Seeking. Any communication about a distressing event which is directed toward obtaining support, advice, or assistance from one's social network. This is a modification of Gourash's (1978) definition.

Self-Reliance. Refers to not seeking support, advice, or assistance from any resource other than one's self when faced

with a distressing event.

The following chapter will provide a conceptual framework and review of literature related to social networks. The remaining chapters present the methods, findings, and conclusions of the study.

## Chapter 2

### CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

The purposes of this chapter are to establish the conceptual framework for the study and provide a review of pertinent literature. The social network concept has been related to (a) the study of organizations, (b) the analysis of societies and groups as open systems, (c) help-seeking behavior, (d) support systems, and (e) utilization of health services. Because the last three of these research areas pertain to functions of the network and are related to help-seeking and health behavior, they constitute the major literature review. Also included in the review are studies which have examined the structural and linkage characteristics of networks in relation to specific other variables.

#### Conceptual Framework

Human beings are part of a complex, open system which consists of three levels - the microsystem, the macrosystem, and suprasystem. Each of the smaller units is contained within the next larger unit, and there is a constant dynamic interaction that occurs between all three levels. The suprasystem is composed of the environment, the macrosystem is the individual, and the biological and psychological systems of the individual comprise the microsystem (Figure 1).

There are two dimensions to the environment or suprasystem. The

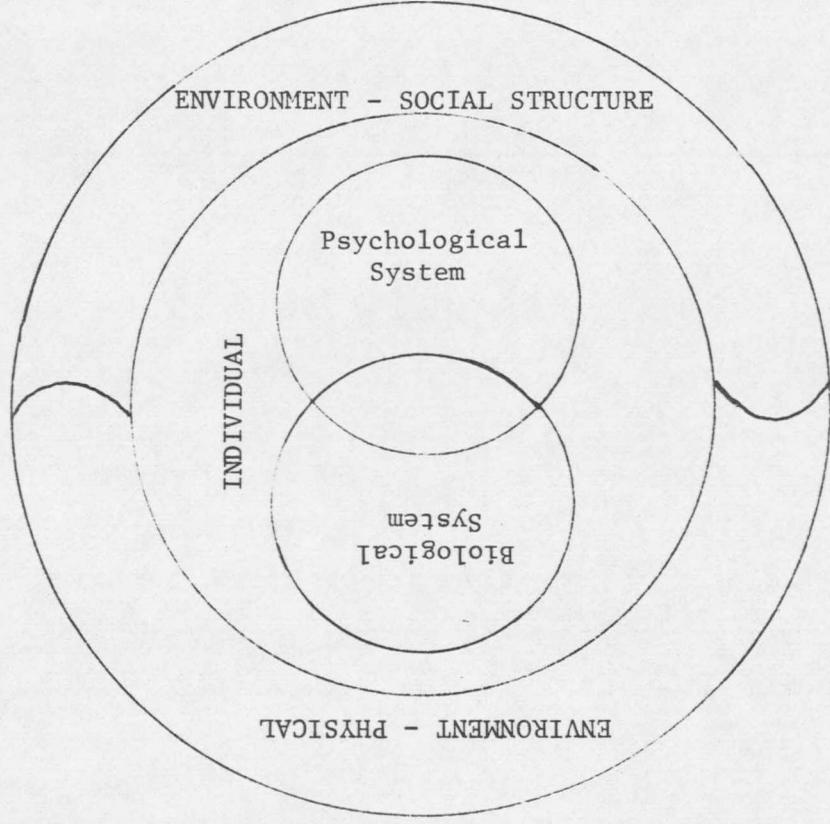


Figure 1. Conceptualization of Man as an Open System.

first dimension consists of the physical surroundings which include the geophysical characteristics of locality, altitude, climate, and landscape. The second dimension consists of the social structure within which the individual exists. How one conceptualizes the network of an individual is dependent on one's conception of the environment.

The concept of a network was first introduced by J. A. Barnes (1977) in his 1952 study of a Norwegian fishing village. He described a network of ties among people in the following way:

The image I have is of a set of points some of which are joined by lines. The points of the image are people, or sometimes groups, and the lines indicate which people interact with each other. We can of course think of the whole of social life as generating a network of this kind. For our present purposes, however, I want to consider . . . that part of the total network that is left behind when we remove the groupings and chains of interaction which belong strictly to the territorial and industrial systems . . . what is left is a network of ties of kinship, friendship, and neighborhood. This network runs across the whole of society (p. 237).

Bott (1977) referred to a network in her 1953 study in the following way:

A social configuration in which some, but not all, of the component external units maintain relationships with one another. The external units do not make up a large social whole (p. 291).

These conceptualizations of a network either comprise a more general approach to the environment in which the network is part of a social whole (Barnes), or they comprise a limited approach in which

the network forms the environment of the individual (Bott). For the purposes of this study, the environment is viewed as containing the entire social context in which an individual exists; therefore, the network of an individual will form part of a larger whole. It is also believed that the network and therefore, the larger social whole, contain certain norms, values, and rules. Because of the constant interaction between the individual, the network, and the larger social context, there will be pressure exerted on the individual to conform to these norms. Mitchell (1969) provides a conceptualization of a network which is more applicable to the systems perspective of man, as his definition of a network is based on interaction. He defines a network as:

A specific set of linkages among a defined set of persons, with the additional property that the characteristics of those linkages as a whole may be used to interpret the social behavior of the persons involved (p. 2).

For the purposes of this study, Mitchell's conceptualization is utilized with one addition: the network as he defines it makes up part of a larger social context.

Networks are composed of individuals who select certain other individuals to share in the network. The choice about who is included in the network is affected by situational and personal factors (Bott, 1971). Some network analysts assume that people form relations based on certain rewards and costs (Jackson, Fischer, and Jones, 1977). The

members in the network are utilized to meet certain needs and interests; therefore, an individual network member is both a manipulator and an object of manipulation within the network.

Network analysis does not, in itself, represent a theory; rather, it is a tool which can be applied to the study of the structure and content of interpersonal relations (Fischer, 1977). It allows an examination of the structural and linkage characteristics of the relationships an individual forms with the social components of the environment. By analyzing these relationships and the interactions that characterize them, we are able to understand both individual and social help-seeking behavior.

The social network concept has not been utilized extensively in nursing research; an exception is research that focuses on support systems, which comprise a part of the social network. Since network analysis can help us to understand health-related behavior, its use as a tool in nursing research is needed in order to demonstrate its application to nursing practice.

### Review of Literature

#### Social Networks and Help-Seeking

The majority of studies related to help-seeking have utilized the network concept in order to determine which person or primary group was consulted for help in different situations. The findings were as

varied as were the situations studied.

In a study of coping mechanisms used by individuals in response to a wide variety of common life strains, it was found that self-reliance was more effective than help-seeking for child-rearing concerns and marriage strains (Pearlin and Schooler, 1978). A similar finding can be cited in Tolsdorf's (1976) study of hospitalized psychiatric and medical male patients in which he found that individual mobilization was the most popular coping mechanism activated in response to a perceived stressful situation, and network mobilization was the second coping mechanism activated. In a study of how parents coped with the premature birth of a baby, Caplan (1960) found that they sought help for tasks and support from kin, friends, neighbors, and professionals.

In contrast, other studies found that professionals were not a source of help, but various network members were. In times of disaster, family and close friends were sought out, but public agencies were at the bottom of the help-seeking hierarchy (Quarantelli, 1960). In a study of 5600 urban women which examined the extent to which women of different education and racial backgrounds established contact with professional and non-professional helpers for assistance with family problems, Rosenblatt and Mayer (1972) found that relatives and friends were more likely to be consulted than were professionals; despite the fact that there was

less satisfaction reported for help received from relatives and friends. Litwak and Szelenyi (1969) reported that neighbors and relatives were equally helpful for a one-day problem (stomach ache), but family members were most helpful for a long-term problem (broken leg). In this same study friends were found to be most helpful for situations subject to fluctuation, such as child-rearing concerns or dealing with in-laws. This was a conflicting finding when compared with Pearlin and Schooler's (1978) study. However, Pearlin and Schooler's sample consisted of both men and women, and Litwak and Szelenyi's sample was all women.

In an investigation of who was consulted for crisis events or major life transitions, Lieberman and Mullan (1978) found that if subjects turned to their networks for help, most turned to their mate for advice and assistance, friends and relatives were next in order, and co-workers and children were last; neighbors were rarely called upon for help. These investigators also reported that there was no evidence that help-seeking reduced distress, even when several variables were controlled for; in fact, there was a tendency for those who sought help, particularly professional help, to function less adequately. The researchers postulated that perhaps seeking help and obtaining functional help are not the same thing.

Patterns of support reported by 293 urban men who experienced a serious illness (myocardial infarct) showed that family and friends

were most often indicated as very helpful and minimal use was made of institutional agencies (Croog, Lipson, and Levine, 1972). The most frequently cited form of help was "moral support," which was received from kin, friends, and neighbors; neighbors provided less than the other two categories. Financial aid was provided most by kin, less by friends, and least by neighbors. Neighbors were reported as providing the greatest number of services. Operational definitions for more support and services were not provided; however, the investigators perceived that services and financial aid could be classified as moral support, since support could be anything done for the patients which made them feel better, encouraged them, or improved their spirits.

Although most of these studies cited family, friends, and neighbors as sources of help, one study identified a network of informal community members who were a major source of assistance. Leutz (1976) found that in East Harlem, New York, there were informal caregivers such as spiritualists, merchants, and clergymen to whom people turned for assistance with alcohol and drug-related problems.

Booth and Babchuck (1972) defined two types of interaction that an individual could have with other network members when seeking advice about whether or not to utilize a new health care facility. "Expressive" referred to counsel that provided assurance for the individual, diversional activities, or reassurance that close ties would not be severed regardless of the diagnosis or what treatment was

needed (p. 95). "Instrumental" referred to counsel which evaluated medical services, made a diagnosis according to symptoms, and assisted the individual to cope with the external environment (p. 95). Friends and acquaintances provided instrumental activities, and relatives provided expressive interactions.

#### Social Networks and Support

Several studies have examined support in relation to social networks. Support systems comprise one part of the social network; other components provide different functions within the network. Because support is one function served by social networks and studies have related support to well-being, a review of some pertinent studies is provided.

In a longitudinal investigation of the physical and mental health consequences of unemployment for 100 men, Gore (1978) found that social support seemed to modify the severity of psychological and health-related responses to job termination. Lin, Ensel, Simeone, and Kuro (1979) studied the effects of social support and stressors on illness for 170 Chinese-Americans. The study utilized the Holmes and Rahe Social Readjustment Rating Scale to measure stress, a nine-item social support scale, and a scale of psychiatric symptoms to measure illness. A major finding was that social support accounted for 62 percent of the explained variance in psychiatric symptoms, independent

of marital status, occupational prestige, and stressful life events.

Nuckolls, Cassell, and Kaplan (1972) investigated complications of pregnancy in relation to stress (measured by the Social Readjustment Rating Scale) and psychosocial assets (support). The findings indicated that neither the life-change scores (stress) nor the amount of support was significantly related to complications when considered along. However, when they were considered conjointly, the findings indicated that if there was a high life-change score before and during pregnancy accompanied by a low support score, 90 percent of this group had one or more complications. If the life-change score was high, but there were also high support scores, then only 33 percent had complications.

#### Social Networks and Utilization of Health Services

The social network model has been used in studies related to utilization of health services in order to determine if it is a significant variable related to use of services. Booth and Babchuck (1972) examined the interpersonal networks of 800 non-institutionalized urban middle-aged and elderly individuals to determine what factors affected the decision to utilize a new health care facility. They found that 86 percent of those who sought care under less than emergent conditions consulted others. Kin were consulted most frequently, friends and acquaintances next, and

professionals were almost never consulted.

McKinlay's (1973) investigation of the role played by family, kin, and friends in the utilization of services showed that network structure was important. He examined the network structure of utilizers and underutilizers of a maternity clinic in Aberdeen, Scotland. The underutilizers had fused or interlocking kin and friendship networks characterized by a higher frequency of interaction as compared to utilizers. He postulated that an interlocking network would confront the underutilizer members with similar values, norms, and attitudes because members would tend to interact independently of the focal person. Utilizers had differentiated networks characterized by a lower frequency of interaction independent of the focal person; therefore, they were more likely to receive varying advice and were freer to accept or reject advice (p. 288).

Salloway and Dillon (1973) investigated how networks affected the utilization of health services for an illness. They found that the style of network was an important factor. Friend networks which exhibited high frequency of contact were associated with less delay in the utilization of services during a specific illness episode than were family networks; family networks were associated with reduced rates of utilization.

### Network Structural and Linkage Characteristics

Some researchers have conducted studies which consisted of detailed analyses of social networks. These researchers have concerned themselves with examining the structural and linkage characteristics of networks in relation to other variables.

Elizabeth Bott was an early pioneer in social network analysis. In 1953 she conducted an exploratory investigation of the relationships of 20 couples who resided in London, England (1971). She collected data through the use of in-depth interviews for the primary purpose of explaining the variations that occurred in the way husbands and wives performed their conjugal roles. Much of the interpretation of the findings of the study was related to the connectedness of the networks. Bott found that if the family's kin network was close-knit, there was a greater likelihood that the family would visit their kin. She concluded that frequent contact would provide more opportunity for aid and services to be rendered, but it would also put pressure on the family to keep up kinship obligations. In other words, if the family was to reap the benefits of support and aid, then it had best conform to the relatives' values. The major finding of Bott's study was that the degree of segregation in the role-relationships of husband and wife varied directly with the connectedness of the family's network. The more connected the network was, the more segregation there was between the husband's and wife's

roles; the more dispersed the network was, the less segregation there was between the roles of husband and wife.

Hirsch (1979) examined the social networks of 32 college students in order to identify the psychologically important network functions and variables. The Social Network Questionnaire was developed by the researcher to obtain data about network size and density and to measure the subjects' satisfaction with their networks. In addition, a daily log was maintained by subjects to gather data about with whom in the network they interacted, the type of interaction, and how satisfied they were with the interaction. Density was found to be a critical social network variable; high density was associated with more social and emotional support. Multidimensional networks were associated with greater network satisfaction. The investigator concluded that networks characterized by low density and multidimensional linkages appeared to favor more varied interactions and greater role complexity.

In a study of the strength of network linkages, Granovetter (1973) examined the nature of the linkages (he referred to it as a "tie") between men who had recently changed jobs and the individuals who had provided them with information about the job. The investigator used frequency of contact to measure the strength of the tie. The findings indicated that weak ties were an important resource in locating new jobs.

Oliveri and Reiss (1981) investigated the network characteristics of 82 families in order to determine how families shaped and structured their ties to the extended family. The major finding of the study was that nuclear families with uniform intra-family values had the most close-knit network of kin, in which there would most likely be a similarly high level of uniformity of values and norms.

McLanahan, Wedemeyer, and Adelberg (1981) concluded that network structure was closely associated with the type of support that was provided for single mothers. The investigators concluded the following based on their findings: loose-knit networks were supportive of women who were attempting to establish a new identity; close-knit networks were supportive for women who were attempting to maintain their existing identities. The researchers also concluded that variables such as marital status, household status, proximity of relatives, and frequency of contact were not adequate as measures of the quantity or quality of social resources.

In an investigation of relationships over the life-cycle, Shulman (1975) examined the network structure and linkage characteristics of 347 randomly selected individuals who resided in a large metropolis. Data were obtained by a structured interview conducted in the subjects' homes. Subjects were asked to list only six network members in order of closeness; persons living in the same household were excluded. The most frequently named network members were friends;

younger respondents (aged 18-30) were more likely not to name any kin, and the oldest group (aged 45 or older) was more likely to name a large proportion of kin. Close-knit networks were characterized by frequent contact, higher than the average exchange of content, and stable membership. Density was found to be strongly related to frequency of contact or exchange of content. The overall conclusion was that the nature of the networks did vary according to the life-cycle stage of the respondents.

#### Summary

Four broad areas of social network research have been reviewed; they included help-seeking, support systems, utilization of health services, and general network analyses as they related to other variables. Some of these studies have yielded consistent findings, but others have shown a diversity in their findings.

Studies related to help-seeking have not provided consistent results. In two studies, self-reliance was found to be a primary coping mechanism and social network utilization was a secondary coping mechanism (Pearlin and Schooler, 1978; Tolsdorf, 1976). Other studies have concluded that the network was a major source of advice or assistance, but there were any number of network members who were relied upon depending upon the situation for which the focal person sought help. Relatives and friends were consulted by women for help

with family problems (Rosenblatt and Mayer, 1972), and friends were a major source of help for child-rearing and in-law problems (Litwak and Szelenyi, 1969).

In times of disaster public agencies were rarely utilized for help; rather, family and close friends were a major source of assistance (Quarantelli, 1960). Friends and neighbors have been found to be helpful for a one-day problem and family were most helpful for a long-term problem (Litwak and Szelenyi, 1969). During times of crisis or major life-transitions, individuals who sought help from their network sought advice and assistance first from their spouse, second from friends and relatives, and least from co-workers (Lieberman and Mullan, 1978). In the same study, neighbors were rarely relied upon by the subjects. Men who had suffered a myocardial infarct reported they received moral support from kin, friends, and neighbors, in that order; financial aid was received from kin and friends, and services were received from neighbors (Croog, Lipson, and Levine, 1972).

In most of these studies about help-seeking there has been a lack of consistency in defining the categories of help which are provided for or sought out by individuals. There were few studies which provided data about what kind of content exchange occurs between people on a day-to-day basis; rather, they looked at a given problem situation and who the focal person sought help from for the problem.

The majority of the studies did not contain any network structural analysis, and this is an important variable to consider in understanding help-seeking behavior.

Studies which examined the stress-buffering role of support systems consistently found that they did modify the negative health-related responses to stress (Gore, 1978; Lin et al., 1979; Nuckolls et al., 1972). Since support systems are one part of the social network, these studies demonstrate that maintaining health is an important function of the network. The definitions of support in these studies were extremely varied and indicated the need for some consensus about what constitutes support.

Network structure has been found to be an important variable in relation to utilization of health services. A less dense network was found to be associated with higher utilization of a maternity clinic by pregnant women (McKinlay, 1973). Family style networks were associated with a delay in utilizing a health service, and friend style networks were associated with less delay (Salloway and Dillon, 1973). In determining whether or not to use a new health care facility, 86 percent of the subjects in Booth and Babchuck's study (1972) consulted their network first. These studies indicated that the network does have an influence on health behavior. However, the majority of the samples in these studies were women; thus, there is a need for inclusion of more men in such studies in order to determine

if there are differences in patterns of utilization dependent upon sex.

Network analyses of structural and linkage characteristics have found that some of these variables are related to the type, quality, and quantity of help provided, while other network characteristics were not found to be accurate measures of either the quality or quantity of help. High density was found to be related to the provision of more social and emotional support (Hirsch, 1979) and the type of support that was provided for single mothers (McLanahan et al., 1981). Multiplexity has been associated with greater network satisfaction (Hirsch, 1979). The frequency of contact the proximity of relatives were not found to be associated with the quality or quantity of social resources (McLanahan et al., 1981). In addition to these findings, network characteristics have been found to vary according to life-cycle stages (Shulman, 1975) and to be related to the degree of segregation of husband and wife roles (Bott, 1971).

There have been numerous studies which have utilized social network analysis, but there were no empirical data to substantiate the myths about rural networks or rural help-seeking behavior. The literature reviewed did demonstrate that social network analysis was a useful tool for examining individual and social help-seeking behavior. Based on these conclusions, an exploratory study was proposed for the purpose of providing data about the nature of rural social networks

and the relationships between rural social networks and help-seeking behavior.

































































































































































































