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**Social Network and Social Support of Individuals with Disabilities:
A review of the literatures**

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Introduction

The shift from services that emphasize the safety and skill development to the service that emphasize daily life and a community activity has increased the importance of social life and social support for individuals with disabilities. Giving individuals with disabilities the opportunity to experience and achieve societal inclusion highlights the need of investigating how individuals perceive their social world and the type of support they receive. Newton (1994)

Little has been known about the social world, in particular, social networks and social support, of individuals with disabilities as well as individuals without disabilities. According to Newton (1994), social network was first identified by Branes (1954) who studied the interaction and association of a sample of normal people in a small village. Recently, studies of social network and social support have drawn increasing attention to the social world of individuals with disabilities to explore their participation in community and their opportunities for social support.

Informal and formal relationships have been identified as the important two types of social networks. Informal networks consist of families and friends and tend to be larger in size, while formal networks are composed of impersonal relationships with service providers and organizations. Both of these types provide emotional support such as love, care, and fulfillment of personal needs, in addition to instrumental support that includes service and financial support (Seybold, Fritz, & MacPhee 1991).

Despite the fact that social networks can affect quality of life of individuals with disabilities by developing self-awareness through relationships with others which might affect their self-esteem and emotional functioning, this effect is not always positive. Interaction with others, whether acceptance or rejection, reflects on their social interaction especially with non-retarded persons. Therefore, in order to present a better understanding of the social world of

individuals with disabilities, it is important to assess how students perceive their relationships with others. Social networks, social support, and friendships of individual's social life can provide a wide view of his/her position in the community. These components can assess to what extent that individual with disabilities is benefiting from social integration (Nweton, Horner, Ard, LeBaron, and Sappington 1994).

Because this review was intended to explore social networks in general, the results are organized by looking at the social networks in and out of schools. This type of organization not only provides a wide picture of social networks, but also helps to predict individual's ability to integrate into the community based on the size of his/her social network in school. Therefore, the purpose of this paper is to review the available research on social networks of individuals with disabilities so practitioners can realize how social networks could be a valuable source of integrating individuals into the community.

Conceptualizing Social Networks and Social Support

Research in community psychology frequently uses the term "social network" to mean "a set of relationships that inherently links the partners in any one relationship to other actors and thus places the relationship in a structure based on relationships" (Morgan, 1990, p. 200). It describes the connection within individual's social life and differentiates between the various relationships within the social system. This definition explains almost the relationships in terms of the interactive features by emphasizing a structural approach that goes beyond the attributes of the partners; however, to study the structure alone without looking at the other factors is senseless.

The measurements of social network focus on data regarding the people whom individuals with disabilities consider important. Also, this data in social network helps researchers to investigate the nature of an individual's relationships to the network. Berg and Kelly (1990) reported three aspects of social networks that generally measured. First, the network size which indicates the number of different people in a person's social network with whom that individual directs or receives one or more types of interaction. It has been noted that the increase of social networks affects the amount of support that a person receives although an increase in the number of ties between the person and other members of the network does not automatically indicate a positive support.

The second aspect of the social network is the term "multiplexity". The authors defined this term as the multiple roles or functions that members of social network provide and which involve others, while focusing on support employment as an important source of support. Network density is the third aspect of social network which refers to the interaction between members of the social network. The authors suggested that an increase in density indicates that members are aware of their common feelings, values, and potential.

Although social support has been defined in many ways, researchers agree that social support refers to the social transactions that are perceived by recipient and providers to facilitate coping in daily life. Pierce, Sarason, and Sarason (1990). These social transactions are mediated by several factors such as the intrapersonal, interpersonal, and situational contexts that affect the responses of stressful situations.

Furthermore, Cobb (1979) conceived that social support constituted of three types of information. Informal networks are what individuals believe that they are cared for, loved, valued and estimated, so they will participate in a network with the people around them. Recently, researchers have highlighted the importance of social support for individuals with

disabilities as an aspect that provides an arena to practice and receive feedback on social skills as well as access to support for dealing with life demands. (Buhrmeister, 1990; Newton et al, 1994).

Procedures

Selection Criteria

In order to establish an accurate knowledge base to determine social networks and social support for individuals with disabilities, I attempt to conduct a review of the applied research literature. Articles selected for review met the following criteria, (a) the target population was comprised of individuals with disabilities (i.e., mental retardation, learning disability, or behavior disorder), (b) the target population was either current or former students in mainstream classes, and (d) the study was published in a refereed journal.

Search Procedures

Social network studies were located for this review through a search of ERIC and VICTOR from 1985 to 1997 using the following descriptors: Individuals with disabilities, transition, social networks, and social support. A manual-search was made to obtain data in some major special education journals such as Exceptional Children, Journal of Learning Disabilities, Education and Training in Mental Retardation, The Journal of Special Education, and Career Development for Exceptional Children.

An initial pool of over 24 studies meeting the above criteria was identified, but all the studies were further reviewed to determine whether they actually met the study criteria. A total of 15 studies were so identified. Journals that published the studies and the frequency of articles of each journal are listed in table 1.

Results

Descriptive Information

On the 15 studies, 7 were measured social network and social support among individuals with disabilities in the community. These studies focused on social network structure and the improvement of social support. Studies which discussed social networks among individuals in schools addressed the peer relation of children with special needs. Only three studies compared the social network of individuals with various disabilities such as developmental delays and communication disorders.

Studies used different strategies to gather and measure the social network and social support. One of these strategies is to interview a person concerning the social network and social support functions individual received from others. An alternative strategy involves providing the target person with a scale, questionnaire, or assessment that he/she can self-administer. Finally, several studies incorporate one or all of these strategies in their research. In the articles reviewed, interviews with persons with disabilities and/or their parents were obtained six times, peer nomination measurement three times, and social network questionnaires three times.

Table 2 shows a total of 1081 individuals with disabilities who participated in these studies, including 636 males, 317 females, and 79 individuals for whom gender was not reported. In regard to disability characteristics, over 50% of the participants were labeled mild, moderate, or severe mental retardation. Twenty four percent were individuals with LD and 20% were developmentally delayed.

Summary of the studies by content area

Studies which examined social networks have reported information to determine the types of relationships and the effect on the individuals. Some of those also compared the informal social networks which consist on families and friends with formal networks comprised of professionals and organization. (Krauss, 1988; Rosen & Burchard, 1990; Seybold et al, 1991). Krauss and Erickson (1988) conducted a study on 49 persons with MR living either with family, in a community, or in an institution. The study attempted to measure the size, composition, and functional roles of their informal support network. The results indicated that the size varied significantly between the three groups. For instance, participants who lived with their families had the smallest network composed primarily of family members. On the other hand, participants who lived in a community or in an institutional setting were more likely to receive the same average of services provided by formal agencies. Professionals played no supportive role, and some of the participants had friends to provide support regardless the area?

Seybold et al (1991) compared two types of social networks that impact individuals with disabilities. Informal social networks (families and friends) were expected to provide more emotional and instrumental support than formal networks (professionals and organizations). Data was gathered with respect to the size and satisfaction with support. As hypothesized, findings showed that a greater proportion of emotional and instrumental support was provided by the informal networks. Families were more willing to provide advice, information, and material assistance than the others. In addition, mothers perceived informal support help as an important resource that helped parents balance multiple roles demands.

Kennedy et al (1990) reported information regarding the size, instruction of the social network, and activity patterns of 20 adult with MR. The size of social network derived, according to Kennedy (1990), from the following components: a) the number of family members b) the number of co- residence and co-workers, and c) the number of neighbors and friends. Two-third of the participants received social support from families and support providers. No evidence was found to support the assumption that larger network and high level of activities were implicitly better.

Rosen and Burchard (1990) study examined community- based activities, social network, and friendship to evaluate lifestyle normalization of community living for persons with and without MR. Social measure focused on a) the size of network (number of persons providing support, b) multiplexity, c) stress / support balance, d) satisfaction with contact , and e) reciprocity. Findings indicated that social networks of adults without MR were bigger and contained a much larger proportion of friends than those with MR(79% to 48%). The study also found significant differences in the size of social network, the number of reciprocal relationships, and the multiplexity of network relationships. There was no difference found regarding how individuals viewed their network, either in perceived supportiveness or satisfaction with frequency contact. The authors pointed out that the small size of the social network of persons with MR did not prevent their participation in community- based activities nor the rate of such activities.

Krasus, Seltzer, and Goodman (1992) found that the social network of 418 individuals with mental retardation was very large, active, and diverse in their composition. The study appeared to have a stable and duration a social network with a high degree of embeddedness.

In regard to the level of MR, individuals with severe and profound disabilities who had significantly smaller networks composed primarily of the parents had a risk of being socially isolated.

Rosenfield and Wenzel (1997) conducted a study on 173 Individuals with chronic mental illness to examine the effect of social networks on well-being. Participants were adults from a community treatment program that was associated with a community mental health center. Results found that a large proportion of the relationships was with insider people (inside the treatment program). The averages of people who provided support, advice, feedback was eight persons. Most of this help was provided by friends from mental health program, staff of the program, or relatives. Participants had not received any support from friends in the community. The study found that the number of people provide instrumental support to individuals with MD is positively related to how they evaluated their financial situation.

Unlike the other studies, Mest (1988) found that individuals with MR did not show a desirable need to be accepted by non-retarded persons to fit in. They relied on each other for support and did not seek normal friends or disparage their peers. These findings challenge the perception that retarded individuals internalize the label of mainstream societies and tend to seek life as normal people. Despite this findings, I think that the small size of the participant (N=5) and the degree of the disabilities (severe and profound retardation) limited the results and challenge this generalization.

The peer social network in the school of individuals with disabilities needs have been examined by researchers to address the effect of this relationship on the individual's social life. Siperstein and Back (1989) examined social networks in and out school of 64 adolescents with MR. The study found that the social structure in special education classrooms is similar in many ways to the social structure in regular classrooms. Individuals with MR named a wide range of

people as important including their parents and out of the school friends. Individuals with MR were more likely to interact with MR peers more frequently than non-retarded peers. Although the social network contained a large group of people, the study did not clarify whether or not these relationships are a source of support.

Kennedy and Itkonen (1994) investigated the effect of social contact and social network on a student's social life. A single-case methodology was used to analyze the effect of regular classrooms interaction on social effects and social networks on three students with severe disabilities. In regard to social networks, the study revealed that non-retarded peers were nominated as social network members by the individuals with disabilities. Participation in regular education classrooms was shown to be an effective source for interacting with peers without disabilities. On the other hand, there was no significant difference in regard to frequency whether individuals with MR met peers without disabilities in the regular classes or outside of classes such as through peer tutoring or a "friendship" program.

Farmer and Farmer (1996) indicated that sociometric-status categories associated with specific social behavior and social cognition can determine peer acceptance. Students with disruptive behaviors are more likely to be isolated, while those with cooperative behaviors are more likely to be accepted by non-disabled peers. As a result, individuals with disabilities experience fewer opportunities to practice or develop friendships with non-disabled peers.

Guralnick (1997) examined community-based social network of students with developmental delays, students with communication disorders, and student developing typically. This study utilized only one measure (peer social network) that combined a questionnaire and interview format to gather data. Findings did not differ from the previous studies which suggested the existence of a more limited peer social network for children with developmental delays compared to children with typical development. The author built his study upon parent

observation of their children interaction with peers. He indicated that the nature of questions and reliance on knowledge of their children's close relationship increased the likelihood of accurate information.

Five studies have compared social network of individuals with and without disabilities. Hoyle and Serafica (1988) examined the social network of third-grade students with and without LD with respect to two sociometric measures (peer nomination and rating linking). Three types of measurement were used to examine the nature of a student's social relation; a) peer nomination measure, b) multipoint linking rating scale, and c) social network questionnaire. The study revealed that LD students were less likely to participate in activities as well as their non-disabled peers although there were no significant differences between the two groups in the size and the composition of the social network. In regard to peer status, LD students were found to be more rejected and less accepted by peers. Also, LD students were less often named as best friends. The authors pointed out that the academic difficulties and the fact that students receive special education might caused the students with LD to perceive themselves as different from the others, which increased their sense of failure and caused the rejection.

To explore preferences of social support of various kinds of life stress, Marison, Smith, And Ollansky (1988), conducted a study on 33 Hispanics male adolescents with and without Mild Disabilities (MD). Over two-thirds of the participants with MD had indicated that they would talk to nobody. Most of who named teachers as being their most frequent source of support, while parents were the most highly preferred source of support for non-disabled children. Individuals with MD appeared to use peer support at a greater rate than their non-disabled peers.

Stoneman, Brody, and Davis (1988) found that children with disabilities experienced a restricted range of peers' activities, so that they had fewer friends and played less frequently with

others compared to their non-disabled peers. Authors pointed out that parental effort to initiate more peer contacts increased the size of peer social network, as reflected by the number of frequent play companions in the neighborhood.

Wenz-Gross and Siperstein (1996) examined the social network and social support by using a battery of questionnaires on 36 students with and without mental retardation. The authors were interested in measuring the number of close people named by students at home and out home, the number of peers. Moreover, the study measured social support including emotional support, problem solving, and companionship. Findings revealed that there were no significant differences between the two groups in the nature size and composition of social networks. Individuals with disabilities averaged almost the same response as their peers. In regard to social support, results indicated that individuals with disabilities relied on their families more often in emotional and problems-solving supports and relied less often on peers companionship than did the other group. Authors suggested that the lack of support in peer friendship was due to the fact that individuals with disabilities were missing the opportunity to interact with their peers, and this lack of “ quality of friendship” was an important issue for individuals with disabilities so they could develop a sense of belonging outside the family.

The same results were found by the same authors (1997) in a study conducted on 106 4th-, 5th-, and 6th-grade children. They found that the social network’s size and composition did not differ significantly between the two groups. In contrast with the previous study, children with disabilities turned to their family less in social support, and did not perceive their families as an effective source of problem-solving support. Peer support and friendships appeared to be an ineffective source of support for individuals with disabilities, especially in the area of emotional support.

In summary, social networks of individuals with disabilities consist of a higher proportion of family members and a lower proportion of friends as compared to individuals without disabilities. In addition, despite the fact that individuals with disabilities spend most of their time in school, social networks of these individuals remained small and they were more likely to interact with other students with disabilities. Specifically, individuals with severe disabilities had significantly smaller networks and fewer peer contacts than did individuals with other disabilities.

Discussion

By reviewing these studies, I attempted to draw attention to the importance of understanding the social world of individuals with disabilities by focusing on social networks and social support that they receive from others. The important role that family plays as a primary source of support in children with disabilities in life continue into adolescence with the lack of strong relationships with peers. This lack of support from peers may place them at greater risk for social problems as they move to adolescence.

Teaching students how to utilize support within networks and how to provide support to others would be an important area for intervention in class in order to increase peer relationship. Classroom intervention could also focus on people that student feel more close to and can provide support and help them within the classroom. In addition, an assessment revealing specific social support “deficits” may suggest specific types of intervention such as helping the individuals to participate in a community group that provides support that a person needs (Haring & Breen, 1992).

Despite the importance of understanding how social support can facilitate the adjustment and quality of life for individuals with disabilities, little has been provided concerning how characteristics of social supports affect the normative activities, satisfaction, and general well being. No attempt was provided to present the effect of a social support system of individuals with disabilities compared to individuals without disabilities who live in the same community. More studies are needed to provide measures of social support of individuals without disabilities to bring such a standard of “lifestyle normalization” to obtain a social validation for individuals with disabilities (Rosen & Burchard, 1990).

The assumption that a larger size of social networks would create strong relationship between family environment, social support, and adjustments has no proof in this review. In fact, there was no evidence that the size of social networks would affect the integration process of individuals with disabilities nor prevent them from participating in community-based activities (Wenz-Gross & Siperstin, 1996). Therefore, research should obtain information from individuals with disabilities themselves to present personal validation for ways in which we measure community integration.

It was noted that only three studies provided information of social networks and social support of individuals with disabilities from culturally and ethnically diverse populations. More studies are needed to target these minorities to provide data regarding social network size, composition, and structure.

In conclusion, Siperstin and Back (1989) have suggested that educators must consider before mainstreaming students with disabilities in private or public schools that they are part of a social network in their segregated classrooms. This change could effect children social world and prevent them from being socially adapted. I find myself in disagreement with this assumption due to the fact that individuals with disabilities, especially LD and MD, are more likely to interact with others. Changing the environment of individuals with disabilities, I suspect, in the beginning may have a negative effect, but will become more positive over time.

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Table 1

List of Journals publishing Reviewed Articles

Journals	Frequency
1. American Journal on Mental Retardation	3
2. Education and Training in Mental Retardation	3
3. Exceptional Children	2
4. Mental Retardation	2
5. Journal of Community Psychology	1
6. Journal of Social Issues	1
7. Learning Disability Quarterly	1
8. The Association for Persons With Severe handicaps	2

Table 2
Studies conducted since 1988

Study	N		Disability Characteristics	State
	M	F		
1. Farmer & Farmer (1996)	39	40	LD- EBD	NC
2. Guralinck (1997)	216	---	DD	WA
3. Holyle & Serafica (1988)	33	---	LD	Not specific
4. Kennedy et al. (1990)	11	9	SMR	Hawaii
5. Kennedy & ItKonen (1994)	1	2	SMR	Not specific
6. Krauss & Erickson (1988)		49	MR	D.C
7. Krauss et al (1992)	224	194	MR	D.C
8. Mest (1988)	2	3	MR	PA
9. Morrison et al (1992)	33	---	MD	CA
10. Rosent & Burchard (1990)	12	15	MR	IL
11. Seybold et al (1991)		63	DD	CO
12. Siperstein & Back (1989)	30	34	MMR	Not specific
13. Stoneman et al (1988)		16	MR	GA
14. Wenz-Gross & Siperstein (1996)	29	11	MR	NW
15. Wenz-Gross & Siperstein (1997)	6	9	LD	NW

Total = 1081

Note: EBD = Emotionally behavioral disorders; LD = Learning disability; MMR = Moderate mentally retarded; MR = Mental retardation; DD = Developmental delays; MD = Mild disabilities; SMR = Severe mental retardation