

Research Reports

How Do Children With Mild Intellectual Disabilities Perceive Loneliness?

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Abstract

The present study examined 154 children with mild intellectual disability (MID) attending special schools with regard to their reports of loneliness. Semi-structured interviews revealed that more than half of the students with MID reported feelings of loneliness. They tend to have as friends children from their neighborhood, friends of their siblings, children of their parents' friends and from their school. Lonely children with MID tend to attribute their isolation to interpersonal deficits, lack of contact with peers and physical appearance, while one fourth cannot justify why they do not have any friends. Children with MID report that they withdraw from social interactions, engage in solitary activities and actively look for friends to cope with their feelings of loneliness and rejection, while very few resort to physical or verbal aggression. Moreover, boys and children living in smaller towns reported less feelings of loneliness than girls and children living in the capital.

Keywords: Mild Intellectual Disabilities, loneliness, interview, coping strategies, quality of life

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An individual's quality of life is largely determined by his/her stable and supportive interpersonal relationships (Kennedy & Itkonen, 1996), which can act even as protective factors against psychological stress and illness (Duck, 1991; Guralnick, 2006). However, rejection from the peer group and loneliness could result to a sense of loss and to decreased opportunities for social and interpersonal interaction (Cole & Cillessen, 1997). Children with Mild Intellectual Disabilities (MID) face many deficits that affect their communication skills and therefore their ability to develop relationships and friendships, increasing thus their chances of peer rejection and isolation (Hoza, Bukowski, & Beery, 2000).

Children with MID tend to exhibit more behavioral problems than their typically developing peers, which often result from multiple causes that are difficult to disentangle (Guralnick, Hammond, & Connor, 2003). They are characterized as anxious, impulsive and irritable, with low self-esteem, low tolerance to frustration, and deficient social skills (Kroustalakis, 2000; Leffert & Siperstein, 2002; Polychronopoulou, 1997; Tomporowski & Tinsley, 1997). They have difficulty perceiving and interpreting correctly external stimuli, they may exhibit aggression, phobias or passivity. Moreover, they have difficulties in their perceptive skills, their concentration, their memory, their language development, their generalization skills, and their eye-motor coordination (Hodapp, 2003). Children with MID lack higher cognitive functions, such as critical and creative thinking, as well as the processing of abstract concepts (Richardson & Koller, 1996). The awareness of their personal difficulties in combination with the lack of a friendship network contributes to their experience of loneliness (Manetti, Schneider, & Siperstein, 2001).

Studies on the friendship patterns of children with MID are quite scarce and focus mainly on the relationships that are formed in the school setting. Children with MID tend to experience limited acceptance and increased rejection from peers (Manetti et al., 2001), while they report less satisfaction from their friendships and more intense feelings of loneliness than their typically developing peers (Asher & Wheeler, 1985; Heiman & Margalit, 1998; Luftig, 1988). Children with MID who have less developed cognitive and linguistic skills (Berninger, 2001), as well as those with more social deficits - such as lack of cooperative and successful communication and difficulties in problem-solving (Freeman & Alkin, 2000) - tend to report more incidences of peer rejection and isolation.

Children with MID who experience peer rejection and isolation are likely to exhibit behavioral problems, such as aggressive and disruptive behaviors (Siperstein & Widaman, 1996), while their low academic performance is also linked to low social acceptance (Gottlieb, Semmel, & Veldman, 1978). Therefore, the low academic performance of children with MID in combination with their interpersonal and intrapersonal social deficits contributes to their rejection and isolation from their typically developing peers (Weiss, 1973; Williams & Asher, 1992).

The low sociometric status of children with MID in the peer group, the lack of friendships within the classroom setting or the minimal satisfaction from friendships contribute significantly to feelings of peer rejection and isolation, as well as loneliness and impaired quality of life (Asher & Wheeler, 1985; Williams & Asher, 1992). The experience of loneliness of children with MID derives usually from their lack of friends, their difficulty in forming close interpersonal relationships, and the disappointment and dissatisfaction with the friendships they have made in comparison to their typically developing peers (Heiman & Margalit, 1998).

There is some research with adults with intellectual disabilities that emphasizes the adverse effect that loneliness has on their quality of life (Amado, 1993; Krauss, Seltzer, & Goodman, 1992), with the setting where they live playing an important role in their experiences of loneliness (Emerson & McVilly, 2004) – even greater than their personal characteristics. More specifically, adults with intellectual disabilities tend to engage in most friendship activities in public domain rather than in more private settings, such as home or supported accommodation. They choose to interact more with adults with intellectual disabilities than with adults without intellectual disabilities. However, there is no similar research conducted with children with MID, which is one of the aims of the present study. It is explored whether children with MID who live in the capital will report similar experiences of loneliness in comparison to their peers living in small towns. The structure of the family is different, since in small towns extended families offer more socialization opportunities, while in the capital the nuclear family has limited socialization (Kataki, 2012).

According to Peplau and Perlman (1982), loneliness is an unpleasant subjective experience that arises from insufficient social interaction and is not related to the quantity or the duration of the social interaction. Andersson, Mullins, and Johnson (1987) defined loneliness along two separate, but inter-related dimensions – namely, the ‘social dimension’ that stems from an individual’s perceived deficits in his/her social network and his/her lack of social integration and the ‘emotional dimension’ that derives from the individual’s perceived lack of meaningful and rewarding socio-emotional bonding with others, on a more intimate level. Research conducted with young children shows that they can adequately describe what lonely means (Cassidy & Asher, 1992; Williams & Asher, 1992). However, no study so far has explored the causes of loneliness according to children with MID, the strategies that they use to cope with their loneliness, and the feelings that result from their experiences of loneliness.

McVilly, Stancliffe, Parmenter, and Burton-Smith (2006) and O’Day and Killeen (2002) advocated the effectiveness of combining quantitative and qualitative to explore how individuals with disabilities perceive loneliness. Question-

naires can be used to test theories, but are prone to researcher bias (Avramidis & Kalyva, 2006; Rice & Ezzy, 1999), while open-ended or semi-structured interviews can generate data that is rich but maybe difficult to interpret (Biklen & Moseley, 1988). Qualitative techniques constitute the optimal means to listen to what people with intellectual disabilities have to say and how they make sense of the world around them in order to develop more effective intervention programs (Brantlinger, Klingner, & Richardson, 2005; Heenan, 2002; Pearson, Wong, & Pierini, 2002). Within the context, the present study employs both qualitative and quantitative means to look at differences in the experiences of loneliness of children with MID according to their age, gender, or place of residence, while exploring also their perceived causes of loneliness, the strategies that they use to cope with their loneliness, and the feelings that result from their experiences of loneliness.

Method

Participants

The participants of the present study were 154 children with MID attending special schools in different parts of Greece. The age of the participants ranged from 7 to 14 years old (mean age = 11 years and 3 months). This age group was selected because it represents the children with MID attending primary school in Greece. Out of the 154 students with MID there were 93 boys (60.4%) and 61 girls (39.6%). As far as the place of residence is concerned, there were 72 (46.8%) students living in the capital (Athens) and 82 (53.2%) students living in smaller towns. There were 58 children (37.7%) attending preschool and primary school, while 96 students (62.3%) attended secondary school.

These schools were randomly selected from a list of all the special schools in these areas. The researchers contacted the school principals and asked them to identify the children in the schools who were diagnosed with MID. All the children with MID who were selected for the present study met the following criteria: a) they attended special schools, b) they did not experience any kind of sensory problems or impairments, psychiatric or conduct disorder, c) they had a full scale IQ of 50-75 according to Wechsler Intelligence Scale for Children (WISC-3, 1991) (WISC has been standardized into Greek using a very large sample of schoolchildren aged between 6-17 in 1997 by Georgas, Paraskevopoulos, Besevenkis, and Giannitsas). The diagnosis was made either by local educational authorities or by public child psychiatric clinics. However, the researchers were not allowed access to the students' WISC scores, because of school regulations regarding privacy protection.

Measures

The participants completed first a questionnaire with 9 closed questions (see Tables 1 and 2), which were adapted from a questionnaire by Williams and Asher (1992) and were used to measure loneliness in school-aged children with MID. Since some children were too young or had low reading and comprehension levels, the researchers were reading out the questions to them to facilitate the process. The closed questions were answered with yes, no, or sometimes and the Cronbach alpha reliability for these questions was very satisfactory ($\alpha = .89$).

The semi-structured interview included open-ended questions that were based on the questionnaire items, while the researchers added also some questions to explore the relationship between children with MID and their typically developing peers; the reactions of children with MID to the rejection of their peers; and the ways that children with MID deal with their loneliness. A pilot study with 10 children with MID was conducted to test that they could understand the questions. The children's oral answers were recorded and rated by two independent raters – two researchers. The answers were rated independently and inter-rater agreement (i.e., number of agreements divided

by number of agreements and disagreements) was very satisfactory. Kappa reliability was .91 (generally a Kappa >.70 is considered satisfactory). In the few cases where one of the two raters assigned an answer to a different category, the discrepancy was discussed with a third rater and the category agreed upon by all raters was the final one.

Procedure

Initially, a list of all the special schools in the capital and other towns in the lower half part of Greece was obtained from the Ministry of Education and the researchers picked randomly a total of 20 schools (8 from the capital and 12 from other towns). The next step was to get permission to approach the schools from the local educational authorities, which was accompanied with an ethics approval to conduct the study in question. The children with MID were identified through the school records and a letter was sent to their parents from the school informing them about the basic principles and aims of the proposed study. Out of the 254 parents of children with MID who were contacted, 154 (61%) agreed for their children to take part in the study. The researchers asked all the children with MID whether they wanted to participate in the study and they all assented. The data collection took place in the school in a separate room during the school day. All data were recorded live and were collected over a period of 3 months, through interviews with the children with MID. Data collection with each child lasted for approximately thirty minutes and took place during the school day in a room that was allocated to the researchers.

Results

Descriptives

Children with MID tend to have as friends mainly children from their neighborhood (42.9%) and friends of their siblings (24.9%), while they do not have as friends children of their parents' friends (20.6%) or from their school (12.3%). Slightly more than half of the participants (51.9%) did not report feelings of loneliness, since they interact often with their peers, while almost one quarter (22.1%) expressed heightened feelings of loneliness and rejection from the peer group. These figures are drawn from a descriptive analysis of the answers provided to the first items of the questionnaire.

Data From Interviews

The researchers agreed on the categories presented in this section after following the methodology described in the procedure section. The vast majority of lonely and rejected children with MID feel miserable and unhappy (80.5%), some claim to feel indifferent (6.7%), while the rest (12.8%) cannot find a way to express their feelings.

Lonely children with MID tend to attribute their isolation to: interpersonal deficits (40.5%) that are linked to behavioral problems that often lead to problematic cooperation and unsuccessful communication ("*children do not want to play with me, because I fight a lot and I swear*", "*I tend to pull their hair and they walk away*"); lack of contact with peers (17.6%) either due to the place of residence or due to constraints placed by parents ("*there are no children near where I live*", "*my parents do not let me go out in the street and play with other children*"); physical appearance (16.2%) ("*children make fun of me, because they do not like the way I look*", "*they do not play with me, because of my big head*"). It is worth noting that one fourth of these children (25.7%) cannot justify why they do not have any friends.

Children with MID tend to employ the following coping strategies to deal with their feelings of loneliness and rejection: withdrawal from social interactions (39%) ("*I stay home, since the children in the street do not want to play with*

me”), which fosters the development of negative feelings, such as depression and sorrow; engaging in solitary activities (36.4%) that do not involve peers or adults, such as watching TV or listening to music (“*I like it better to stay home and watch cartoons*”); actively looking for new friends (16.2%) by approaching acquaintances or relatives (“*I like to play with my cousins; their father tells them to play with me*”); and engaging in physically or verbally aggressive behaviors (6.5%) (“*I tell other children that they are stupid cause they make fun of me*”). Only 2% of the participants did not propose any coping strategy.

Data From Questionnaires

Due to the nature of the data, χ^2 was used to detect significant differences in the loneliness reported by children with MID. It was found that the experiences of loneliness that children with MID report vary according to their gender and their place of residence. Initial analyses showed that age did not have any effect on experiences of loneliness, so it was excluded from further analysis.

Table 1

Perceptions of Loneliness of Children With Mild Intellectual Disabilities According to Their Gender

Items	Yes (%)	No (%)	Sometimes (%)	χ^2
Do other children play with you in the neighbor or in the playground?				4.99*
Boys with MID	57.0 _a	16.1 _b	26.9 _{a,b}	
Girls with MID	44.3 _a	31.1 _b	24.6 _{a,b}	
Do you have friends out of school?				5.84*
Boys with MID	51.6 _a	20.4 _b	28.0 _{a,b}	
Girls with MID	34.4 _a	36.1 _b	29.5 _{a,b}	
Are your friends out of school from your school?				.59
Boys with MID	14.0 _a	67.7 _a	18.3 _a	
Girls with MID	9.8 _a	70.5 _a	19.7 _a	
Are your friends out of school from your neighbor?				3.56
Boys with MID	44.1 _a	21.5 _a	34.4 _a	
Girls with MID	41.0 _a	34.4 _a	24.6 _a	
Are your friends out of school friends of your siblings?				.39
Boys with MID	30.1 _a	33.3 _a	36.6 _a	
Girls with MID	26.2 _a	37.7 _a	36.1 _a	
Are your friends out of school children of your parents' friends?				.51
Boys with MID	22.6 _a	59.1 _a	18.3 _a	
Girls with MID	18.0 _a	63.9 _a	18.1 _a	
Do you feel lonely at home?				.39
Boys with MID	30.1 _a	44.1 _a	25.8 _a	
Girls with MID	31.1 _a	39.3 _a	29.5 _a	
Do your parents help you when you have a problem?				.06
Boys with MID	84.4 _a	3.2 _a	11.8 _a	
Girls with MID	83.6 _a	3.3 _a	13.1 _a	
Do you and your parents have a good relationship?				2.68
Boys with MID	87.1 _a	2.2 _a	10.8 _a	
Girls with MID	77.0 _a	3.3 _a	19.7 _a	

Note. Values with different subscripts are significantly different ($p < .05$) using two-sided z-tests with Bonferroni adjustments for multiple comparisons.

* $p < .05$.

Gender affected the perception of loneliness of children with MID, as can be shown also in Table 1. More specifically, more boys than girls with MID reported that other children would play with them in the neighbor or in the playground and that they had friends out of school.

Place of residence affected the perception of loneliness of children with MID, as is evident in Table 2. More specifically, more children with MID who live in smaller towns reported that they are friends with children from their school, with friends of their siblings and with children of their parents' friends in comparison to children with MID living in the capital. They also reported feeling less lonely at home and having a worse relationship with their parents.

Table 2

Perceptions of Loneliness of Children With Mild Intellectual Disabilities According to Their Place of Residence

Items	Yes (%)	No (%)	Sometimes (%)	χ^2
Do other children play with you in the neighbor or in the playground?				4.10
Capital	54.9 _a	15.9 _a	29.3 _a	
Smaller town	48.6 _a	29.2 _a	22.2 _a	
Do you have friends out of school?				1.13
Capital	48.8 _a	24.4 _a	26.8 _a	
Smaller town	40.3 _a	29.2 _a	30.6 _a	
Are your friends out of school from your school?				6.35*
Capital	6.1 _a	73.2 _b	20.7 _{a,b}	
Smaller town	19.4 _a	63.9 _b	16.7 _{a,b}	
Are your friends out of school from your neighbor?				2.34
Capital	47.6 _a	21.5 _a	30.5 _a	
Smaller town	37.5 _a	31.9 _a	30.6 _a	
Are your friends out of school friends of your siblings?				5.83*
Capital	24.4 _a	30.5 _b	45.1 _c	
Smaller town	33.3 _a	40.3 _b	26.4 _c	
Are your friends out of school children of your parents' friends?				11.58*
Capital	12.2 _a	62.2 _{a,b}	25.6 _b	
Smaller town	30.6 _a	59.7 _{a,b}	9.7 _b	
Do you feel lonely at home?				13.51*
Capital	18.2 _{a,b}	46.3 _a	35.4 _b	
Smaller town	44.4 _{a,b}	37.5 _a	18.1 _b	
Do your parents help you when you have a problem?				2.32
Capital	86.6 _a	1.2 _a	12.2 _a	
Smaller town	81.9 _a	5.6 _a	11.5 _a	
Do you and your parents have a good relationship?				14.61*
Capital	93.9 _a	1.2 _{a,b}	4.9 _b	
Smaller town	70.8 _a	5.6 _{a,b}	25.0 _b	

Note. Values with different subscripts are significantly different ($p < .05$) using two-sided z-tests with Bonferroni adjustments for multiple comparisons.

* $p < .05$.

Discussion

An optimistic finding was that slightly more than half of the children with MID who participated in the present study (51.9%) reported that they do not experience feelings of loneliness. Most of these children reported that they have typically developing peers from their neighborhood as friends, while others formed friendships with friends of their siblings or children of their parents' friends. Boys reported that more typically children play with them in the neighborhood or in the playground and that they have more friends than girls. This finding may be attributed to the fact that boys engage mainly in physically active games (e.g., football) that do not require cognitive or interpersonal skills and do not have very strict rules. Girls, on the other hand, usually create dual and close interpersonal relationships that require more advanced cognitive skills that they do not possess. It is also likely that boys characterize a peer as their friend easier than girls, since their relationships are less complicated (Galanaki & Bezevenkis, 1996). Children with MID living in smaller towns reported that they have more friends in comparison to children living in the capital. Physical proximity, more opportunities for interactions out of school, as well as more spaces for play (Galanaki & Bezevenkis, 1996; Katakis, 2012) may account for this difference that was observed according to the place of residence. This finding is consistent with the observation made by Emerson and McVilly (2004) that the settings where individuals with disabilities live may impact the form and content of their friendships more than the personal skills and characteristics.

The children with MID (22.1%) who expressed heightened feelings of loneliness and rejection from their typically developing peers were largely able to attribute them to interpersonal deficits, lack of opportunities for contact with peers and physical appearance. These findings are consistent with those of children with MID attending mainstream schooling (Heiman, 2000; Williams & Asher, 1992) and with typically developing children (Gottlieb et al., 1978; Siperstein & Widaman, 1996). The literature review showed that the peer rejection of children with MID is linked to social problems (Gottlieb et al., 1978; Guralnick, 2006), as well as aggressive and disruptive behaviors (Siperstein & Widaman, 1996). It is important at this point to highlight that in the present study the children with MID provided their own explanations responding to open-ended questions and they were not guided by predetermined options. So, this is what they perceive as the reasons for their rejection and this explains why quite a few (25.7%) could not offer a reason for the peer rejection and isolation that they experienced, probably due to their identified cognitive or communicative deficits. Further studies should try to find ways to overcome these communication barriers in order to explore their opinions and beliefs as well. It should also be stressed that some of the children with MID reported that their parents limited their opportunities for social interaction by keeping them restrained at home. This could be a cultural phenomenon that has to do with the perceived stigmatization of children with MID and the willingness of parents to protect their children by keeping them in a sheltered environment. More cross-cultural research could shed light to this finding.

As expected, most children with MID who feel lonely and rejected report that they feel miserable and unhappy. This finding verifies that children with MID do want to develop friendships and are overwhelmed by the negative emotions that are created by the physical and emotional dimensions of loneliness (Hymel, Tarulli, Hayden Thomson, & Terrell-Deutsch, 1999). A very small percentage of children claimed to feel either indifference or did not report any feelings associated with peer rejection and isolation, either employing a defense mechanism or lacking the means to verbalize their feelings.

The coping strategies that children with MID employ to deal with their feelings of loneliness and rejection are: withdrawal from social interactions, engaging in solitary activities, actively looking for new friends, and engaging

in physically or verbally aggressive behaviors. Some of these strategies are active and constructive, while others are more passive and deconstructive. It is very important for professionals working with children with MID to keep in mind that they may become aggressive in response to the rejection that they receive from their peers. So, they should try to promote more positive and constructive coping strategies that will help them develop some friendships and not become even more isolated. It is essential also to remember that the family is instrumental in the choice of coping strategies of children with MID, since they may reinforce certain patterns and discourage others.

This is the first study that examined whether and how children with MID experience loneliness and how they react to it, taking into account also their attributions and the effect of their gender and place of residence and using a mixture of quantitative and qualitative techniques. The main limitation of this study is that the sample consists of children with MID attending special schools, while children with MID attending inclusion classes in mainstream schools may have slightly different perceptions and experiences of loneliness. Therefore, future studies could use more a diverse population of children with MID. It is also likely to find differentiations in the feelings and experiences of loneliness of children with MID according to their actual IQ scores, but researchers were not allowed access to the data.

More than half of the children with MID who were interviewed reported that they do not experience feelings of loneliness, although it should be taken into consideration that a substantial number were not able to answer this question. They could provide reasons for their loneliness, as well as coping strategies for overcoming them, which should be seriously taken into consideration when designing social-emotional training programs for this population. Parents and professionals should use these findings to help children with MID improve their quality of life by building stable and rewarding interpersonal relationships.

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