

Psychosocial development and social competence: a longitudinal Dutch study

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Introduction

This paper will be presented during the ICEVI Conference 2006 in Kuala Lumpur. Results of a nationwide longitudinal scientific project considering the psychosocial adjustment and social networks of adolescents and young adults who are blind or visually impaired are described. Several variables regarding psychosocial development and social competence are highlighted in this paper. The total research project includes many more concepts like autonomy, personality traits, occupational concepts, parenting styles, parental stress, differential parenting etc. More results will be presented or published in the future¹.

Adolescence is a complicated life stage. For young people it is a period with challenges in making their way to adulthood. In this phase, self-reflection is important and it is a period of increased interest in relationships with peers. Developmental tasks include achieving more mature relations with age-mates, accepting one's physique, achieving independence of parents and other adults, and desiring and achieving socially responsible behaviour (Sacks & Wolffe, 2006).

Health problems or disabilities, like a visual impairment, threaten the quality and maintenance of relationships with friends and family, whereas at the same time these relationships play an important role in coping with the impairment (Lyons, Sullivan & Ritvo, 1995; Sacks & Wolffe, 2006). Disabilities may result in moderate to severe restrictions in the performance of social roles, related to work, leisure, family, and friendships. Unique stressors associated with disabilities (e.g., social stigma,

¹ For more information you can send an e-mail to the author.

dependency) place substantial constraints on the ability to maintain and restructure relationships. Factors that influence the chances for relationships (Dwyer, 2000); proximity, reciprocal liking, similarity, competence in partners and physical attractiveness, are all in some degree effected by having a disability. Due to sociological issues related to disability, adolescents may encounter negative reactions by peers in regard to physical attractiveness, personal characteristics, and their suitability as a friend or mate.

Adolescents who are blind or have low vision may experience problems in relating with the outside world, and this may influence their psychosocial development (Kef, 1999; Sacks & Wolffe, 2006). Not seeing properly might have direct and indirect effects on adolescent psychosocial development. Direct effects of having a visual impairment could be problems with eye contact, missing visual cues on appearance and behavior, difficulties with interpretation of behavior of other persons, fewer possibilities for imitation of appearance and behavior, and problems in mobility. Impairment characteristics like the age of onset, the severity and the kind of impairment (stable or progressive) all could influence these effects. Social functioning may indirect be limited due to negative societal attitudes, general feelings of insecurity because of being different, feelings of dependence and physical and environmental barriers. People with disabilities frequently are misunderstood, often despised, and seldom accepted by persons without disabilities as peers. Yet, the majority of persons with disabilities do not dislike themselves and they want to play an active role in society (Henderson & Bryan, 2004). Many factors contribute to the development of psychosocial indicators, for example self-esteem. The interaction with the environment, interaction with significant others, and how persons with disabilities think others are viewing them, are a few of those factors. The competence of visually impaired persons is affected by the environment and by the relationships with significant others (Frame, 2005).

The most recent paradigm is based on social inclusion of persons with disabilities in society. This is also the view in the Netherlands for some decades now. Inclusion however, requires more than only allowing the other in. Is also requires care, empathy and respect. Other persons must acknowledge the reality of the internal experiences of persons with disabilities (Goodley & Lawthom, 2006). Relationships with other persons are reflecting this kind of respect and care and are therefore an interesting aspect to study in societies with a inclusive paradigm.

Several studies in the late nineties compared the social activities and social relationships of adolescents with a visual impairment and adolescents without impairments (Kef, 1999; Huurre, & Aro, 1998; Rosenblum, 1998; Sacks & Wolffe, 2006). Results illustrated that adolescents who have a visual impairment spent significantly more time alone than sighted adolescents did. They often have fewer friends and smaller social networks, especially young men. In general, adolescents with low vision or blindness are not satisfied

with the amount or the quality of their relationships with especially sighted peers. Their social skills seem lower and the percentage of adolescents with a visual impairment that never had dated was significantly higher than that of sighted adolescents. Their sexual experiences are less and at a later age compared with non-disabled peers (Kef & Bos, in press). Studies into social skills show that especially girls with visual impairments score significantly lower (Huurre & Aro, 1998). Peers seem to be a very important source for social support, even more than parents in this phase of adolescence (Kef & Dekovic, 2004). Peer support is a strong predictor for well-being in adolescents with a visual impairment. Many adolescents with low vision or blindness may not shift into symmetrical relationships as quickly as their sighted peers. They may remain longer involved in asymmetrical relationships with adults or later on with older adolescents (Sacks & Wolffe, 2006; Kef, 1999). In this situation it is far more difficult for them to learn how to engage with their same-aged peers and share their specific social messages and values.

The results of the recent follow-up study are presented at the ICEVI conference 2006 to answer the following research questions: 1. How are indicators of psychosocial adjustment and social competence of Dutch young adults and adolescents who are visually impaired? Longitudinal results and cohort comparisons are described. 2. What are differences on psychosocial indicators and social competence between youth who always attended regular education and youth who once attended special education for students with visual impairments?

Method

This large nationwide study on psychosocial adjustment and social networks of Dutch adolescents and young adults who are visually impaired started in 1994 in cooperation with the Dutch federation of parents of children with visual impairments (FOVIG) (Kef, 1999). The population aimed at in this study for time 1 measurement included all adolescents 14 to 24 years old, living in The Netherlands who are blind or partially sighted, but have no additional impairments (such as hearing and cognitive impairments or learning disabilities). The adolescents were contacted by letter, sent by way of special schools and rehabilitation centers in 1995. The adolescents were asked to indicate their willingness to participate in the study by returning a reply card. Of the 950 adolescents who received this letter, 37% agreed to participate. This is sample 1 in this paper.

With a grant from InZicht/ ZonMw in 2003 it was possible to continue the project and include more measurements and samples in the study. Firstly, the participants from time 1 (1996) were tracked down and interviewed for a second time in 2004. This was eight years after their first interview, so they were 22 through 32 years of age at time 2. Secondly, a new sample of adolescents was included in the project (sample 2). They were interviewed once. After their interview, the parents of the adolescents were approached for their cooperation on a questionnaire concerning parental behavior,

stress and social support. Therefore, the parents (N=161) of the new adolescents are sample 3 in this large project. Their data are not included in this paper.

Sample 1

Time 1 1996: 316 adolescents were interviewed, 295 were willing to participate in future research. The beginning of tracking down these participants was in the summer of 2003 and it continued until December 2004; it is a time-consuming task. Tracking down results are: 205 participants found and willing to participate (response 70%), 26 participants were found but were not willing to participate, 10 participants were found but had serious secondary problems, 7 participants were located but were living abroad, 3 participants passed away, and 44 participants were not found. To summarize, of the 316 adolescents in 1996, 205 were interviewed approximately eight years later. Of this sample, 56% were male and 44% were female. For degree of visual impairment: 22% were reading Braille and 78% were partially sighted. For education history: 45% always attended regular education and 55% once attended special education.

Sample 2

Blind and partially sighted adolescents (14 to 21 years of age) were approached to participate in this project, through the cooperation of special schools and rehabilitation centers for blind and visually impaired children and adolescents in 2003/2004. With gratitude to the schools, rehabilitation centers and contact persons for their activities – approximately 680 braille and large-print letters were sent to the adolescents. To participate in our study they had to return answer cards. After a few weeks a second letter was sent to those adolescents who did not respond until that time. From this group of 680 adolescents, 282 returned their answer card with a 'yes' or a 'no'. So, 398 adolescents did not react at all. From the 282 returned answer cards, 170 adolescents (= 25%) wanted to participated. Finally, we could use the data of 154 adolescents (= sample 2). Of this sample 2, 54% were male and 46% were female. For degree of visual impairment: 20% were reading Braille and 80% were partially sighted. For education history: 48% always attended regular education and 52% once attended special education.

Procedure

Personal interviews seemed to be the best method for our study with adolescents and young adults who are blind or partially sighted. A promising method for all kinds of surveys, including personal interviews, was introduced some years ago: computer assisted data collection (CADAC). Using a computer for collecting data improves the quality of survey data. Within CADAC, several subtypes of data collection methods are possible. For our study on sensitive topics like well-being, personal networks and social support, computer assisted personal interviewing (CAPI) seemed to be the most appropriate method. With CAPI, interviewers visit participants at home and use a laptop while interviewing. In order to avoid social desirability bias and to insure comparability with the sighted sample, computer assisted self-interviewing (CASI) was also used for

parts of the interview. With CASI, interviewers still ask the questions but participants themselves type in the answers on the laptop. The method used in the present study was thus a mixed-mode CAPI-CASI. In total for all samples and measurements, 33 interviewers, all female students of special education, attended a short training program at the University. All interviews took place at the participants home or work address and lasted approximately ninety minutes.

In this study several well-known questionnaires were used, like the Rosenberg Self-Esteem Questionnaire, the Cantrill scale, a subscale of the Nottingham Adjustment Scale and several subscales of the Harter Competence Questionnaire.

Results

Psychosocial indicators and social competence (see Table 1)

The scores of the young adults (sample 1, time 2) seem to point at a general well adjusted state of mind. High well-being (mean 7.8, range 1–10), high self-esteem (mean 3.43, range 1–4), and high acceptance of impairment (mean 4.29, range 1–5). For the subscales of social competence the results are: social acceptance 2.90, friendship 3.09 and romance 2.49 (range 1-4). Romance is a more problematic area compared with social acceptance and friendship.

A comparison with their results 8 years earlier show two significant results: in their young adulthood (at time 2) they report a higher score for self-esteem and a higher score for acceptance of the impairment. Unfortunately, we have no data on social competence of these participants at time 1. No significant differences with results of sighted Dutch youth were found for well-being and self-esteem. However, all included social competence scales showed significantly lower mean scores for participants with visual impairments compared with youth without disabilities. The following significant differences for subgroups were found within sample 1 regarding psychosocial characteristics at time 2: females have a lower self-esteem, blind young adults report lower scores on well-being, self-esteem and acceptance of the impairment.

The scores of the adolescents (sample 2) also seem to point at a general well adjusted state of mind. High well-being (mean 7.8, range 1–10), high self-esteem (mean 3.27 range 1–4), and high acceptance of impairment (mean 4.06 range 1–5). For the subscales of social competence the results for the adolescents are: social acceptance 2.85, friendship 3.12 and romance 2.29 (range 1-4).). Romance – again - is a more problematic area compared with social acceptance and friendship.

A comparison with the cohort adolescents in 1996 (sample 1) show no significant results: the psychosocial developments of adolescents in 1996 and in 2004 seem equal. Social competence could be compared for young adults at time 2 and adolescents of

sample 2. Sample 2 adolescents score significantly lower on romance than young adults with visual impairments. No significant differences with results of sighted Dutch youth were found for well-being and self-esteem. However, all included social competence scales showed significantly lower mean scores for adolescents with visual impairments compared with adolescents without disabilities. The following significant differences for subgroups within sample 2 were found regarding psychosocial characteristics: females have a lower sense of well-being, lower score on self-esteem, lower score on social acceptance and lower score on romance. No differences between blind and partially sighted adolescents of sample 2 were found.

Regular or special education

In both samples – so for young adults and adolescents with visual impairments – we found significant differences for education background. Participants who always attended regular education scored relatively better than participants who once attended special education.

Young adults who always attend regular education scored significantly higher on all three included subscales for social competence. For well-being, self-esteem and acceptance of the impairment at time 2 we found no differences on education background.

Adolescents who always attended regular education also scored significantly higher on all three included subscales for social competence. For well-being and self-esteem they also scored higher than participants who once attended special education.

Table 1 Descriptive data

| | Sample 1, time 1 (N=205) | Sample 1, time 2 (N=205) | Sample 2 (N=154) |
|-----------------------|------------------------------------|------------------------------------|----------------------------|
| Well-being | 7.9 | 7.8 | 7.8 |
| Self-esteem | 3.32 | 3.43 | 3.27 |
| Acceptance impairment | 4.10 | 4.30* | 4.06 |
| Social acceptance | - | 2.90 | 2.85 |
| Friendship | - | 3.09 | 3.12 |
| Romance | - | 2.49 | 2.29** |

* time 2 score is significant higher than time 1 score of sample 1

** Sample 1 young adults score higher than sample 2 adolescents

Conclusion

No alarming results for well-being and self-esteem were found in this study. In young adulthood the self-esteem even improves compared with adolescence. However, more at-risk results are described for social competence, and especially the romantic subscale. Especially, adolescent girls and participants who once attended special education show relatively more problems on social competence variables in this nationwide project.

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