

Teresa Żółkowska prof. Ph.D
Sttetin University

Social Competence of People with Deep Intellectual Disability From Theory of Attachment Perspective¹

Social competences are more narrow concept than social development, they constitute one of the elements of individual's psychosocial development. The term social competence for the first time was defined in 1959 by R. White. Author described the competence as a specifically understood skill, that is every skill that contributes to effective interaction with surrounding environment (Sęk, 1993, p. 486).Despite, many years have passed since the first attempts of defining, the unequivocal definition of these competences is difficult up till now. The discrepancy results from the fact that researchers try to characterize individual, to whom notion of competent is attributed or seek for criterions, which acknowledge what is and what is not optimal for social functioning of human being. At the second area there is made description of interpersonal relations, establishing bonds with others and social adjustment (Jakubowska, 1996, pp. 37-39). The example of such a definition is H. Skarżyńska's proposition. The author distinguished social and interpersonal competences and presented them as abilities to achieve social and individual aims with maintaining good relations with interaction's partners at the same time (Skarżyńska, 1981). Similar approach to the problem of competence can be met at A. Matczak's works. The author reports that social competences are complex skills which determinate the efficiency of coping with different social situation (Matczak, 1996, p. 2). At presented definitions two aspects of competences are distinguished. One of them treats social competences as social skills and the other points to competence's social efficiency. The social skills are understood as behavior's patterns, which cause that individuals are socially competent. According to M. Argyle the social skill is knowledge, understanding and emotions (Argyle, 2002, p. 133). According to Borowski it is a consistent, functional, used at practice and personally determined set of knowledge, experience, abilities and social behavior (Eisenberg & Fabes & Bernzweig & Karbon & Poulin & Hanish,1993, pp. 1418-1428). Second aspect of competence – efficiency, is described on the base of results of establishing and developing of creative relations and relationship with other people, participation in various social groups, fulfilling different social roles, overcoming emerging

¹ An article published in: Kurek, 2007, *Wspieranie osób z głębszą niepełnosprawnością intelektualną. Teoria i praktyka*, pp. 79- 93.

problems and realizing own needs (Borkowski, 2003, p.96). For an indicator of efficiency on the one hand, can be claimed achieving by individual its own goals and on the other hand, consistency with social surrounding's expectations (Matczak, 1996, p.7).

Acceptance of mentioned above approach to the competence seems to be specially useful at analysis of intellectual disabled people's social competences. Intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. The conceptual skills include: active and passive speech, reading and writing, understanding the meaning of money, self-direction. The social skills include: interpersonal skills, reliability, dignity, gullibility, innocence/naiveté, acting according to principles, law abiding, avoiding victimization. The practical skills include: personal activities connected with common life: eating, wearing clothes, moving, clearness; instrumental activities: meal preparing, taking medicine, using telephone, money managing, using public transport and activities connected with keeping household: professional skills and caring about work safety (Schalock & Luckasson, 2004).

To sum up, there can be acknowledged that intellectually disabled people's social competences can be indicators of their social development. Level of social competences describes the efficiency and extent to which intellectually disabled individual realizes demands of personal independence and social responsibility, which are expected from him at his given age and certain environment (Kostrzewski, 1981).

The social competences are dependent from many various factors. One of them more significant are relationships with family. Theory, which describes connections between relations that were created in childhood and human's social functioning in his future life, was presented earlier as attachment theory (Bowlby, 1969, p. 368; Bowlby, 1973, Bowlby, 1980).

Research aims

The goal of conducted researches was to analyze the attachment bonds' perceptions of deep intellectually disabled people and attempt of connection of the bonds' perception with self-assessment of examined individuals' social competences. There is more and more often suggested in literature that problems of social interactions should be considered from child's good point of view. There is pointed out in the latest researches that human's attitude and actions are not strongly determinate by surrounding environment, but are mainly determinate

by psychological area, in which he functions, that important aspect of researches about social influence is perception of examined individuals' opinion about themselves (Plopa, 2005, p. 227). Parent's behavior influences on child's development to that extent, in which he perceives it; it is not the bond with parents, which is the most important but perception of it. In reference to mentioned thesis, I formulate following question in herewith research:

To what extent attachment bonds' perception is connected to self-assessment of moderate intellectually disabled people's social competence?

Sampling and research schedule

In research conducted jointly with students from University of Szczecin² two modified techniques of attachment's bonds examinations were used. Cox's TAT F is one of them. Taking into account abilities of intellectually disabled people and propositions included in TAT F technique, six pictures was chosen and used to talk with disabled people (people were asked what did happen in the picture, what does person (people) in the picture think, do parents have something in common with situation in the picture, how will everything end). All the researches were categorized according to one content classification key described in literature by S. Plopa (Plopa, 2005, p.249). Here I present key with assessments: 1) both parent's attachment to examined person – 6 points, 2) the same sex parent's attachment to examined person – 6 points, 3) opposite sex parent's attachment to examined person – 5 points, 4) lack of attachment and rejection – 4 points, 5) examined person's rejection by opposite sex parent – 3 points, 6) examined person's rejection by the same sex parent - 2, 7) examined person's rejection by both of parents – 1 point.

Conclusion about the attachment or rejection was drawn on the base of two premises: parent (or parents) acted in a friendly way or thought about such an action towards the hero of the story; parent (parents) did not act and was not subject of action towards story's hero however, was described with liking (attachment) or antipathy (rejection). Moreover, relationship between child and parents was taken into account with special stress on their emotional contact. If parents were not included into story, the story was classified into fourth category. If attachment and rejection occurred at one story, the story's ending was taken in order to classify it correctly.

² Researches were conducted in cooperation with students from pedagogical faculty, specialization: rehabilitation pedagogy, during prosemianr in academic year 2005/2006

In order to assess level of emotional contacts between parents and child the point average assessment was calculated separately for every individual. Minimum value was 1 and maximum was 7.

The other technique was invented by J. Rola *Scale for assessment of social relation's perception*, which is modeled on I.G. Sarason, H.M. Levin and R.B. Bashen's SSQSR (Rola, 1996). The scale used in this researches was created on base of five everyday situations, in which individual has to use help of other people. Each of presented situation is supplied with questions about people who give help (up to five offers) and satisfaction's level of received help (each out of five offer can be assessed by means of three grades of consistency). It enables measurement of two independent dimensions. The first of it, permits to describe the number of people who provide help, which was shown by tested person, the second one lets to estimate the level of bond's satisfaction. In this researches Scale was modified because of type of examined person's disability. The questions that covered the level of bond's satisfaction were limited (as mentioned above) up to three points.

In order to fix a self-assessment's level of social competences two techniques were used. One of them it is *Q-sort technique* (Brzeziński, 1980, p. 271). In this technique examined person has to sort statement along with continuum, which consists of a few points. In this researches 30 statement and three-point continuum were used. The statements were sorted into ten social competences. The division of social competences is compatible with K. Nihar, R. Foster, M. Shellhaas and W. Leland's *Adaptive Behavior Scale for Children and Adults (AAMD)* (Kostrzewski, 1981). The scale consists of two parts. The first part measures individual's general independent functioning, the second part – disorders in behavior. In herewith research only part I was used, which contents 10 categories: independent functioning, physical development, economic activity, speech development, concepts of time and number, household works, professional activity, self-control, responsibility and socialization. Examined person sorted each of statement, which was included into area of social competence's 10 categories, according to the instruction: what am I? (the real Self). Taking into account the means of assessments, tested people were divided into three groups: people with high, average and low self-assessment of social competences.

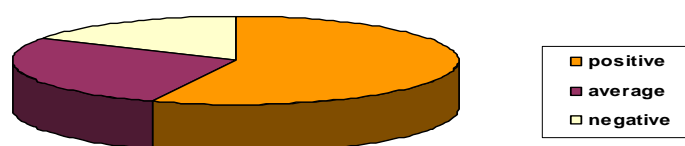
The randomly chosen group consisted of thirty people with moderate intellectual disability, aged 17-56. The examined people were participants of therapy workshop classes from Szczecin and around areas.

Statistical compilation of data dealt with calculation of arithmetic mean, assessments, percentage, correlation's indicator and describing of ranks.

Results of researches

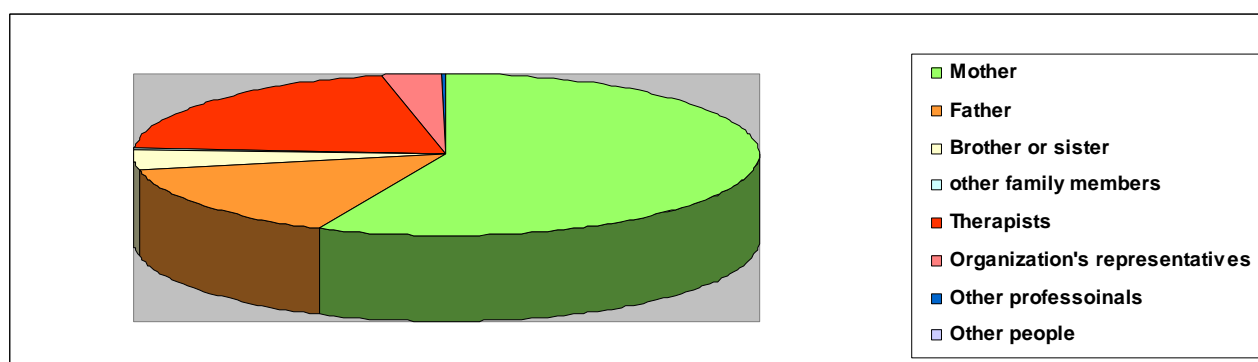
Prior to analysis of attachment bond's perception by means of modified Cox's technique, the classification of bonds was conducted. Taking into account the average assessment, which examined person achieved in test, they were divided into three groups. There were singled out groups of people with positive relations with parents (outcomes over 5,0), average (from 3,1 to 4,9) and negative relations (from 1,0 to 3,0) (Plopa, 2005, p. 294). The results presents chart 1.

1. Attachment bond's perception of people with moderate intellectual disability.



Data in the chart shows that most of examined people perceive their relations with parents in a positive way. Analysis of six stories permitted to reveal that most of tested people assess their relations with mothers in more positive way than with fathers. They declare that from mothers they get more positive than negative feelings. Whilst, to the fathers they more often attribute lack of liking or even rejection. From experience of disabled people it is mother, who shows attachment to them, liking, who is protective, helpful, who realizes their needs, who is patient and glad to their achievements. Support to the positive perception of bonds with mothers give also results got from tests conducted according to the *Scale for social relationship's perception*. Analysis of received (thanks to the Scale) statements let to describe the frequency and direction of attachment relationships of examined people. The chart 2 presents the data in form of percentage value of people listed by examined individuals, as people who support them.

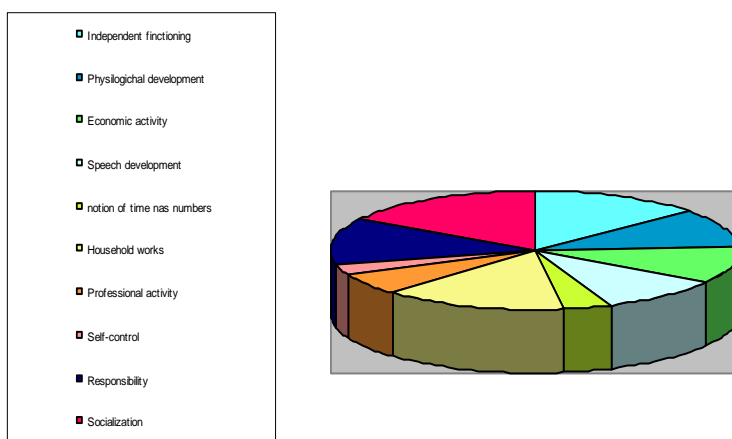
2. The direction and attachment relationship's assessment.



As chart 2 shows, adult people with moderate intellectual disability point out to these people who support them, with whom they have positive relationship, in first order they enumerate family members. The mothers are much more often mentioned (56,52) than fathers (15,3). The second place in terms of frequencies take therapists – instructors of therapy classes (20,6). Besides therapists, who indirectly work with disabled people, quite often are mentioned people from religious groups or other self-help organizations (3,1). The most rarely are mentioned by disabled individuals other people, who they meet in local environment i.e. social workers, doctors and acquaintances from workshop therapeutic classes or other informal groups (Żółkowska,2002, pp. 413-423). General assessment of intensity of attachment's perception (3,6 the first examination) and mean of satisfaction from relationship with close people (12,8) are on the average level.

Analysis of moderate intellectually disabled people's self-assessment of social competences permitted to notice (chart 3) that examined individuals describe their (Kościelska, 1995; Kościelak, 1989; Rola, 1996; Różycka, 1981; Kościelak, 1989) level of competences (Żółkowska & Pańczyk, 1989; Żółkowska & Janiszewska-Nieścioruk, 2003, pp. 59-69) in an unequal way.

3. Social competences of people with moderate intellectual disability



Analysis of assessments given by examined people shows that individuals with moderate intellectual disability value their social competences very high. Their physiological abilities, which are situated by them in the highest position are followed by socialization, independent functioning and household works. The least positive are valued their abilities within self-control and idea of numbers and time (Żółkowska, 1999; Pilecki, 1999, pp. 230-239; Żółkowska, 2006, pp. 35-42). Generally speaking, it is visible that examined individuals are characterized by lack of adequate assessment of their own abilities – this assessment is overestimated. Content analysis of examined peoples' utterances reveals that they have difficulties at critical assessment of way in which activity is done and problems with correct assessment of produced by them products' qualities. In many cases level of performed action or quality of produced things is not important for examined people. The reason of it could be for instance use of improper reinforcement used by parents and therapists. People with intellectual disability are very often awarded just for the readiness to the activity or for doing activity not for its efficiency. The examined people notice the differences in the realization of their particular social competences. In their opinion these differences come from their physical fitness, perceptual skills, thinking, abilities to concentrate, mode of space and activity organization, motivation and provided support. There are, along with statements that they do all activities very well, utterances that point to difficulties at realization of certain tasks. During conversation they explain, that it is difficult to do particular action because –

they have handpain, they have clumsy hands, or they are ill or they are not able to walk in a good way. They tell also that it is difficult to think for them, that they cannot remember sequence of action, that they mistake everything. They often point out that they could be able to do particular action in better way but *they are becoming tired, that others disturb them by speaking or making noise.* Disabled people emphasize that they go on better if parents or social workers help them. Some of examined individuals indicate their lack of competences as a result of their own *difference, abnormality* or lack of *writing and reading skills.* Vast number of tested people stresses that some difficulties at their skill acquiring can stem from the fact that they failed *to graduate from school and get profession.* As a reason of it they pointed out also their own psycho-physical limitations (lack of skills that causes difficulties at learning), but much more frequently they indicated defective community functioning, *incompetent doctors, bad teachers, unfriendly stuff at social help centers or teasing peers.* In examined people's opinion, their competence level depends also on their personality and modes of emotional reactions. Intellectually disabled individuals noticed that their relationships with surrounding depend on *the fact if they are polite, if they smile nic , if they are not quarrelsome, if they correctly respond to the social workers commands* (Żółkowska, 2006, pp. 35-42). Qualitative analysis of content shows that self-assessment of social competences is not correlated with sex. Both women and men perceive their social competences in a similar way. Discussed results are compatible with Kierejczyk, Kościelak and Żółkowska's researches (Kościelak, 1989; Żółkowska, 1989; Żółkowska, 2003, pp. 59-69).

Perception of attachment and self- assessment of social competences at people with moderate intellectual disability – summary

Analysis of presented above results by means of strength coefficient revealed that $r_p=0,684$, which means that attachment bonds' perception of moderate intellectually disabled people is strongly correlated with self-assessment of social competences of these people. It permits to assumption that the more positively disabled people perceive their relationships with close people, the higher is their value of their fitness, socialization, independent functioning and household works. Whilst, unfavorable perception of attachment is linked with low self-assessment of self-control and notion of time and number.

On the base of detailed analysis of received research results and conversations with examined individuals can be assumed that in most cases experiences connected with attachment relations were inconsistent with examined people's expectations. Expectations and need of attachment were higher than level of experienced bonds. It should be stressed that revealed in researches general level of attachment's perception is average. It can mean that tested people expect greater help from others. The most frequently mentioned people, with who intellectually disabled people are linked by attachment relationships, are mothers, therapists and fathers. Such a high position of therapists points out that adult intellectually disabled people perceived formal workers as a persons, who are important to them and provide them positive emotional relationships.

The researches revealed also overestimated self-assessment of social competences.

Presumably disorders of cognitive development, attitude towards seeking similarities between disabled people and others, difficulties at thinking, decreased level of criticism, increased susceptibility to exterior influences, attempts of explaining difficulties at functioning by exterior environment instead of interior properties, low level of success achieving attitude and low aspirations cause that people with intellectual disability feel specific comfort, which is expressed in inadequate and too high self-assessment.

To sum up, it can be told that there is a great probability that positive attachment is an opportunity for favorable development of social skills of deeply intellectually disabled people. Social development is a process determined by many factors, and subjected to various changes. Without any doubts very important factors are emotional bonds with parents and other people. Mechanism of attachment bonds' influence on intellectually disabled people are not clearly known. This area need more deepen researches. However, results of partial researches should be interpreted very carefully. Nevertheless, even current output permits to see that attachment (tested by various methods) perceived by intellectually people is connected with social behavior, which seems to be very important at programming of early support for intellectually disabled people.

References:

1. Argyle, M. (2002). *Psychologia stosunków międzyludzkich*. Warszawa.
2. Atkinson L., Goldberg S. (2004) *Applications of Attachment; The Integration of Developmental and Clinical Traditions*, (in) Goldberg S., Atkinson L. *Attachment Issues in Psychopathology and Intervention*, New Jersey.
3. Bartholomew K. (1990) *Avoidance of intimacy: An attachment perspective*, *Journal of Social and Personal Relationships*, vol. 7.

4. Borkowski, J. (2003). Podstawy psychologii społecznej. Warszawa.
5. Borzyszkowska H. (1997) Izolacja społeczna rodzin mających dziecko upośledzone umysłowo w stopniu lekkim, Gdańsk.
6. Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. New York: Basic Books.
7. Bowlby, J. (1973) Attachment and loss: Vol. 2. Separation: Anxiety and anger. New York: Basic Books,
8. Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss: Sadness and depression. New York: Basic Books.
9. Brzeziński J. (1980) Elementy metodologii badań psychologicznych, Warszawa.
10. Colins N.L., Guichard A.C., Ford M.B., Feeney B.C. (2006) Working models of attachment (in) Adult Attachment: Theory, Research, and Clinical Implications, ed. Rholes W.S, Simpson J.A. New York.
11. Eisenberg N, Fabes R. A., Bernzweig J., Karbon M, Poulin R, Hanish L., (1993). The Relations of Emotionality and Regulation to Preschoolers' Social Skills and Sociometric Status Child Development, Vol. 64, No. 5.
12. Góralski A. (1976) Metody opisu i wnioskowania statystycznego w psychologii, Warszawa.
13. Jakubowska U. (1996). Wokół pojęcia "kompetencja społeczna"- ujęcie komunikacyjne. Przegląd Psychologiczny, 39.
14. Kostrzewski J (1974) Skala pomiaru podstawowych zdolności szkolnych, Warszawa.
15. Kostrzewski J. (1981) Problemy rzetelności i trafności polskiej adaptacji Skali Zachowania Przystosowawczego dla Dzieci Młodzieży i Dorosłych. „Zagadnienia Wychowawcze a Zdrowie Psychiczne” 1981, nr 1.
16. Kościelak R. (1989) Psychologiczne podstawy rewalidacji upośledzonych umysłowo, Warszawa,
17. Kościelska M. (1995) Oblicza upośledzenia umysłowego, Warszawa.
18. Main i Solomon cyt. za Rola J. (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym , Projekt EFS, APS.
19. Matczak A. (1996) Kwestionariusz kompetencji społecznych, Warszawa.
20. Murray C., Mark T. (2006) Examining the Importance of Social Relationships and Social Contexts in the Lives of Children With High-Incidence Disabilities, Journal of Special Education; v. 39 Issue 4. Personality Styles: An Empirical Study Journal of Counseling & Development, Vol. 85.
21. Plopa M. (2005) Psychologia rodziny, Kraków.
22. Rholes W.S., Simpson J.A. Attachment theory, (in) Adult Attachment: Theory, Research, and Clinical Implications, ed. Simpson J.A. New York.
23. Rola J. (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym , Projekt EFS, APS.
24. Rola J. (1996) Upośledzenie umysłowe jako czynnik ryzyka dla depresji dziecięcej, Warszawa.
25. Różycka J. (1981) Stabilność samooceny u uczniów upośledzonych umysłowo w stopniu lekkim, Szkoła Specjalna nr 3.
26. Sabo, A. N. (1997). Etiological significance of associations between childhood trauma and borderline personality disorder: Conceptual and clinical implications. Journal of Personality Disorders v. 11.
27. Schalock R. L., Luckasson R. (2004) American Association on Mental Retardation's Definition, Classification, and System of Supports and Its Relation to International Trends and Issues in the Field of Intellectual Disabilities Journal of Policy and Practice in Intellectual Disabilities 1.
28. Sęk H. (1993). Społeczna psychologia kliniczna. Warszawa.
29. Sherry A., Lyddon W.J, and Henson R.K. (2007) Adult Attachment and Developmental
30. Skarżyńska K. (1981). Spostrzeganie ludzi. Warszawa.
31. Vasta R., Haith M., Miller S.A. (1995) Psychologia dziecka, Warszawa.
32. Żółkowska T. (1989) Poziom samooceny dzieci upośledzonych umysłowo w stopniu lekkim a ich pozycja w klasie szkolnej, Z zagadnień oligofrenopedagogiki,, p. red. Pańczyka J. Warszawa.
33. Żółkowska T. (1999) Rola warsztatu terapii zajęciowej w adaptacji społeczno-zawodowej dorosłych osób z upośledzeniem umysłowym, Wspomaganie rozwoju osób niepełnosprawnych, p. red. J. Pileckiego, Kraków.

34. Żółkowska T. (2002) Poczucie wsparcia społecznego dorosłych osób z niepełnosprawnością intelektualną a poziom ich aktywności społecznej, *Pedagogika szansą na realizację potrzeb osób niepełnosprawnych*, p. red. W. Dykcika, Cz. Kosakowskiego, J. Kwapisz-Kuczyńskiej, Olsztyn, Poznań, Warszawa.
35. Żółkowska T. (2003) Poziom samoakceptacji osób z głębszą niepełnosprawnością intelektualną, (w;) *Człowiek z niepełnosprawnością intelektualną*, p. red. Z. Janiszewskiej-Nieścioruk.
36. Żółkowska T. (2006) Podmiotowość osób z niepełnosprawnością intelektualną w teorii i praktyce, (w;) *Pomiędzy teorią a praktyką*, p. red. Cz. Kosakowskiego, A. Krauze, S. Przybylińskiego, UWM Olsztyn 2006.