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***Young motorically handicapped people in relation to feeling of loneliness
and quality of life***

Młodzież niepełnosprawna ruchowo wobec poczucia samotności i jakości życia

Loneliness is multidimensional psychosocial human experience. It is an unpleasant feeling, appearing as a result of a clash between expectations and real possibilities. As a phenomenon accompanying human existence, loneliness is analyzed most often in relation to the population of adults in difficult situations. Much more seldom, however, it is related to the population of children and youth, though it is youth who are particularly predestined to experience various forms of loneliness (J. Rembowski, 1992; S. R. Asher, S. Hymel, P. D. Renshaw 1984; P. D. Renshaw, P. J. Brown 1993).

Knowledge of oneself, awareness of one's own needs, interests, values and skills plays a vital role in forming life plans and establishing social contacts. In their reflections on loneliness, many authors emphasize that it may appear as a result of a conscious choice, which may be constructive, as it enables reaching one's psyche and favors one's own creativity (J. Rembowski 1992; A. Giryński 2004; Z. Skorny 1997; D. Wolf 1995; J. Hartog, J. R. Audy, Y. A. Cohen 1980). However, when isolation from the world is not a conscious and deliberate choice, it can lead to disturbances in the functioning of a person and provoke autodestructive reactions.

Loneliness should be treated as an important factor capable of destructively influencing personality and disturbing personal and interpersonal functioning. People with a strong feeling of loneliness manifest a low degree of behavior stability and find it difficult to properly satisfy their basic needs: acceptance, understanding, affiliation, or expressing emotions (T. Lake 1993). The following are stressed: dependences between loneliness and shyness, quality of life, depression, threat of addictions *etc.* (J. Rembowski J. 1992; Z. Dołęga 2003; J. Cassidy, S. R. Asher 1992).

In the formation process of the feeling of loneliness, three stages are distinguished. The first one is characterized by external circumstances, which influence limiting or blocking contacts with others, and thus eliminate so-called mutual behaviors. At this stage, the feeling of belonging stops. At the second stage of loneliness, an individual loses confidence in themselves and trust in their ability to establish and maintain contacts with other people. The third stage of loneliness is characterized by destruction of the ability to enter interactions with others. An individual then becomes convinced that nobody cares about their existence, and the environment expresses indifference towards them (T. Lake 1993). Limitation or a lack of social contacts that would satisfy the individual may lead them to develop an excessive feeling of loneliness, which engenders conviction that one is alone in the world and cannot count on anyone else (M. Braun-Gałkowska 1994).

Causes of loneliness can be classified in social and cultural categories, and depending on predominant factors the former or the latter can be emphasized as deciding. Experiences related to the state of loneliness are conditioned by various social and demographic as well as psychological factors (*e.g.* the image of oneself, one's system of values, life plans, interests) (A. Giryński 1998; B. Szczupał 2003, 2004; R. M. Page 1990).

While searching for sources of the excessive feeling of loneliness in children and youth, what should be indicated is their social environment. According to numerous authors dealing with the problem of loneliness and quality of life in children and youth, it can be concluded that:

- loneliness felt by youth and the social discontent remain in a tight relationship; low social status is achieved first of all by people who manifest a strong feeling of loneliness,
- loneliness felt by youth in the adolescence period remains in a close relationship with difficulties in communication with the environment;
- there is a clear correlation between youth's feeling of loneliness and the level of their self-esteem, empathy, depression and aggressive reactions (Z. Dołęga Z. 2003; A. Giryński 1998; J. Rembowski 1992; A. Marcoen, M. Brumagne 1985; E. S. Buchholz, R. Catton 1999).

Also despite the various approaches to the evaluation of quality of life, due to the big demand of various environments, psychologists frequently begin research in order to describe quality of life in a certain population of healthy, handicapped or unemployed people. Those who study quality of life increasingly often emphasize its subjective dimension, that is the feeling of quality of life. The subject of the studies are subjective indicators of quality of life, measured in the form of evaluations of individual areas of life and life satisfaction. Subjective indicators of quality of life are called the feeling of quality of life (E. Kasprzak 1999; S. Kowalik 1994, 2000).

The feeling of quality of life includes many indicators which create a layer structure, from the desire to live to satisfaction with various areas of human activity. Self-evaluation, evaluation of one's own life situation and the environment represent a subjective reflection of reality. Subjective evaluation of quality of life may be an after-effect of objective changes in the person's situation.

In studies on motorically handicapped people, apart from questions of healthy people's rehabilitation and adaptation to life in the society, increasing importance is gained by attempts to specify to what extent being handicapped and limitations related to being handicapped influence their systems of values, life plans and quality of life. Authors involved in problems of rehabilitation of handicapped people emphasize that rehabilitation is only effective when it concerns simultaneously a somatic, psychical and social spheres (A. Hulek 1989; P. Majewicz 1999; H. Larkowa 1987; B. Szczupał 1998, 2003; E. Wojtasiak 1997). During a disease, acceptance of oneself and defining one's own system of values and life plans make it possible to mobilize the organism's strengths to fight with the limitations and difficulties encountered, making it possible to bear the pain and being conducive to the handicapped person's self-realization process.

One of the most important aspects of interpersonal functioning of motorically handicapped youth is that they feel mental states which may lead them to form their behaviors in order to achieve their own identity and autonomy as well as co-operation with others.

METHODOLOGY OF OWN STUDIES

The objective of the studies was to show chosen circumstances and aspects of feeling lonely and quality of life in motorically handicapped youth. Apart from that, an attempt was made to answer the following question: How does a certain life situation conditioned by a physical handicap influence the feeling of loneliness and quality of life?

Aiming to obtain the answer to the above research question, the diagnostic survey method was used, including the following techniques and research tools: Sag's Scale and Rasch's Scale, which measure the degree of loneliness felt in certain interpersonal situations, as well as a self-developed survey questionnaire for some chosen circumstances of loneliness felt by the youth studied.

Basing on Sag's Scale, which includes 28 points (items), the following loneliness was defined: resulting from the lack of relationships with peers, related to the lack of satisfying relationships with parents as well as other important people.

Rasch's Scale enabled specifying the following dimensions of loneliness: deprivation of the need of a social contact, the feeling of losing the social group, situational social rejection, the feeling of bonds with the group, the feeling of significant relationships with people.

In order to study the feeling of quality of life in handicapped people, the following were used: the analysis of documentation and a survey questionnaire where the questions were about the following: the desire to live, self-evaluation, the level of life optimism, life satisfaction (at present, in the past and within the last five years), satisfaction with some areas of life, hierarchy of values, goals and life ambi-

tions as well as opportunities and obstacles in using them, and the place of residence. In the questions asked in the survey questionnaire, attention was also paid to the studied people's current material situation, their leisure activities, types of social relationships (with their families, local communities and different kinds of social organizations) as well as ways of coping with problems and life difficulties.

The research was made among students of 3rd grades of a general education secondary school and a technical education secondary school, in the Center for Education and Rehabilitation of the Disabled in Konstancin, the Child's Health Centre, and the Clinic of Orthopedics and Rehabilitation in Zakopane. The studied youth had inborn handicaps or handicaps acquired in their early childhood. All the studied non-handicapped young people were pupils of secondary schools: general education secondary schools, professional secondary schools and technical secondary schools in Warsaw, Otwock and Konstancin. The study covered the total number of 378 pupils aged 17 – 18.

Results of research

The results of research on the feeling of loneliness in motorically handicapped youth led to the conclusion that they feel their loneliness much more intensely than the non-handicapped youth. Youth with a dysfunctional organ of movement more frequently feel their loneliness in contacts with their peers. It is confirmed by high indicators obtained in Sag's Scale. There were essential statistical differences between the groups in question, *e.g.* in the subscale "relationships with peers" ($t = 3.98$; significance on level $p < 0.001$); in the subscale "relationships with parents" ($t = 2.37$; significance on level $p < 0.05$).

Differences were also observed between the studied groups in the range of feeling lonely "in relationships with other significant people". Handicapped youth more often felt difficulties in establishing social contacts with people they find significant, *e.g.* with teachers. Differences appeared also to be statistically significant ($t = 4.17$; significance on the level of 0.001).

High indicators of loneliness in Rasch's Scale confirmed the fact of more frequent occurrence of the feeling of loneliness in the group of handicapped youth. Handicapped youth achieved also high results in the dimension of loneliness "Deprivation of the need of social contacts". Particularly evident were the lack of a close friend and rejection by the environment ($t = 4.87$; significance on level $p < 0.001$). There were also statistically significant differences in the dimension "situational feeling of rejection" ($t = 3.68$; significance on the level of 0.01) and "situational social rejection" ($t = 4.65$; significance on level $p < 0.001$) as well as the "feeling of significant relationships with people" ($t = 3.38$; significance on level $p < 0.01$).

Having analyzed statements of the groups studied in the survey questionnaire, it can be concluded that:

- what motorically handicapped youth and non-handicapped youth have in common is loneliness, first of all with isolation from close people, the lack of intimate bonds, trust as well as being abandoned by everybody who they find important;
- both studied groups look for causes of loneliness first of all in their physical, character and personality features, *e.g.* shyness, taciturnity, low self-esteem;
- handicapped youth (78%) more frequently notice causes of their loneliness in their relationships with peers, social attitudes as well as in many threats inherent in the modern world (the unemployment rate, fast pace of life, consumer attitude, lack of time to maintain bonds *etc.*);
- according to both studied groups (67% of handicapped youth and 59% of non-handicapped youth) loneliness is also, in certain situations, necessary to be able to solve various life problems.

Conclusions about the studied youth's life satisfaction and quality of life are inferred on the basis of evaluation of their current lives and life prospects in five years. Handicapped youth (78.9%), irrespective of their individual life situation or family situation, perceive being handicapped as impoverishment of their lives by a certain value.

In the studied group, feeling family and social results, which follow their handicap and chronic disease, makes them form low opinions of life. In comparison with their present life, the one that is over seems better, because we often perceive what we lose as more valuable than what we have at present.

The results received can also betoken a worse social situation of the handicapped, related to, *e.g.* improper social attitudes or the feeling of harm. These phenomena are the result of bad adaptation of limited physical and psychical capabilities to the changing social situation.

Another aspect of the feeling of quality of life belonging to psychical states, least susceptible to external influences, is the aspect of being happy. It is based on values which are important at a given stage of life, such as family and health, and then work or being handicapped. Research on the handicapped and non-handicapped people's feelings of quality of life further show that the present situation on the job market as well as the unemployment rate are perceived by most people surveyed (74.7 % of handicapped and 57.6 % of non-handicapped) as the most certain aspect of their future. It further determines yet another aspect of the feeling of quality of life, that is the level of life optimism. According to the people studied (78.8 % of handicapped) possibilities of using medical and rehabilitation services, which are essential for the handicapped, have worsened dramatically. Meeting their health and rehabilitation needs becomes a dramatic challenge for the studied group.

One of the most important factors determining the feeling of quality of life is the family. However, due to many economic and health problems, the family too find it difficult to cope with ever-increasing difficulties and carry out their responsibilities. Moreover, what the studied handicapped youth draw attention to in their opinions is the problem of loneliness and a limited contact with other people. Creating conditions for such contacts is hardly ever taken into account in public activity programs, and the family finds it increasingly difficult to carry out these functions.

The analysis of the received empirical data confirms that the feeling of loneliness is lower when it concerns people with a good or average state of health, in a particularly good or satisfactory social situation, and it is higher with the sick who are convinced about the lack of control of their own fate and low social integration (Z. Dołęga 2003). Moreover, while analyzing symptoms of the feeling of loneliness, attention should be paid to the crisis of valuing, which is important for the adolescence period and significantly determines intensification of individual symptoms. The situation of handicapped youth is not simple, as not only do they have to mature in the chaotic system of values, but also they must cope with this chaos.

In general, it can be stated that the basic condition and goal of educational influences should be to make sure that handicapped youth can accept themselves, have self-esteem and can realistically assess the requirements they are faced with and their chances to establish proper social relationships (P. Majewicz 1999, B. Szczupał 2004). Therefore, special pedagogues and psychologists' responsibility is to take measures aiming to prevent and limit an excessive feeling of loneliness in the handicapped youth as well as to take measures aiming to form proper social attitudes towards the handicapped.

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STRESZCZENIE

Jednym z ważniejszych aspektów funkcjonowania interpersonalnego młodzieży niepełnosprawnej ruchowo jest odczuwanie przez nią stanów psychicznych, mogących stanowić podstawę kształtowania ich zachowań w celu osiągnięcia własnej tożsamości i autonomii oraz współdziałania z innymi.

Celem mojego referatu było ukazanie wybranych uwarunkowań i aspektów poczucia samotności i jakości życia młodzieży niepełnosprawnej ruchowo.

W badanej grupie odczuwanie skutków rodzinnych i społecznych, jakie niesie ze sobą niepełnosprawność i choroba przewlekła, powoduje niską ocenę życia. W porównaniu z obecnym życiem, to które minęło wydaje się lepsze, ponieważ to co tracimy często postrzegamy jako bardziej wartościowe niż to co aktualnie posiadamy.

SUMMARY

One of the most important aspects of interpersonal functioning of motorically handicapped youth is that they feel mental states which may lead them to form their behaviors in order to achieve their own identity and autonomy as well as co-operation with others.

The objective of my paper was to show chosen circumstances and aspects of feeling lonely and quality of life in motorically handicapped youth.

In the studied group, feeling family and social results, which follow their handicap and chronic disease, makes them form low opinions of life. In comparison with their present life, the one that is over seems better, because we often perceive what we lose as more valuable than what we have at present.