



Social stress in young people with specific language impairment

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Social interactions can be a source of social stress for adolescents. Little is known about how adolescents with developmental difficulties, such as specific language impairment (SLI), feel when interacting socially. Participants included 28 adolescents with SLI and 28 adolescents with typical language abilities (TL). Self-report measures of social stress, social skills and social acceptance were obtained. Participants with SLI reported experiencing significantly more social stress than did participants with TL. Both groups judged themselves as having adequate social skills and positive social acceptance. Expressive language ability was negatively associated with social stress, but did not predict social stress when social factors were included in the regression model. Perceived social skills and social acceptance scores predicted social stress, in that poorer scores predicted more social stress. Despite perceiving themselves as having adequate social skills and as being socially accepted, social interactions are nonetheless a source of stress for adolescents with SLI.

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Social functioning is a major area of concern for the parents of children and teenagers with specific language impairment (Lindsay & Dockrell, 2004; Pratt, Botting, & Conti-Ramsden, 2006). The term specific language impairment (SLI) is used to refer to individuals with significant language impairments, but no clear cognitive, physical or neurological cause underlying the impairment. The estimated prevalence of SLI in young children is 7% (Tomblin et al., 1997). SLI is a developmental language disorder which becomes apparent in childhood but can persist into adolescence and adulthood (Clegg, Hollis, Mawhood, & Rutter, 2005; Stothard, Snowling, Bishop, Chipchase, & Kaplan, 1998). Young people with SLI experience a range of social difficulties, including poor social competence and peer relationship problems (Conti-Ramsden & Botting, 2004; Durkin & Conti-Ramsden, 2007; Fujiki, Brinton, & Todd, 1996; Snowling, Bishop, Stothard, Chipchase, & Kaplan, 2006), and these can continue into their twenties and thirties (Clegg et al., 2005; Howlin, Mawhood, & Rutter, 2000). Peer relationships and friendships become particularly significant in adolescence (Giordano, 1995; Hartup, 1993; Vitaro, Boivin, & Bukowski, 2009; Wilkinson, 2010). However, little is known about how adolescents with SLI feel when interacting socially.

Social stress

Social interactions and situations can be a source of stress for children and adolescents (Armocost, 1989; Kurdek & Krile, 1982; Seiffge-Krenke, 2006; Silverman, La Greca, & Wasserstein, 1995). The term *social stress* is used in this study to refer to the feelings of discomfort or anxiety that individuals may experience in social situations, and the associated tendency to avoid potentially stressful social situations (e.g. Argyle, Furnham, & Graham, 1981; Watson & Friend, 1969). Socially

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competent individuals are expected to be able to communicate and converse effectively (Durkin, 1995; Gallagher, 1993). In adolescence, young people with SLI may be particularly vulnerable to feeling stress in social situations as they are expected to participate in wider and often more challenging social relationships within the context of significant language and conversational difficulties (Bishop, 1997; Rice, Sell, & Hadley, 1991; Rutter & Rutter, 1993). To the authors' knowledge, social stress has not been examined directly in young people with SLI. Interestingly (given the parallels between SLI and dyslexia; see Bishop & Snowling, 2004), a recent study has found that compared to typically developing peers, children with dyslexia experience more stress in school, and this stress relates to both their academic progress and peer interactions (Alexander-Passe, 2007).

Behaviours indicative of social stress, such as anxious and withdrawn behaviours, have been observed in children with SLI. An observational study of eight children with language impairments aged between 6 and 10 years found that they displayed significantly more withdrawn behaviours than age-matched peers (Fujiki, Brinton, Isaacson, & Summers, 2001). In studies comparing teacher ratings of children with SLI and age-matched peers (5–13 years), children with SLI were judged to have significantly higher levels of reticence (motivated to interact but avoid and feel anxious in such interactions) and solitary-passive withdrawn behaviour, and these differences were large (Fujiki, Brinton, Morgan, & Hart, 1999; Fujiki, Spackman, Brinton, & Hall, 2004; Hart, Fujiki, Brinton, & Hart, 2004). Furthermore, adolescents aged 16 and 17 years with SLI rated themselves as significantly more shy (experiencing discomfort and inhibition in the presence of other people) than adolescents with no language impairments, and this effect was large (Wadman, Durkin, & Conti-Ramsden, 2008). The prevalence of anxiety and withdrawal in the social encounters of children and young people with SLI suggest that they may experience increased social stress compared to their typically developing peers. Both language ability and social ability are likely to impact on the social experiences of this vulnerable group, and may contribute to feelings of social stress.

Language ability

Existing models conceptualise the socioemotional difficulties observed in individuals with SLI as either adaptations to the difficulties they face in social situations resulting from their language limitations, or as the result of an underlying socioemotional deficit comorbid with SLI but independent of language ability (Redmond & Rice, 1998). However, research testing these models has not examined the phenomenology of the young people; we know little of the subjective experiences of those with SLI as they deal with the demands of social situations. Adolescents are able to reflect and report on their internal processes and perceived interpersonal experience. Such information is important both for theoretical understanding of how social development in SLI proceeds and for clinical services designed to support these young people. Having language difficulties may cause young people to have doubts about how well they can communicate with others in social situations, leading to feelings of social stress and in some cases full avoidance.

Social skills and social acceptance

Social competence is widely conceptualised as entailing effectiveness in social interactions (Rose-Krasnor, 1997). Within this context, social skills are defined as learned behaviours and abilities that enable an individual to perform competently on a social task (Gresham & Elliott, 1984; McFall, 1982). Children with SLI have been rated by parents and teachers as having poorer social competence than their peers, particularly poor peer social skills (McCabe, 2005). Two specific social skills have been studied in SLI samples: accessing interactions and conflict resolution. Observational studies suggest that children with SLI (6–12 years) are less effective in accessing an ongoing peer interaction (Brinton, Fujiki, Spencer, & Robinson, 1997; Liiva & Cleave, 2005). In observational studies and studies utilising hypothetical conflict scenarios, children with SLI (compared to typically developing children) were found to resolve fewer conflicts, produce fewer resolution or negotiation strategies, and use resolution strategies that were inappropriate or of a lower developmental level (Brinton, Fujiki, & McKee, 1998; Horowitz, Jansson, Ljungberg, & Hedenbro, 2005; Marton, Abramoff, & Rosenzweig, 2005). These studies suggest that the responses of children with SLI to problematic social situations differ, both qualitatively and quantitatively, from the responses of typically developing children. Social skill difficulties such as these may exacerbate feelings of stress in social situations.

Perceived social acceptance reflects perceptions of social acceptance, and has been linked to sociometric ratings of peer acceptance (Kurdek & Krile, 1982; Patterson, Kupersmidt, & Griesler, 1990) and social competence (Asendorpf & van Aken, 1994). Children with SLI aged between 7 and 10 years were found to have significantly lower perceived social acceptance than their peers on the Culture Free Self-Esteem Inventory, and this difference was large (Marton et al., 2005). In contrast, studies using the Harter Self-Perception scales found younger children with SLI (6–9 years) had perceived social acceptance scores comparable to US norms and age-matched peers (Jerome, Fujiki, Brinton, & James, 2002; Lindsay & Dockrell, 2000). There is evidence, however, that older children with SLI (10–13 years) have poorer perceived social acceptance compared to typically developing peers (Jerome et al., 2002; Lindsay, Dockrell, Letchford, & Mackie, 2002). Dockrell, Lindsay, Palikara, and Cullen (2007) found that from 8 to 17 years of age, young people with SLI had lower social self-perceptions compared to US norms using the Harter scales. Therefore, the evidence relating to perceived social acceptance in individuals with SLI is mixed, although there is some suggestion that poor perceived social acceptance may become apparent in older children, or possibly adolescents. A lack of confidence in one's social acceptance may contribute to feelings of social stress.

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