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Social inclusion in the interpersonal zone of adult women with mild intellectual disabilities on the example of relationships with spouse/partner, parents, and siblings

Społeczna inkluzja w strefie interpersonalnej dorosłych kobiet z lekką niepełnosprawnością intelektualną na przykładzie relacji z małżonkiem/partnerem, rodzicami oraz rodzeństwem

Abstract

Aim. This article describes the manifestations of social inclusion of adult women with mild intellectual disabilities in the interpersonal zone.

Methods. The research was carried out using the in-depth interview method. Eleven women between the ages of 23 and 37, who had been issued with a certificate of special education due to mild intellectual disability during their school years, participated in the

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study. The research results obtained were developed according to the assumptions of the phenomenographic perspective.

Results. The women with mild intellectual disabilities surveyed, function in intimate marital or cohabiting relationships. Two types of interpersonal relationships with parents were noted. One is characterised by partnership, respecting the subjectivity of parents and their adult children. The other type refers to difficult relationships with parents as a result of neglect and lack of support earlier in the lives of the women studied. The types of relationships with the siblings of the women studied share a bonding function and differ in the frequency of encounters and their direct or indirect nature.

Conclusion. Mild intellectual disability, in the case of the women studied, is not a limiting factor for social inclusion in the interpersonal zone. The interpersonal relationships with members of their immediate family of the women studied are important for their sense of worth, security, family ties, and the respect they are accorded in the local community.

Keywords: social inclusion, mild intellectual disability, interpersonal relationships, early adulthood.

Abstrakt

Cel. Celem artykułu jest opisanie przejawów społecznej inkluzji dorosłych kobiet z lekką niepełnosprawnością intelektualną w strefie interpersonalnej.

Metody. Badania zrealizowano z wykorzystaniem metody wywiadu pogłębionego. W badaniach wzięło udział 11 kobiet w wieku pomiędzy 23. a 37. rokiem życia, którym w okresie szkolnym wydano orzeczenie o potrzebie kształcenia specjalnego ze względu na niepełnosprawność intelektualną w stopniu lekkim. Uzyskane wyniki badań opracowano zgodnie z założeniami perspektywy fenomenograficznej.

Wyniki. Badane kobiety z lekką niepełnosprawnością intelektualną funkcjonują w intymnych relacjach małżeńskich oraz kohabitacyjnych. Odnotowano dwa typy relacji interpersonalnych z rodzicami. Jeden charakteryzuje się partnerstwem, poszanowaniem podmiotowości rodziców oraz ich dorosłych dzieci. Drugi zaś dotyczy trudnych relacji z rodzicami, będących wynikiem zaniedbań oraz braku wsparcia we wcześniejszych okresach życia badanych kobiet. Typy relacji z rodzeństwem zaś łączy więziotwórcza funkcja, a różni częstotliwość spotkań oraz ich bezpośredni lub pośredni charakter.

Wnioski. Niepełnosprawność intelektualna lekkiego stopnia w przypadku badanych kobiet nie stanowi czynnika ograniczającego społeczną inkluzję w strefie interpersonalnej. Relacje interpersonalne badanych kobiet z członkami najbliższej rodziny mają znaczenie dla ich poczucia wartości, bezpieczeństwa, więzi rodzinnych oraz szacunku, jakim są obdarzane w społeczności lokalnej.

*Słowa kluczowe***:** inkluzja społeczna, niepełnosprawność intelektualna w stopniu lekkim, relacje interpersonalne, wczesna dorosłość.

Introduction

Interpersonal relationships are the basis for the social inclusion of people with intellectual disabilities. In this research paper, social inclusion is framed in terms of the relationship between interpersonal relationships, i.e., the interpersonal contacts of people at risk of social exclusion, and their access to various psychological and social resources. This paper aims to discuss the assumptions of the ecological model of social inclusion, which considers five zones: individual, interpersonal, organisational, social and socio-political (Simplican, Leader, Kosciulek, & Leahy, 2015). Following the normalization paradigm, there is a need for research showing the functioning of people with intellectual disabilities in adulthood, identifying factors causing social exclusion and fostering pro-inclusion living conditions (Krause, Żyta, & Nosarzewska, 2010).

Due to volume constraints, this paper will discuss the results of our research on the interpersonal zone of the ecological model of inclusion and, in particular, relationships with the spouse/partner, parents and siblings of adult women with mild intellectual disabilities. The importance of interpersonal relationships in the immediate family for human psychological well-being and social functioning has been documented in the psychological and sociological literature (Borkowski, 2003; Lin, 2004; Sztompka, 2016). Therefore, it can be presumed that the interpersonal relationships of the women studied with members of their immediate family are important for their sense of worth, and security, as well as the trust and respect they are accorded in the community. Women with mild intellectual disabilities are portrayed in some studies as dependent on their parents or siblings (Kumaniecka-Wiśniewska, 2006; Ramik-Mażewska, 2018; Bąbka, 2020), so research explorations aimed at showing the functioning of adult women with mild intellectual disabilities in marital or partnership relationships, as well as changes in those relationships with parents and siblings, which in childhood were characterised by dependence, in favour of independence of both parties and healthy emotional bonds are necessary.

The results of research in this area can be used in terms of preparing women with mild intellectual disabilities for social participation in adulthood, as well as developing community programmes to support inclusion processes in the local environment through the use of family resources.

Social inclusion in the interpersonal zone – a theoretical perspective

Social inclusion is a multidimensional phenomenon, which makes it difficult to define its concept unambiguously. An analysis of the literature reveals that it is conceptualised as participation in various areas of life for those at risk of exclusion (Commission of the European Communities, 2000), equal access to participation in individual and collective life chances (Broda-Wysocki, 2012), overcoming social inequalities and marginalisation (Ziemen, 2012), the process of increasing opportunities for social participation and fulfilling social roles (Silver, 2015), equality of opportunity and changing social attitudes towards otherness (Jerg, 2013). The cited definitions emphasise the importance of social participation of disadvantaged groups by overcoming various inequalities. A comprehensive approach to the social inclusion of people with intellectual disabilities has been proposed by Stacy Clifford Simplican, Geraldine Leader, John Kosciulek, and Michael Leahyab (2015). The researchers found that despite the changes in attitudes towards people with intellectual disabilities over the years, their full inclusion in society is not fully taking place. Social inclusion is seen as a type of relationship between two main areas of human life: interpersonal relationships, i.e., interpersonal contacts and social participation, i.e., access to community goods and resources. This means that interpersonal relationships foster the social inclusion of marginalised people in different areas of life. In the ecological model of inclusion, the number of relationships and social contacts is important. Researchers have proposed a model of social inclusion that considers five zones of functioning for people with mild intellectual disabilities: individual, interpersonal, organisational, social and socio-political (Simplican et al., 2015).

Interpersonal relationships as a type of social interaction between two or more people can be spoken of when certain conditions exist: 1) awareness of each other's existence and reckoning, 2) some degree of mutual influence, and 3) agreement on the social form and expectations that govern the interaction (Borkowski, 2003; Adler, Rosenfeld, & Proctor, 2011). Social relationships can include a variety of forms: friendships, marriages, parent-child relationships, sibling, and other relative relationships, as well as work and neighbourhood ties (Argyle, 2002). This study focuses on analysing the interpersonal zone, taking into account relationships in the immediate family of the women with mild intellectual disabilities studied, i.e., relationships with spouses, partners, parents and siblings. Interpersonal relationships refer to positive connections between people, such as love, intimacy, admiration, and support, or negative ones, related to aggression, violence or disrespect. Thanks to establishing interpersonal relations, people can obtain specific benefits, e.g., get to know other people (cognitive function), feel belonging to a social group (catego-

risation function), form references towards other people (valuing function), maintain social bonds (bonding function), realise common goals with others (cooperation function), provide help, and experience support (supporting function) (Borkowski, 2003). With good interpersonal relationships, a network of people who are similar to each other in some way, e.g., due to family ties, is built up, which promotes the construction of bonding (exclusive) capital. Bridging (inclusive) capital characterises the social networks of people with different socio-demographic characteristics (Putnam, 2008). Nevertheless, not all relationships constitute social capital. Good social relationships based on trust, respect, and reciprocity have value (Coleman, 1988). Capital is a real and potential resource drawn from social interactions (Coleman, 1988). It involves the phenomenon of so-called "conversion," i.e., a change, a transformation of the form of one capital into another, e.g., social into material or well-being and mental health. *Expressive* social relations (*expressive actions*) allow people to gain benefits such as e.g., protection from disease, mental health, life satisfaction, the feeling of community, a friendly climate, social identification, and a sense of social identity. Instrumental social relations (*instrumental actions*), meanwhile, are characterised by both bonding and bridging capital and enable people to obtain economic (material goods, work), informational (access to information) and social benefits (positive opinions about people in the community) (Lin, 2004; Sztompka, 2016). Negative relationships with the family cause alienation, grief, and disillusionment and are not conducive to building social capital and benefiting from its resources (Simplican et al., 2015).

From research on relationships with spouse/partner, parents, and siblings of adult women with intellectual disabilities

Adults with mild intellectual disabilities, regardless of their gender, want to be independent, self-reliant and economically active. However, the social environment is not always open to their full fulfilment in the roles ascribed to adulthood (Żółkowska, 2004; Myśliwczyk, 2017). People with mild intellectual disabilities very often feel lonely and express a longing for the closeness of another person (Pająk, 2014; Gilmore, Cuskelly, 2014). Findings from previous research have shown that many such individuals are cautious in interpersonal interactions and rarely initiate them (Krause et al., 2010; Saarinen, Jahnukainen, & Pirttimaa, 2016; Żółkowska, 2017; MacLeod, 2017; Ramik-Mażewska, 2018; Zambrino, Hedderich, 2021).

Certain aspects of social inclusion of adult women with mild intellectual disabilities, relating to the interpersonal zone, are increasingly addressed in both Polish and foreign studies. Lack of openness on the part of the immediate fam-

ily can lead to frustration of adult women with mild intellectual disabilities and hinder their fulfilment in social roles (Kirenko, Łaba-Hornecka, 2018; Ramik-Mażewska, 2018). Many of them are characterised by a passive attitude, little interpersonal contact, a domocentric lifestyle and low work activity (Krause et al., 2010; Ramik-Mażewska, 2018; Bąbka, 2020). However, in the literature, we also find examples of women with mild intellectual disabilities establishing interpersonal relationships and fulfilling themselves in social roles, such as wife or mother (Grütz, 2007; Bartnikowska, Chyła, & Ćwirynkało, 2014; Parchomiuk, 2015; Marciniak-Madejska, 2016; Ćwirynkało, 2018, 2020, 2021). Women with mild intellectual disabilities emphasise the importance of relationships with another person, closeness and intimacy, and fulfilling relationships with a partner (Zawiślak, 2003, 2011; Stelter, 2010; Speck, 2015; Krzemińska, Lindyberg, 2012; Ramik-Mażewska, 2018; Zasępa, 2020; Lehto, 2021). Research by Aleksandra Zawiślak (2003) and Katarzyna Ćwirynkało (2020) indicates that people with mild intellectual disabilities in early adulthood are less likely to take on marital roles compared to their non-disabled peers. Marriages are most often entered into by women, which may be due to their better preparation for the role of wife and mother (Nowak-Lipińska, 2003; Karpińska, 2017).

Research findings on the relationship of adults with intellectual disabilities with their parents suggest that attitudes of parental acceptance and autonomy foster the development of people with intellectual disabilities and their acquisition of social competencies that enable them to fulfil developmental tasks (Gajdzica, 2004; Ćwirynkało, Włodarczyk-Dudka, & Arciszewska, 2015; Hazarika, Das, & Choudhury, 2017; Ramik-Mażewska, 2018). Iwona Myśliwczyk (2019) argues that adult women with mild disabilities have different experiences of relationships with their parents. In the situation of independence, these relationships are friendly and sometimes partner relationships. Sometimes infrequent contact with parents is the result of a lack of understanding of their child with intellectual disabilities as an adult. Research by Natalia Marciniak-Madejska (2016) and Irena Ramik-Mażewska (2018) found that many adult women with mild intellectual disabilities are material, residential or financially dependent on their parents, which makes it difficult for them to become independent, while also causing loneliness and frustration.

An analysis of selected research suggests that siblings of people with intellectual disabilities are burdened with caring for a less resourceful brother or sister (Jurkiewicz, 2017).

The literature also finds positive examples of relationships between adults with intellectual disabilities and siblings. The bonds between non-disabled and disabled siblings can become the basis for interacting with other people and making social

connections in adult life (Begum, Blacher, 2011; Zawiślak, 2011; Chase, McGill, 2019; Myśliwczyk, 2019). Research by Iwona Myśliwczyk (2022) shows that important issues in building relationships between adult siblings are the attitudes and attitudes of parents towards their children with and without disabilities, the way they treat them, the organisation of family life and the climate created by the father and mother. It is sometimes the case that adults with intellectually disabled siblings establish partnerships with them (Myśliwczyk, 2022).

The research results presented are difficult to compare with each other due to differences in the subjects' dispositions and the research methodology. It is possible to infer from them the transformations taking place in the interpersonal relationships of adult women with mild intellectual disabilities. There are indications that people with mild intellectual disabilities, regardless of gender, may experience more satisfying social inclusion compared to people with more profound limitations (Simplican et al., 2015). This social group is described as being quite independent, resourceful in life and, despite various limitations and difficulties, blending into society to the extent that they are not perceived as mentally handicapped (Obuchowska, 1996; Gajdzica, 2017). It is worth noting that women with mild intellectual disabilities are a heterogeneous group, characterised by internal differentiation due to their level of intelligence and adaptability. Therefore, the problem of social inclusion should be considered in the context of the individual capabilities and limitations of a specific person with intellectual disabilities, as well as their environmental conditions.

Research methodology

The research aimed to explore, describe and understand the experiences of adult women with mild intellectual disabilities in terms of social inclusion in the interpersonal zone. The main problem was directed at seeking answers to the following question: What are the manifestations of social inclusion of adult women with mild intellectual disabilities in the interpersonal zone? The following specific problems correspond to the main problem:

1. What are the interpersonal relationships of adult women with mild intellectual disabilities in married or partnered relationships?
2. What are the interpersonal relationships of adult women with mild intellectual disabilities with their parents?
3. What are the interpersonal relationships of adult women with mild intellectual disabilities with siblings?

The research was conducted in 2021 as part of a collaboration with a special school and the implementation of a graduate tracking programme. The programme included learning about the experiences of special school graduates in terms of social inclusion in their adult life. Individuals selected for the research project functioned in the school records as students with a statement of special education needs due to mild intellectual disability[1]. The paper is limited to presenting the findings on the interpersonal zone as one of several areas to be explored. The study involved 11 women aged between 23 and 37 who lived in the southern part of the Lubuskie Voivodeship, all of them in towns with more than 15,000 inhabitants. Good verbal communication skills characterised the participants of the study. All interviewees graduated from the same special primary school and special lower secondary school, while they completed their vocational schooling in the mainstream system. The special school complex they attended did not provide vocational education. Four women were married, six were in a cohabiting relationship and one was single. Nine of the women interviewed had one or more children. Four women worked professionally and seven declared that they supported themselves through their husband's or partner's work.

Due to the intellectual and communication capacities of the people interviewed, it was considered that an in-depth interview would be an accurate way of obtaining verbal material (Pietkiewicz, Smith, 2012). It was conducted with each project participant individually, at a time and place convenient for them. The interviews were recorded with the consent of the interviewees. In the course of the research, care was taken to observe ethical principles to treat the women with respect for their dignity and to preserve their anonymity. The conversation revolved around the following topics: interpersonal relations with a spouse or life partner, interpersonal relations with parents, and interpersonal relations with siblings.

The analysis and interpretation of the empirical material obtained was done by referring to the perspective of phenomenography, which is "the study of qualitatively different concepts (ways of experiencing, understanding) of various phenomena" (Marton, Booth, 1987, after: Szkudlarek, 1997, p. 187). This means that phenomena are described through the prism of the different ways in which they are understood, felt and experienced by the people studied. The researcher reveals the results by attempting to read and conceptualise the statements obtained (Marton, 1981).

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[1]   The research assumptions did not take into account the need for participants to have a disability certificate issued by the relevant institution for mild intellectual disability – 01-U, which enables them to receive various types of benefits. The research was intended to provide information on the experience of inclusion by adults with intellectual disabilities – graduates of a special school – whose intellectual defect was diagnosed during the developmental period until the age of 1.

The analysis of the research material, according to the perspective adopted, included the following stages: 1) producing an interview transcript, 2) repeatedly reading the transcript and taking notes to explore the semantic value of the material obtained, 3) transforming the notes into isolated themes, 4) looking for connections and grouping themes, and 5) writing a research report in terms of discussing the different themes, illustrating them with sample excerpts of statements (Marton, Booth, 1997; Pietkiewicz, Smith, 2012).

Social inclusion manifestations of adult women with mild intellectual disabilities in the interpersonal zone

The interpersonal zone is one of the areas examined in the ecological model of inclusion (Simplican et al., 2015). Social inclusion in the interpersonal zone was inferred from an analysis of the interpersonal relationships of adult women with mild intellectual disabilities with their spouse/partner, with their parents and with their siblings. Due to volume constraints, the study presents selected statements of the interviewed women, which best characterise the distinguished categories corresponding to the analysed aspects of the interpersonal zone[2].

Interpersonal relationships of adult women with mild intellectual disabilities with their spouse/partner

Having a spouse or life partner is a developmental task through which a person can satisfy the need for closeness, intimacy, the sexual needs and can also have offspring (Havighurst, 1982; Sassler, 2010). Based on the analysis and interpretation of the statements of the women interviewed, the following categories were distinguished regarding the intimate relationships of the women interviewed: long-term marriage, cohabitation, and new partnership.

The category of *long-term marriage* is characterised by statements in which women emphasise the importance of a good relationship with their husbands, as well as trust and love.

> I have a very good relationship with my husband. We have been together for a long time and we love each other. I trust him and he trusts me too (W-8).

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[2]　The quoted statements were assigned designations: W:　statement (pl. *wypowiedź*). The numbering makes it impossible to identify the names of the respondents.

> We have been together for a long time and we are very good. We have a very good relationship with my husband, and I feel good as a wife (W-1).

According to the women interviewed, even in a satisfying marriage, there are difficult situations, e.g., differences of opinion or character and quarrels, which, however, can be overcome with the commitment of the spouses.

> Sometimes we have some arguments, little quarrels, but it's like in a marriage. Well, we talk and say what who has to say. Quiet days, as with some people, are not with us. We already know that we need to talk to each other (W-1).

> We have different personalities and things have been better and worse between us, but I'm working on it because it's necessary. There's nothing to argue about, you just have to get along. And when there's a problem and it goes in a different direction, you have to sit down and talk together. We both solve such problems and there is no divorce, and you have to get along and life goes on (W-7).

The statements testify to the fact that the interviewed women, despite their mild intellectual disabilities, have matured into responsible spouses. The interviewees are conscious of the fact that a successful marriage requires openness, communication, and compromise.

> My husband and I are such an old couple, I can say (*loud laughter*), we know each other and we know who likes what and what's [...]. And when something is, happens, we talk and, well, we think together what to do, whether it's about the children, whether health is poor, whether something needs to be done, that too together (W-11).

> We trust each other and talk about everything. It's important to say what's on someone's soul and not to lie or something (W-8).

The category of cohabitation indicates that women with mild intellectual disabilities also live in relationships based on emotional interdependence and sexual interrelationships, but not legally sanctioned. Cohabiting relationships, like the marital relationships of the women interviewed, are based on cohabitation, mutual trust, good relationships, and communication.

> I have a good relationship with my partner. We've been together for a while, we live with each other. There is respect and conversation, we spend time together. I know what he wants, and I say what I need (W-9).

> We have known each other for a long time and have lived together for a long time, we know what we need. We are not married, but we get along. If there's something between us, we talk and it's ok. Like what is needed, we get along (W-4).

A positive experience with a partner can provide the impetus to legalise the relationship and get married.

> I have a really good relationship with my partner, we get along like something and we also have our son. And now he has already proposed and we are going to get married. We live together now as a family in our own home. We get along, what to buy, what for dinner, what for the house we need too and what for our son. For if he wanted something different and I wanted something different, it would be hard, and we get along together (W-10).

> I have a very good relationship with my boyfriend, well now it's my fiancé. We live together and he proposed and we want to get married. I love him and he loves me and he is with me, he takes care of us [the woman has two children from a previous relationship and is pregnant with a new partner] and makes sure I don't miss anything (W-3).

One research participant admitted to being in a homosexual relationship with her partner.

> I have a good relationship with my woman, we've been together for a while now. Me and my woman, it's the difficult things we have behind us because it's not everyone who understands us wants to be together. We talk to each other and say what each one wants from life. We sit down and say what we want and she supports me and I support her too. And we also want to be together. We are fine and people don't bother us because we also have the right to live in a family (W-5).

The interviewee emphasises the importance of a good relationship, mutual communication between her and her partner, and mutual support, which means that there are no differences between heterosexual and homosexual relationship building. The woman is aware of her otherness but is already emancipated enough to

want to satisfy the need to be in a close relationship in a homosexual relationship regardless of the reactions of the social environment.

Sometimes women whose marriage has ended in divorce find happiness with another man and realise themselves in a partnership. This type of experience is characterised by the category of *new partnership*.

> With my new partner, I have a very good relationship. We don't just love each other, as a woman would with a man, because he's well put together in his head, not like that my ex. We talk a lot about everything and enjoy life together. We are good with each other, now that we are living together we are even better together. I have a new life now, with a new partner and in a new place. And I treat my daughter as my child. This is my happiness – being with this partner, and I also go out to people more often (W-2).

The statements indicate that the woman has managed to build a bond with her partner, who is her life companion and a source of support. In a new relationship, it is difficult to avoid comparisons to a previous intimate relationship. The relationship between having a partner and opening up to social contact is noteworthy. It can be suspected that having a partner increases women's social attractiveness in the community and promotes social inclusion.

Interpersonal relations of adult women with mild intellectual disabilities with their parents

By analysing and interpreting the statements of the women interviewed, the following categories of interpersonal relationships with parents could be distinguished: relationships with parents taking into account the subjectivity of adult children and their support and difficult relationships with the parent(s). The women interviewed described relationships with both parents or the parent who is still alive. The former category corresponds to statements characterising independent adult women whose relationships with their parents positively influence their daily lives and are a source of support in difficult situations.

> I have a very good relationship with my mum and my dad. We don't live with my parents anymore, but I talk to them a lot and we meet up, then for dinner, and then for tea with cake. My parents help me and I help them as needed (W-1).

I now have a very good relationship with my parents. I'm happy to have such nice parents, I can't complain. There is politeness to mum and dad, no arguments. It used to be different before. Now our contacts have improved a lot. They see that I'm doing well and there are no arguments. Not a week goes by that I don't go to my mum and dad's for coffee. We talk a lot. They sometimes give me advice, for example, Dad will also tell me what to do around the farmyard and the house (W-7).

Well, I have a very good relationship with my parents. Now that I'm on my own, we see each other less often, but we often talk on the mobile phone. I think my parents are happy that things are going well with me. If I need anything or advice, I talk to my mum and my dad too. My mum helped me a lot when I started work and supported me, well she told me what to do and how to do it and that I would manage at work (W-9).

It is worth noting that the good social relationships of the women interviewed are a result of their previous experiences how they were treated by their parents and whether they could count on their support. The statements of the women interviewed indicate that their relationships with their parents are positive and have evolved over the years. They are underpinned by their parents' belief that their daughters are doing well in their adult lives ("They see that I am doing well and there are no arguments of any kind"; "My parents seem to be satisfied that things are going well for me"). The women interviewed maintain direct contact with their parents at frequent dinners and coffee meetings, and talk to them on the phone, which fosters a closer bond and identification with the family. It can be suspected that they were taught by their parents to be independent and resourceful in life. Consequently, the social relationship between them has changed from one of dependence during childhood to one of independence characterised by an emotional bond in adulthood. This allows both parties to feel their subjectivity and independence while relying on each other for support.

Statements from some female interviewees indicate that difficult relationships with their parent(s) are a consequence of accumulated negative experiences in earlier years, including lack of acceptance, understanding, and alcohol abuse.

Oh, this relationship is not good, I can even say it was bad. Before that, I couldn't get on with my mother at all. She drank, so she didn't have understanding for me either. It was the educators who helped me more (W-5).

I have poor contact with my mother. My father is dead. Mother and father drank. It was impossible to get along with them. At school, they helped me to come out to people (W-2).

But I was the one who didn't drink and I don't drink, my mother did. And they took my daughter away from me, and it was because of mum. There was no conversation. I'm coping poorly now, but I have no contact with my mum. I prefer to sit alone or walk alone, but I don't give up. I've been living with my grandmother for three months and I'm better. Now my grandmother supports me a bit to get my daughter back (W-6).

Women's statements responding to the category of difficult relationships with their parents are filled with bitterness, disappointment, and regret due to a lack of understanding from their parents and support in situations where help was necessary.

Our relationship is rather bad. I have no contact with either my mother or my father. We don't talk at all now. They weren't behind me and didn't help me when I needed it. I needed help because the children were small, and my mother told me how and what to do, so I had to manage on my own. And she didn't tell me how to do everything. When things didn't work out with my previous partner, my parents turned around and they were gone. So I'm coping on my own. And now I have a new boyfriend. Now it's with the boyfriend's parents that I live with and they help me and talk to me and I like to talk to them too (W-3).

Lack of love, acceptance, criticism, and rejection, as well as excessive demands from the parents, did not foster self-confidence in the women interviewed, which contributed to the breaking of ties with their parents and the abandonment of contact.

I am the one who has a bad relationship with my mother, and my father has been dead for a long time. And I hardly have any contact with my mother now. I haven't lived with my mum for three months and I don't contact her. When I was pregnant, my mum took me in, I won't say no. But when my daughter was one year old, the relationship started to deteriorate. It went from good to bad and on and on. Mum wasn't nice to me before that either. She used to say that I didn't know anything, that I couldn't do anything, that I was the worst daughter. There were situations where she humiliated me. I don't know if she loved me at all, I didn't feel that she loved me, there was no closeness. I was depressed all the time

and I thought to myself that I couldn't cope in life. And then she started telling everyone that I was taking care of the baby badly. And I was taking good care of the baby and I was doing everything with my daughter (W-6).

What emerges from these statements is a longing for a caring and supportive parent. The women interviewed did not receive such kindness and help from their parents but appreciated support from school, teachers and in-laws.

Interpersonal relationships of adult women with mild intellectual disabilities with their siblings

Siblings are very important for people with mild intellectual disabilities. This is because sibling ties span a person's whole life and are characterised by genetic, social, familial and cultural connections (Jurkiewicz, 2017).

By analysing and interpreting the statements of the women interviewed, the following categories concerning the relationship with siblings could be distinguished: *friendship-loyalty relationships, relationships favouring spending leisure time together*, and *relationships limited to telephone contact.*

The category of friendship-loyalty relationships is characterised by interviewees declaring to treat their siblings as people with whom they can talk about various topics, confide their secrets, get good advice, count on mutual support, and have a good time.

I have a very good relationship with my sisters. We are like friends, I talk to them a lot, and I keep in touch all the time. I can count on my sisters when I need something, and I also help them. When I have such difficult things, I always talk to my older sister and she will give me some advice (W-1).

As I have great contact with my sisters and brothers, we are such a close-knit team. I get along best with my sisters, I'll ask them something and they'll advise me, and I'll help them sometimes too. I can't say anything wrong, because we always get along well. I meet my sisters and my brother too. With my sisters, it's like we're such friends. I talk to my younger sisters, it's like with a best friend I can talk about anything. And if there's something between us in the marriage or at work, I always talk to my sister and I know I can tell her what's going on. Well, I can also give her some advice if she has problems (W-8).

The statements show that the women interviewed speak positively about their siblings. This is evidenced by expressions such as "a good team," "I have a great contact," and "like friends." Their encounters with their sisters are aimed at bridging gaps in knowledge and life experience, related to marital affairs or work. The relationships analysed must be characterised by reciprocity and exchange. The women interviewed can both count on help from their siblings and their siblings can expect support from them. In adulthood, these relationships have a leisure and entertainment function. It is important that women with mild intellectual disabilities go outside the household and accumulate experiences of being in, for example, a café or a pizzeria, and meet new people, which fosters social contacts and builds inclusive social capital.

> We see each other over coffee and cake, there's laughter and conversation. And we also get together with my sister's friends for a barbecue or a coffee. I like to talk to my sisters. If I have a problem or something is wrong in my life, I can always talk to them (W-7).

> I have a very good relationship with my sisters and my brother too. We are on our own now, but we also see each other and talk to each other. We go out together to cafés and pizzerias, and we meet up with friends (W-8).

The female participants in the study say that contact with their siblings is very important to them because it enables them to spend their free time. This category is characterised by the following statements:

> I have a very good relationship with my sisters. I used to live with them, they helped me and told me how to do things. Now that I don't live with them anymore, we spend holidays together, and sometimes after work, we meet somewhere in the city or the park, but it's not as often as it used to be. Mostly we talk on the phone and there is also some laughter (W-3).

> I have a very good relationship with my siblings. We get together when we have free time, when there are holidays, when we have free weekends, somewhere on the plot (W-4).

> I have a very good relationship with one brother. Sometimes, when we have free time, we see each other because he lives far away. I used to go to my brother's place for holidays and sometimes without holidays, but now there are children and I have other things on my mind. We often talk to each other on the phone (W-3).

In their statements, the interviewees indicate that contact with their siblings has been reduced due to becoming independent and changing their place of residence. Contact with siblings is reduced to occasional meetings during holidays, feasting in the garden, and telephone conversations. The interviewed women speak positively about their siblings and see them as occasional companions.

The independence of the women in the study resulted in reduced contact with their siblings due to living in another locality, paying attention to their own families or concentrating on their work. This situation is represented by the category of relationships limited to telephone contact.

> I have a good relationship with my siblings. I have some of them, sisters and I have brothers. We get together sometimes, but it's not like every day. It used to be that we used to see each other a lot and talk, but now I have my own life, I arrange it my way. Now each of the brothers and sisters has their own life. I won't say it's bad between us, but we don't have frequent contact. We are like such acquaintances, we know each other but we don't see each other. I rarely see them. Sometimes we talk on the phone about all sorts of things like how things are with them, and what's going on (W-5).

> I work a lot, there is no time to meet all the time (W-10).

> I have a good relationship with my brother, but we rarely see each other now. He lives far away and works, so he doesn't have much time. I also work and live with my partner, then I talk to him. Sometimes I will talk to my brother on my mobile phone (W-6).

The statements of the female interviewees are not a cause for concern. They testify to the fact that the interviewed women with mild intellectual disabilities are experiencing socio-cultural changes related to the weakening of family ties due to the fast pace of life, professional work, the long distance from their brother's or sister's place of residence, and the focus on personal matters.

Discussion of research results

The analysis and interpretation of the statements of the women participating in the study made it possible to distinguish categories from which it is possible to infer the social inclusion of women with mild intellectual disabilities in the interpersonal zone (Figure 1). The categories concerning intimate relationships indicate that they

function in formal or informal relationships and accumulate satisfying experiences in this area. Female interviewees, regardless of the type of relationship, emphasise the importance of living independently with a life partner and deciding on family and household matters together. There are reports that women with intellectual disabilities are perceived as good candidates for life partners because they appreciate the home atmosphere and want to fulfil themselves as a wife and housewife (Nowak-Lipińska, 2003; Karpińska, 2017). The women, thanks to the intimate relationship, had the opportunity to satisfy their needs and also to realise themselves in social roles corresponding to adulthood as a life stage (Canevello, Crocker, 2010; Ćwirynkało, 2018, 2020).
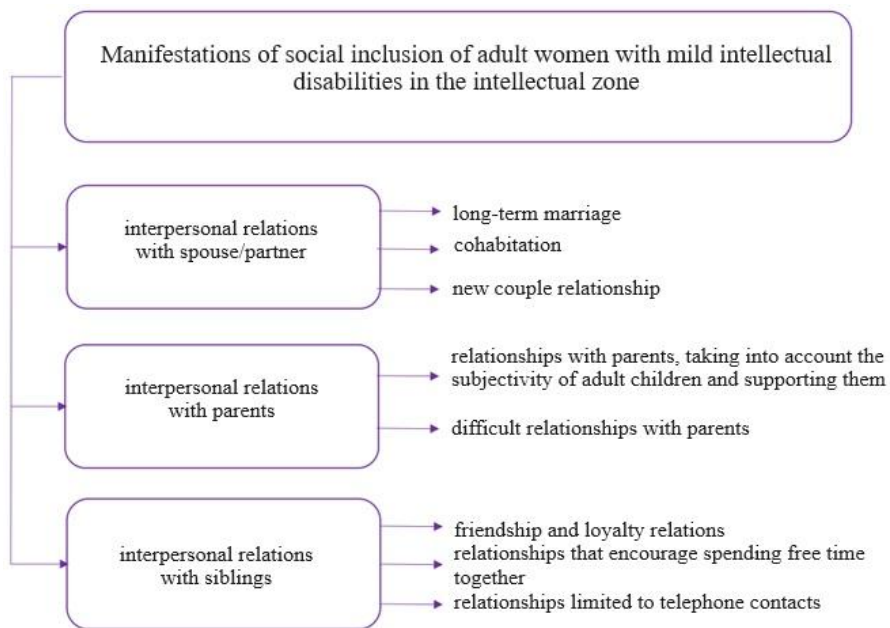
Picture 1. Map of manifestations of social inclusion of women with mild intellectual disabilities in the interpersonal zone. *Source*: Authors' own study.

It can be presumed that being in a relationship with a spouse or life partner primarily reinforces a sense of normality in the women studied, through which they blend into the local community and are not perceived as different, disabled, or handicapped (Obuchowska, 1996; Gajdzica, 2017). The research findings corroborate the findings that being in a partnership, like a marriage, provides a foundation for building interpersonal relationships with other people and promotes inclusion in other areas of functioning (Uusiautti, Määttä, & Mattila, 2017; McCarthy et al., 2022). A theme of marriage or partnership was prominent in the statements of the

women interviewed, which opened them up to connections with other people in the community. The research does not provide an answer to the question of what lies at the heart of the interviewees' satisfying intimate relationships, and what causes some dissatisfaction. Research by other authors shows that many women with mild intellectual disabilities experience difficulties in finding a partner and creating a stable relationship with them (Zawiślak, 2003; Kirenko, Laba-Hornecka, 2018; Bąbka, 2020).

The strong bonds built in childhood with both the mother and the father, as well as experiencing support from them, are reflected in good relationships in the adult life of independent women. The way parents treat their children with mild intellectual disabilities earlier in life influences their preparation for adulthood, including independence, resourcefulness, and the performance of various social roles (Ćwirynkało et al., 2015; Hazarika et al., 2017). It is worth noting that women's relationships with their parents have a bonding and supportive function (Borkowski, 2003). Alcoholism in the family and lack of acceptance and support at different stages of life, in turn, result in difficult relationships with the parents of the women interviewed. The interviewees did not find support in the family, which resulted in a broken relationship in adulthood. Preparation by parents of their children with intellectual disabilities for an adult and independent life is not easy and not everyone succeeds. Sometimes parents, out of concern for their adult children with disabilities, decide to live with them, which limits their chances of finding a partner and being in a relationship with them or getting a job (Marciniak-Madejska, 2016; Ramik-Mażewska, 2018; Bąbka, 2020). Sometimes parents use excessive control, as well as psychological and material violence, towards adults with intellectual disabilities in the name of ill-conceived care (Myśliwczyk, 2019).

Therefore, it may be wondered where to look for factors conducive to the women interviewed entering into marriage and having a family. Some of the interviewees stressed the importance of the support received from teachers at school, as well as from parents of spouses and partners. The implication is that rejection, inconsistency, excessive demands, or lack of interest in a child with intellectual disabilities on the part of the parents do not determine the adult life of women with mild intellectual disabilities, but find expression in abnormal or broken relationships.

Statements from female participants in the study indicate that they have strong bonds with their siblings. The category of friendship-loyalty relationships with siblings confirms the findings of other researchers that an older brother or sister can have a positive impact on the development and functioning of siblings with intellectual limitations, as well as being a model for making social connections and a model for adult and independent living (Begum, Blacher, 2011; Zawiślak, 2011; Chase, McGill, 2019). The women's statements confirm the existence of a

special bond between the sisters, mutual understanding and cordiality (Begum, Blacher, 2011; Myśliwczyk, 2022). It is noteworthy that they also extend the space of their social activities to public places such as pizzerias or cafés, and – thanks to their siblings – make new friends, which is undoubtedly related to the cognitive function of social relations and the building of inclusive social capital (Borkowski, 2003; Putnam, 2008). The categories of relationships conducive to spending leisure time together and relationships limited to telephone contact prove that although the contacts of the women surveyed with their siblings are infrequent, they are conducive to fulfilling a social need related to belonging to the family clan, feeling a sense of community, which is related to the categorisation and bonding function (Borkowski, 2003). Talking, hanging out, joking, and believing that one can count on the support of one's siblings promoted well-being and mental health in the women studied (Lin, 2004; Sztompka, 2016). There is evidence that a deficiency in interpersonal interactions adversely affects the emotional and social development and mental and physical well-being of individuals with mental limitations (Saarinen et al., 2016). A picture of loneliness in adult women with intellectual disabilities emerges from the research of other authors (Marciniak-Madejska, 2016; Ramik-Mażewska, 2018).

The women interviewed do not see themselves as people with intellectual disabilities but as full members of the local community. The interviewees graduated from a vocational mainstream school, which protected them from the effect of the stigma of a special school. Only the immediate family knew of the intellectual disability identified at the time of compulsory schooling, which provided a resource to protect them from being labelled deviant and socially isolated (Ditchman et al., 2013). For the female interviewees, it is crucial to function independently in adulthood and to believe in the support of their parents or siblings when necessary in the process of expanding their zones of social participation, which should be considered a significant family resource of social inclusion.

Conclusion

The findings confirm the position prevalent in the literature about people with mild intellectual disabilities as blending into society to the extent that they are not perceived as different, disabled, or handicapped (Obuchowska, 1996; Gajdzica, 2017). The women with mild intellectual disabilities interviewed function in intimate marital and cohabiting relationships. Two types of interpersonal relationships with parents were noted. One is characterised by partnership, respecting the subjectivity of parents and their adult children. The other relates to difficult relationships with

parents as a result of neglect and lack of support earlier in the lives of the women studied. On the other hand, the women surveyed share a bonding function with their siblings and differ in the frequency of encounters and their direct or indirect nature.

The research results described are not without limitations. The study included a small number of women with cognitive abilities that enabled them to complete a mainstream vocational school and to lead a normal life that did not differ from the life of non-disabled people. The participation of women with lower cognitive and social abilities in the study would have given a completely different picture of their social inclusion in the interpersonal zone. In the research conducted, it would have been worthwhile to direct the female interviewees more towards showing the importance they give to their relationships with spouses, partners, parents and siblings.

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