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The role of parental and peer support in adolescents well-being: a comparison of adolescents with and without a visual impairment

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Abstract

In the present study we examined the importance of parental and peer support for well-being of adolescents with and without a visual impairment. The sample included 178 adolescents who are blind or visually impaired and 338 adolescents without visual impairments. Peer and parental support proved to be important for well-being of both adolescents with a visual impairment and sighted adolescents. Whereas in the group of adolescents with a visual impairment, a positive linear relationship exists between peer support and well-being, in the group of adolescents without an impairment well-being appears not be affected by peer support. Parental support is more strongly related to well-being of adolescents without impairments than of adolescents who are blind or visually impaired.

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Introduction

During the last decades, social and psychological research has shown the importance of social contacts and social support in promoting psychological well-being (Sarason, Sarason, & Pierce, 1990; Nada Raja, McGee, & Stanton, 1992). Although it could be assumed that supportive relations with peers, family and important others are even more important for social and emotional development of youths with impairments and disabilities, research on these issues has only recently begun (Kef, 1999; Chien-Huey Chang & Schaller, 2000; Huurre, 2000; Kef, 2002). Health problems, like a visual impairment, threaten the quality

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and maintenance of relationships with family and friends, whereas at the same time these relationships play an important role in coping with the impairment. Research with people who are socially anxious (Pontari, 2001) showed that utilizing social networks, and especially contact with friends, is a viable and effective strategy for coping with social life. Disabilities may result in moderate to severe restrictions in the performance of social roles, related to work, leisure, family, and friendships. Unique stressors associated with disabilities (e.g. social stigma) place substantial constraints on the ability to maintain and restructure relationships (Lyons, Sullivan, & Ritvo, 1995; Sacks & Wolffe, 1998; Eide & Roysamb, 2002). For example, a recent study showed that children with autism included in regular schools, although not feeling isolated, had lower levels of reciprocal friendships than their non-autistic peers (Chamberlain, 2002).

Social support might be especially important in the period of adolescence, because of the many changes that take place, both within and outside of the individual. In this phase of life, young people want to fit in and do not want to be special or different, for example because of their visual impairment. Adolescents who are blind or visually impaired may experience problems in relating with the outside world, and this may influence their feelings of happiness and psychosocial adjustment. According to Tuttle (1987), adjustment is the process of responding to life's demands with the added stress of a visual impairment. In this article we use the term 'visually impaired group' for adolescents who are blind or visually impaired. For the adolescents without impairment we use the term 'sighted group'.

Several recent studies compared the social activities and social support of adolescents with a visual impairment and adolescents without impairments (Huurre, Komulainen, & Aro, 1999; Rosenblum, 1998; Sacks & Wolffe, 1998; Sacks, Wolffe, & Tierney, 1998). A study that investigated the daily life and social activities of American adolescents with visual impairments (Sacks & Wolffe, 1998) found that they spent significantly more time alone than the sighted group did. With respect to maintaining friendships, the visually impaired group had to work harder compared with the sighted group.

Complementary and more in-depth results are presented by Rosenblum (1998). She compared the friendships of adolescents with and without a visual impairment. The sighted group seemed to have more best friends than the visually impaired group. A sex difference was found in both groups: girls reported to have more best friends than did boys. The few limitations in activities that existed within the friendship dyad of the visually impaired group did not have a strong negative impact on their friendships.

Huurre, Komulainen, and Aro, 1996 studied structural and functional aspects of personal networks of adolescents who are blind or visually impaired in Finland. The average size of the networks of these adolescents was slightly smaller than that of adolescents without impairments, but the difference did not reach statistical significance (Huurre & Aro, 1998). The average composition of networks of Finnish adolescents with a visual impairment compared with that of a comparison sighted group, was quite similar (Huurre et al., 1996; Huurre & Aro, 1998). However, the visually impaired group less often had many friends, and they less often had dating experiences than the sighted group. Adolescents who are blind or visually impaired also reported more difficulties in making friends than their peers without impairments. Regarding the functional network aspects, no difference was found for the amount of parental support between the visually

impaired group and the sighted group. Concerning support of friends, girls with a visual impairment perceived less peer support than girls without impairments, whereas no differences for boys were found on this subject (Huurre et al., 1999; Huurre, 2000).

A qualitative study of parental support by Chien-Huey Chang and Schaller (2000) demonstrated that adolescents with a visual impairment experience a variation of emotional, informational and tangible support from their parents. Data from their in-depth interviews illustrate that the majority of the adolescents were satisfied with the amount and kind of parental support. However, some participants experienced problems in the domain of emotional and tangible support and this affected their psychosocial development in a negative way.

The studies listed above indicate that, generally speaking, adolescents with a visual impairment experience more difficulties and obtain less support, especially in the relationship with peers. What is the importance of these relationships for their well-being?

Several recent studies examined the relation between parental and peer support and psychological well-being for populations of adolescents without impairments. Helsen, Vollebergh, and Meeus (2000) reported positive effects of parental and peer support for adolescent adjustment. However, parental support remained the strongest predictor for problems in the emotional domain. This suggests that parental and peer support should be considered as two relatively independent support systems (Helsen, Vollebergh, & Meeus, 2000).

The results of a panel study on personal networks and social support of adolescents in the Netherlands (Meeus, Raaijmakers, & Vollebergh, 1991; Meeus, 1994) showed that support from parents as well as from peers contributed significantly to well-being. It appears, thus, that parental and peer support have a similar function. The importance of parental social support decreases during adolescence. Before age 16, social support from parents was more important for well-being than the support from peers. Between ages 16 and 18, the importance of peer influence became equal to that of parents. Some sex differences were also found. Girls perceived more relational or emotional support from their parents than boys did. Moreover, this support was more important for well-being of girls than of boys.

Robinson (1995) demonstrated that several kinds of support, like emotional or instrumental support, had different effects on self-esteem in adolescence. The sources of these kinds of support, like parents or friends, did not influence the effects of these different kinds of support. Thus, there is ample evidence regarding the importance of social support for the well-being of adolescents without impairments. The first aim of the present study was to compare the perceived level of social support and well-being of adolescents with a visual impairment and adolescents without an impairment. The second aim of the study was to compare the importance of social support for well-being among the visually impaired group and the sighted group. The present study extends previous work in this area in several ways. The study is conducted with a relatively large sample, which allows us to control for demographic characteristics, such as age and sex, which are known to affect perceived support. Furthermore, in order to get a more differentiated picture of the role of social support, we make a distinction between different aspects of social support: emotional support, practical support and social companionship. Finally, we directly test the degree to which social support affects well-being in these two groups of adolescents.

Method

Participants and procedure

Visually impaired sample

The data for this study were collected as part of a large nationwide study on personal networks and social support of Dutch adolescents who are blind or visually impaired (Kef, 1999; Kef, Hox & Habekothé, 2000; Kef, 2002). It was carried out in cooperation with a Dutch federation of parents of children with visual impairments (FOVIG). The population aimed at in this study included all adolescents 14–24 years old, living in The Netherlands who are blind or visually impaired, but have no additional impairments (such as hearing and cognitive impairments or learning disabilities). The adolescents were contacted by letter, sent by way of special schools and rehabilitation centres. The adolescents were asked to indicate their willingness to participate in the study by returning a reply card. Of the 950 adolescents who received this letter, 37% agreed to participate. Additional 37% of the adolescents who refused to participate in the study did provide information regarding their age, sex, ethnicity and degree of impairment. Therefore, we were able to compare participants ($N = 354$) and non-participants ($N = 353$) on these characteristics. No significant differences between participants and non-participants were found in age, sex and ethnicity distribution or in degree of impairment.

For the purpose of this article we selected the participants from 14 through 18 years of age to match the sample of adolescents without impairments with respect to age. The present sample therefore included 178 adolescents with a visual impairment, 98 males (mean age 16.0 years) and 80 females (mean age 15.7 years). In Table 1, background characteristics of the adolescents with visual impairments are presented, regarding their impairment, living arrangement and type of education they were attending. The majority of the adolescents (86%) lived in a two-parent family.

Personal interviews seemed to be the best method for our study with adolescents who are blind or visually impaired. A promising method for all kinds of surveys, including personal interviews, was introduced some years ago: computer assisted data collection (CADAC). Using a computer for collecting data improves the quality of survey data (De Leeuw, Hox, & Kef, 2003). Within CADAC, several subtypes of data collection methods are possible. For our study on sensitive topics like well-being, personal networks and social support, computer assisted personal interviewing (CAPI) seemed to be the most appropriate method. With CAPI, interviewers visit participants at home and use a laptop while interviewing. In order to avoid social desirability bias and to insure comparability with the sighted sample, computer assisted self-interviewing (CASI) was also used for parts of the interview. With CASI, interviewers still ask the questions but participants themselves type in the answers on the laptop. The method used in the present study was thus a mixed-mode CAPI-CASI.

Sixteen interviewers, all female students of special education, attended a three-day training program at the University. The first part of the training focused on interview techniques: asking questions without influencing the participant, handling the laptop, getting familiar with the modules of the questionnaire and the software program needed for CADAC. The second part of the training focused on skills and special adaptations necessary for interviewing adolescents who

Table 1
Background characteristics of adolescents with visual impairment ($N = 178$)

Characteristics	Percentage
Severity of visual impairment	
Blind	16
Severely impaired	17
Moderately impaired	67
Onset of visual impairment	
Congenital disorder	43
Disorder acquired before age of 7	41
Disorder acquired between age of 7 and 13	12
Disorder acquired after age of 13	4
Living situation	
With parents	86
In an institute	13
Independently	1
Type of education	
Regular education only	44
Special education only	4
Both regular and special education	52

are blind or visually impaired. Video role-playing was used in the training to practice practical and social skills. Part of the training was an excursion to a special school for children/adolescents with visual impairments. The interviews took place at the adolescents' home and lasted approximately 90 min.

Sighted sample

To compare the results of adolescents with visual impairments with those of adolescents without impairments, we looked for a research project in the Netherlands with a similar content. Eventually, we chose a large national program of research on children/adolescents and their parents, "Child-rearing in the Netherlands in the 1990s" (Rispen, Hermanns, & Meeus, 1996; Deković, 1999). The adolescents in this particular research program were between 12 and 18 years of age.

For the purpose of this article we selected the adolescents without impairments from 14 through 18 years of age, to match the sample of adolescents with impairments with respect to age. The sighted group ($N = 338$) consisted of 170 male (mean age 15.8 years) and 168 female participants (mean age 15.8 years). Most of the adolescents (91%) lived in a two-parent family. Data collection with the sighted group took place at the subjects' homes, where a battery of questionnaires was administered individually to each participant.

The visually impaired and sighted samples were compared on age and sex distribution and family structure (one versus two-parent family). No significant differences were found.

Instruments

Social support was measured by the role-relation method with the personal network list (PNL) (Meeus & 't Hart, 1993). The PNL assesses social support from different sources (father, mother, siblings, romantic partner, best friends, friends, and classmates/colleagues) in three domains, i.e. relational/emotional problems, school/work problems, and leisure time. The first type of support is regarded as emotional support, the second as practical support and the third as social companionship. Examples of items assessing these three types of support: “If you encounter a problem in a relationship with another person, how important is your mother?” (emotional support); “If you encounter a problem in school or at work, how important are your best friends?” (practical support); “How important is your father in your leisure time?” (social companionship).

The scores ranged from 10 (not important) to 100 (very important), and were computed separately for parental support (father and mother) and peer support (best friends, friends, romantic partner and classmates).

Well-being was assessed by the Cantrill Scale (Cantrill, 1965). This instrument measures the sense of general happiness, by asking: “How do you feel in general?” The response is given on a ten point-scale, ranging from 1 = very bad, to 10 = very good.

Results

Group, age and sex differences in social support and well-being

In Table 2, the mean scores are presented for social support of adolescents who are blind or visually impaired (the visually impaired group) and adolescents without impairments (the sighted group).

A multivariate analysis of variance (MANOVA) was used to examine effects of group (visually impaired versus sighted group), sex, and age (middle adolescence: 14–16 years versus late adolescence: 17 and 18 years) on social support.

We found differences between the visually impaired group and the sighted group for all the social support variables of peers (emotional support, $F(1, 513) = 23.94$, $p < 0.001$; practical support, $F(1, 513) = 21.93$, $p < 0.001$; and social companionship $F(1, 513) = 53.46$, $p < 0.001$). Only one type of parental support yielded significant differences: social companionship, $F(1, 513) = 9.37$, $p < 0.05$.

A main effect of sex was found for all peer support scores (social companionship $F(1, 513) = 4.95$, $p < 0.05$; emotional $F(1, 513) = 19.21$, $p < 0.001$; practical $F(1, 513) = 12.29$, $p < 0.001$), with girls reporting higher support scores than boys. No sex differences were found for parental support.

No significant main effect of age, nor significant two-way interactions were found for measures of social support. One significant three-way interaction effect for group $\times$ age $\times$ sex was found for emotional support of peers, $F(1, 513) = 4.14$, $p < 0.05$. For girls with a visual impairment, the emotional peer support increased with age, but it remained on the same level for boys with a visual impairment. For girls without impairments, the emotional peer support decreased with age, but it increased for boys without impairments.

Table 2

Means of social support for the group visually impaired adolescents and the group sighted adolescents

Social support	Visually impaired		Sighted	
	Female <i>N</i> = 80	Male <i>N</i> = 98	Female <i>N</i> = 168	Male <i>N</i> = 170
<i>Parents</i>				
Emotional				
Younger	71	68	71	73
Older	66	67	71	72
Practical				
Younger	74	69	72	73
Older	74	66	72	72
Social companionship				
Younger	62	65	72	72
Older	62	66	68	71
<i>Peers</i>				
Emotional				
Younger	59	51	70	58
Older	64	52	68	67
Practical				
Younger	59	51	66	56
Older	57	50	67	64
Social companionship				
Younger	60	58	73	68
Older	64	59	73	73

Furthermore, the two sources of support, parental and peer support were compared. Parents were significantly more supporting ($p < 0.001$) on all domains than were peers. This is the case for both the visually impaired as well as the sighted group.

The mean scores for well-being are presented in Table 3. An ANOVA for well-being showed no group difference, $F(1, 513) = 2.42$, $p > 0.05$. There were significant sex differences, with boys feeling happier than girls, $F(1, 513) = 6.30$, $p < 0.05$. No significant main effect of age was found. A two-way interaction effect of group $\times$ age was found, $F(1, 513) = 10.91$, $p < 0.001$. For the visually impaired group (females and males), well-being decreased with age. For the sighted group we found the opposite effect: well-being increased with age.

Correlation analyses

Table 4 presents the intercorrelations among all social support variables and well-being. Results are presented for: correlations between parental scores, correlations between peer scores,

Table 3

Means of well-being for the group visually impaired adolescents and the group sighted adolescents

Well-being	Visually impaired		Sighted	
	Female <i>N</i> = 80	Male <i>N</i> = 98	Female <i>N</i> = 168	Male <i>N</i> = 170
Younger	8.2	8.4	7.8	8.2
Older	7.4	7.9	8.1	8.5

Table 4

Intercorrelations among the measures of social support and well-being for visually impaired and sighted adolescents

Social support	1	2	3	4	5	6	7
<i>Parents</i>							
1. Emotional support	—	0.74***	0.68***	0.19**	0.20***	0.19***	0.36***
2. Practical support	0.73***	—	0.56***	0.20***	0.25***	0.17**	0.33***
3. Social companionship	0.02	−0.02	—	0.14**	0.17**	0.19**	0.23***
<i>Peers</i>							
4. Emotional support	0.48***	0.50***	−0.14	—	0.74***	0.69***	0.05
5. Practical support	0.36***	0.46***	−0.04	0.76***	—	0.59***	0.10
6. Social companionship	0.40***	0.39***	−0.09	0.71***	0.59***	—	0.03
7. Well-being	0.17*	0.15*	0.05	0.22**	0.19*	0.11	—

Note. Results for visually impaired adolescents are below the diagonal; results for sighted adolescents are above the diagonal.

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

correlations between parental and peer support, and finally, correlations between support and well-being.

First, we will discuss the results obtained in the sample of adolescents with visual impairments, presented below the diagonal in Table 4. The parental social support scores for emotional and practical support were significantly correlated, but the social companionship of parents showed no significant relationship with other measures of support. For peer support, all three kinds of support were significantly correlated with each other. Emotional and practical social support of parents and peers were significantly positively related. The social companionship scores of parents correlated negatively with the support scores of peers, but these correlations were not statistically significant. Well-being was related to emotional and practical support from peers and parents, but not to social companionship with peers and parents.

In the sample of adolescents without impairments, presented above the diagonal in Table 4, all parental social support scores were significantly interrelated. Similarly, the correlations among three types of peer support were high. All three types of social support of parents were significantly positively related to those of peers. Well-being was related to all three social support scores of parents, but not to any of the social support scores of peers.

Predictors for well-being

The second aim of the study was to examine whether the associations between social support and well-being differ for the visually impaired group and the sighted group. Because of strong association between the three kinds of support (see Table 4), we created total social support scores separately for parents and peers, by combining three types of support into one measure. These total support scores were used in the regression analysis. The correlation between total parental and total peer support of adolescents with a visual impairment was significant ($r = 0.47, p < 0.05$). For adolescents without impairments, the correlation between total parental and total peer support was also significant ($r = 0.24, p = 0.05$), but lower in magnitude.

A hierarchical regression analysis was conducted with three steps (see Table 5). In the first step, demographic variables were entered: group, sex and age. Then the main effects of parental support and peer support were entered in the second step. Finally, the interaction terms were computed (the products of group and social support measures) and were entered in the last step. Statistically significant interactions were interpreted by plotting lines for high ($M + 1$ s.d.) and low ($M - 1$ s.d.) level of variables that produced the significant interactions.

As can be seen in Table 5, the demographic variables accounted for a small percentage of variance in well-being. Sex was the most important demographic variable, with males reporting higher levels of well-being than females. Entering parental support and peer support in the second step significantly increased the amount of explained variance. However, only social support of

Table 5
Multiple regression predicting well-being

Step/predictors	Beta
1. Demographic variables	
Group	−0.03
Sex	−0.12**
age	−0.04
R^2 Change	0.02
F Change	2.67*
2. Social support	
Total peer support	0.08
Total parental support	0.22***
R^2 Change	0.07
F Change	18.41***
3. Interactions	
Group $\times$ peer support	0.37*
Group $\times$ parental support	−0.49*
R^2 Change	0.01
F Change	3.30*

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

parents contributed significantly in predicting well-being. The contribution of peer support was not significant.

Two significant interaction effects were found. The first effect concerns the interaction between group (visually impaired group versus sighted group) and peer support (see Fig. 1). The amount of peer support seemed more important for the well-being of adolescents with a visual impairment than for adolescents without impairments. Whereas in the group of visually impaired, a positive linear relationships existed between peer support and well-being, in the sighted group, well-being appeared not be affected by peer support.

A second significant interaction was found for group and parental support. As can be seen in Fig. 2, a high level of parental support was strongly related to higher levels of well-being for the sighted group. For the visually impaired group this relationship was not as strong.

In order to examine whether similar patterns of findings holds for different types of social support, these analyses were conducted separately with emotional support, practical support and social companionships scores.

The results for emotional support followed closely the results reported for the total support score (see Table 5). The same two interaction effects were found. This was not the case for

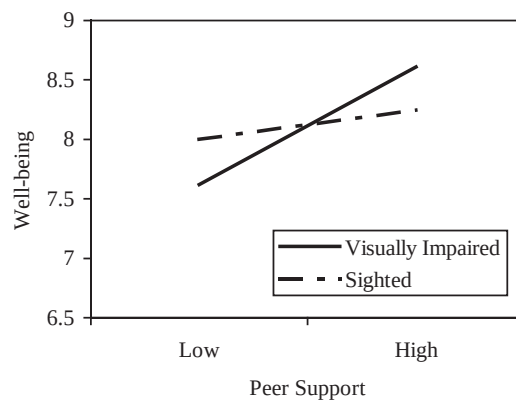


Fig. 1. Interaction effect: group $\times$ peer support in predicting well-being.

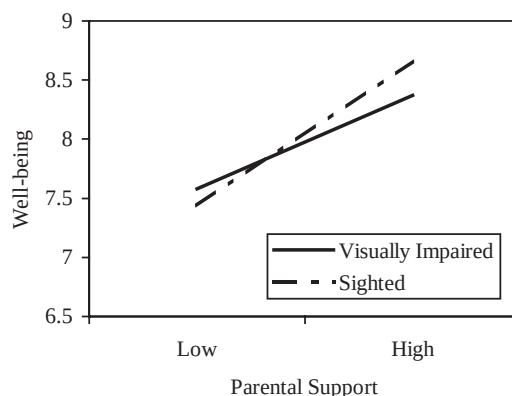


Fig. 2. Interaction effect: group $\times$ parent support in predicting well-being.

practical support and social companionship. In these two analyses, step 3 (interaction effects) was not significant. In the analysis of practical support scores, only one significant interaction effect remained: group $\times$ parental support. Finally, for social companionship scores, no interaction effects were found. This type of support seemed to have the same importance for well-being of both the visually impaired group and the sighted group.

Discussion

The first aim of the present study was to compare the perceived level of social support and well-being of adolescents with a visual impairment and adolescents without impairments. Adolescents without impairments received significantly more social support, from parents as well as from peers, than adolescents with visual impairments did. This is consistent with previously reported findings (Huurre et al., 1996; Rosenblum, 1998). With regard to the source of support, the visually impaired group reported more social support from parents than from peers. This was also the case in the sighted group; parents provided more support than peers did.

No differences were found between the two groups regarding well-being. This result confirms the finding of a Finnish study (Huurre & Aro, 1998) showing no differences regarding depression between visually impaired and sighted adolescents. In our study, adolescents with visual impairment reported relative high levels of well-being. This is probably due to the fact that majority of adolescents with visual impairments were receiving no professional assistance, were living at home and were attending regular, rather than special education. In other words, despite their impairment, they were fully included in the community. This positive outcome could therefore be the result of the social inclusion of visually impaired persons in the Netherlands. It is, however, also possible that other factors, such as intact families, familial and community security, good health and cognition, might play the role in enhancing well-being of these adolescents.

Regarding the effects of age and sex, no age effects for social support measures were found. As in most studies, we found for the visually impaired as well as for the sighted group that females reported higher peer social support scores than males and that females were feeling less happy than males. Older adolescents in the visually impaired group were feeling less happy as were older adolescents without impairments in the study of Helsen et al. (2000). In the reference group of sighted adolescents used in this study, the opposite effect was found.

The second aim of our study was to compare the importance of social support for well-being among adolescents with a visual impairment and among adolescents without impairments. Differences between these two groups are found for the specific role of parental and peer support. For the visually impaired group, peer support significantly predicted well-being, but parental support did not. Our findings confirm those of Huurre (2000), who reported that support, in general, was a positive predictor of well-being in visually impaired adolescents, but peer support was a stronger predictor than parental support. For the sighted group the results were opposite: parental support is important for well-being, and peer support is not. This corresponds with the findings on adolescents without impairments from the study of Helsen et al. (2000). In our view, this importance of peer support for adolescents who are blind or visually impaired reflects their need for independence from their parents and their desire to be as normal as possible, to want to fit in, especially in adolescence. The adolescents with visual impairments often expressed these

kinds of feelings and thoughts during the interviews. This view is also confirmed by experiences of professionals in the rehabilitation and education for youth with visual impairments in the Netherlands.

Considering the role of parents and peers, a study that examined the link between parental and peer attachment on the one hand, and identity in adolescence on the other hand (Meeus, Oosterwegel, & Vollebergh, 2002) provided evidence for the so-called situational hypothesis. This situational hypothesis predicts that parental influence will be prevalent with regard to issues relating to the future, whereas peer influence will have a greater impact on issues related to the present life situation. In our study, well-being is more of a general nature, associated with the present and the future as well. Therefore, we are unable to examine this hypothesis. A recommendation for future research is therefore to specify the general variable well-being.

With regard to another outcome measure, adolescents career exploration, Kracke (2002) found that the role of parents as well as the role of peers was important. In other words, her findings offer support for the parent–peer linkages hypothesis, predicting that the influences of both sources are in the same direction. This corresponds partly with our findings concerning the visually impaired group. The direction of the role of peer and parental support was indeed the same, but the importance of peer support was higher than that of parental support.

Emotional support appears to be the most important type of support. This type of support was related more strongly to well-being than the other two types of support (practical support and social companionship). Analyses that examined whether different types of social support have a specific contribution in predicting well-being, showed that the results found for total support measures is largely caused by the effects of emotional support. Specific patterns of findings for two groups (the visually impaired and the sighted group) are confirmed for emotional support, but not for practical support and social companionship. This is in accordance with the notion that different types of support have a specific effect on outcome measures (Robinson, 1995).

Several limitations of this study should be noted. The findings of the present study are based on self-report questionnaire data. This approach makes it possible to include a large number of participants in the study, but it has disadvantages as well. In the future, it would be desirable to conduct an in-depth, qualitative follow-up, to obtain data from other sources (e.g. parents and peers) and to clarify present results.

Furthermore, the cross-sectional nature of this study does not allow any conclusions regarding the direction of effects. In the present study we assumed that social support affects well-being, but it is just as possible that adolescents who experience low levels of well-being also tend to view their social environment and the support they obtained from social network members less positively than adolescents who report higher levels of well-being.

In the present study, support of mothers and fathers were strongly correlated, and therefore we combined the scores of both parents. Our earlier findings (Kef, 1999) indicated a more supporting role of mother compared with father for adolescents with a visual impairment. Future research should examine the possible different effects of mother's and father's support.

In conclusion, this study showed that adolescents with a visual impairment experience less support (especially support from peers) than adolescents without impairments. At the same time, peer support seems to affect well-being of adolescents with a visual impairment stronger than the well-being of the sighted group. Previous findings indicate that adolescents with visual impairment also have a small number of friends (less than five) and that they want to expand their social

network so they can undertake leisure activities with their friends (Kef, 1999). Taken together, these findings suggest that efforts should be made to increase the social skills of adolescents with a visual impairment in order to improve their peer relations. More attention should be paid to the possibilities of joint leisure activities with peers, especially with peers without impairments. Adolescents with visual impairments are often not aware of these possibilities, or they do not have the social skills or self-confidence necessary to play an active role during these kind of activities.

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