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Love has been a recurrent topic throughout history, and especially, literature. Moreover, there is generalized agreement about its relevance for health emotional well-being, and quality of life. This study was carried out with a sample of 376 persons with ID. The goals of the work were to analyze a theoretical model of love in people with intellectual disabilities by means of the methodology of structural equations, and to analyze their perception of love and of amorous relations with regard to other aspects such as amorous satisfaction, perceived satisfaction, absence of family interference, self-determination, and emotional well-being. The results revealed that (a) the construct under study has three factors: Commitment, stability, and idealization, Passion and physiological excitement, and Intimacy and romanticism; (b) the perception of love in this collective is, in general, idealized and affected by the context; and (c) self-determination and the lack of family interference are relevant variables to explain both love and emotional well-being.

Keywords: love, people with intellectual disabilities, emotional well-being, structural equation models

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Love and Emotional Well-being in People with Intellectual Disabilities

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Despite wide-ranging consensus about the fact that emotions are essential in the life of human beings, traditionally, they have received relatively little attention from scientific psychology. Therefore, it is not surprising that, in his review in the Annual Review of Psychology, Le Doux (1995, p. 209) concludes that “scientists interested in human nature have not been capable of reaching an agreement about what emotion is and what place it should occupy in a theory of the mind and behavior.” In the last 20 years, a socio-constructivist conception of emotions has been gaining strength (Averill, 1985; Crespo, 1986; Harré, 1986; Harré & Parrot, 1996; Ovejero, 2000a, 2000b). The same thing could be said about love, a phenomenon closely related to emotions, because, although it is a special kind of interpersonal attraction, it is precisely the emotional aspect that more clearly differentiates amorous attraction from other kinds of attraction. And if emotions have traditionally received little attention, still less have love and amorous relations. As noted by Berscheid and Walster (1978), this negligence is probably due to three main causes: (a) the belief that love has more to do with literature than with science; (b) the consideration that love—and sexual behavior—are taboos; and (c) the third and perhaps most practical reason is simply the difficulty of studying the topic of love.

It is absolutely unexplainable that this issue has received so little attention as it is difficult to find a phenomenon that is more intrinsically interpersonal than love, and at the same time, more central to the lives of human beings (Fisher, 2006; Ovejero, 1998; Sternberg, 1988; Yela, 2002). This may be why scientific studies on love have increased since the 1960s, and especially as of the 1980s (Alberoni, 1990; Barrón, Martínez-Íñigo, De Paúl, & Yela, 1999; Bauman, 2005; Bloom, 1967; Carreño, 1991; Fisher, 1992; Lampert, 1997; Sangrador, 1993; Sternberg, 1988, 1998; Sternberg & Barnes, 1988; Sternberg & Grajek, 1984; Sternberg & Weis, 2006; Yela, 2000, 2006). Something similar occurred with the studies on the psychology of sexual behavior (Fernández, Quiroga, & Del Olmo, 2006; Wiseman, 1976), a behavior that is a fundamental component of love (Critelli, Myers, & Loos, 1986).

This growing interest in the study of love has also promoted the development of instruments to assess it (especially Likert-type probabilistic scales, frequently validated through the responses of university students), among which the following are noteworthy: (a) the Love Scale (Rubin, 1970), (b) the Love Attitudes Scale (LAS; Hendrick & Hendrick, 1986, 1989; Hendrick, Hendrick, & Dicke, 1998), (c) the Triangular Love Scale (Sternberg, 1988, 1997), and, in Spain, (d) the “Escala Tetrangular del Amor” (The Tetrangular Love Scale; Yela, 1995, 1996, 2006).

However, this progressive and incipient interest in love has not extended to include the context of disabled people, and still less to people with intellectual disabilities (hereafter ID). The studies carried out with this population have focused on issues related to sexuality, such as the analysis of the frequency of certain sexual behaviors (Gust, Wang, Grot, Ransom, & Levine, 2003; Servais et al., 2002), the description of myths and attitudinal barriers (Amor, 1997; Campo, 2003; Fierro, 2000; López, 2002), the assessment of knowledge, attitudes, and experience of people with ID (Galea, Butler, Iacono, & Leighton, 2004; McCabe, 1999; Szollos & McCabe, 1995), or the proposal of guidelines for the development of educational affective-sexual programs (Alcedo, Aguado, & Arias, 2006; Löfgren-Martenson, 2004; López, 2002, 2006; McCabe, 1999; Morentin, 2005; Morentin, Arias, Rodríguez Mayoral, & Aguado, 2006; Rodríguez Mayoral, López, Morentin, & Arias, 2006). With rare exceptions (Arias, Morentin, Verdugo, & Rodríguez, 2006; Knox & Hickson, 2001), practically no studies of the theoretical models underlying love among people with ID have been developed, nor have new assessment scales been designed nor existing ones adapted. In any case, the limitations these people may encounter, such as restrictions of access to normalized environments (people with ID are often more in strictly “attended” environments), the negative effect of over protective family attitudes on the establishment of normalized interpersonal relations (García, 2005; Löfgren-Martenson, 2004; López, 2002), or unrealistic expectations and beliefs (biased towards an idealized conception) derived from not having positive models in the immediate environment (Arias et al., 2006; Gordon, Tschopp, & Feldman, 2004; Howland & Rintala, 2001; Knox & Hickson, 2001; Lesseliers & Van Hove, 2002; López, 2002) have often been noted.

Proof of this “selective attention” in the study of love in people with ID is the fact that, after performing a search in the ERIC, Medlin, and PsyCinfo databases from 1987 till 2007, we found 10 references when crossing the terms love/loving and mental retard* / intellectual disabili* / learning disabili*. These publications are specifically about couple love, but they focus on aspects more closely related to sexuality (sexual health, barriers or affective-sexual education) than to love.

The quantity of investigation on love in people with ID carried out to date is considered insufficient for two reasons: On the one hand, the consideration of love as an important phenomenon for people without ID, as well as its consequences on health, well-being, happiness, satisfaction, and quality of life (Chiappo, 2002; King, 2004; Ovejero, 1998; Sangrador, 1993; Yela, 2002) and, on the other hand, the current importance of the study of quality of life in the collective of people with ID which has led to various theoretical models (Cummins, 1997; Felce & Perry, 1996; Schalock & Verdugo, 2002). Despite the fact that these models include a dimension related to emotional well-being, the relevant role of couple relations and love-related emotions has not received sufficient attention. The studies carried out on quality of life (in persons both with and without ID) usually report positive subjective appraisals,
despite the adverse conditions that can be found (Cummins, 1995, 2003; Felce, 2006; Hensel, Rose, Stenfert-Kroese, & Banks-Smith, 2002). The homeostatic theory of subjective quality of life made an attempt to explain this aspect (Cummins, 2003, 2005; Cummins & Nistico, 2002).

Summing up, there have been very few studies that have analyzed the relation between quality of life or well-being and aspects related to amorous satisfaction and love. Moreover, most of these investigations have focused on physical disability (Kedde & Van Berlo, 2006; McCabe, Cummins, & Deeks, 2000; McCabe, Taleporos, & Dip, 2003; Taleporos & McCabe, 2002), paying special attention to the relation between psychological adjustment or self-esteem and well-being and sexual satisfaction (instead of to love or amorous satisfaction).

In view of this situation, the goal of this study is to contribute to the analysis and understanding of couple relations and the perception of love in adults with ID, as well as its relation with emotional well-being. With this general goal, we propose the following hypotheses: Firstly, the appraisals and perceptions of love in adults with ID will be negatively skewed, in accordance with the results of a pilot study we shall present below. Secondly, we expect the perception of love of people who have a partner at the time of the study (who respond as a function of their current relation) will be different from that of people who do not have a partner at that time, but who had some previous experience in stable intimate relations (who respond as a function of the “ideal”). Thirdly, the scores obtained in emotional well-being will be high, in accordance with the results of other studies on quality of life. Fourthly, in agreement with findings in population without ID, we expect to find a relation between the perception of love and emotional well-being experienced by the population with ID; however, in view of the relevance of the family in this population, we expect to find some moderation of the family variables in this relation.

Method

Participants

A total of 411 people with ID were selected incidentally from the main associations and organizations that work with this population in four provinces of the Autonomous Community of Castilla and León (Burgos, Palencia, Salamanca, and Valladolid). After processing the initial data (i.e., eliminating cases with more than 25% of missing responses by means of the listwise procedure, elimination of subjects with extremely systematic responses), the final number of participants was reduced to 376.

The participants met the following criteria: (a) being 18 years of age or older, (b) having a medium-high functioning level of ID, (c) currently having a partner or, otherwise, having some kind of experience or interest in intimate interpersonal relations and (d) having accepted voluntarily to participate in the study.

The main sociodemographic characteristics of the participants were:

1. Province and association to which each participant belonged: from a total of 12 associations of people with ID, 47.61% belonged to Valladolid, followed by Burgos (22.07%), Palencia (19.68%), and Salamanca (10.64%);
2. Age: range between 18 and 71 years, mean age 34.58 (SD = 9.47); 50% of the sample was between 28 and 40 years of age;
3. Sex: 187 participants were male (49.73%) and 189 were female (50.27%);
4. Housing: 55.85% lived in the family home, 20.21% in supervised flats, 19.68% in residences, and only 3.99% lived in their own flat;
5. Geographic setting: 72.34% lived in an urban setting and 26.60% in a rural setting;
6. Program or service: 66.23% attended an Occupational Center, 22.87% a Special Employment Center (SEC), 5.85% went to a Care Center, 3.72% studied a Social Guarantee program, and 1.33% attended some other kind of specific programs;
7. Employment: 23.67% worked in a SEC and the rest (76.33%) were unemployed;
8. Level of functioning: 87.58% obtained an Inventory for Client and Agency Planning score (ICAP; see Montero, 1999) between 7 and 9; 84.82% was classified by professionals in the centers in the category of intermittent or limited need of support; and lastly, 47.41% and 43.35%, respectively, had mild or moderate retardation according to the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders-4th edition (American Psychiatric Association, 2000);
9. Intimate relations: 72.9% currently had a partner at the time of the study; the mean duration of the current relation was 4 years and 8 months, with a total range of 1 to 288 months; 91.61% did not live with their partner; 98.40% were single; 97.07% reported being heterosexual; 65.16% said they had not had any previous stable intimate relationship. Four of the participants interviewed (0.97%) had not had any kind of experience in intimate relations with other people.

Instrument

Above, we mentioned the lack of specific instruments (or adaptations of existing ones) to assess love in people with ID, so we had to construct a specific scale for this purpose. In the following paragraphs, we describe the process followed and the main psychometric characteristics of the scale.

The starting point was the review of four scales targeting population without disability. (a) the Love Scale (Rubin,
(b) the Love Attitudes Scale (LAS; Hendrick & Hendrick, 1986, 1989; Hendrick et al., 1998), (c) the Triangular Love Scale (Sternberg, 1988, 1997), and (d) the “Escala Tetrangular del Amor” (The Tetrangular Love Scale; Yela, 1995, 1996, 2006). From these scales, we extracted the items that made up the initial database. This review was carried out on the Current Contents, ERIC, ISOC, Medline, PsycInfo, Psicodoc, and TSESE databases, and we also consulted three authorities in this field by electronic means (R. J. Sternberg, personal communication, November 12, 2005; C. Yela, personal communication, October 24, 2005; M. McCabe, personal communication, November 10, 2005).

As the instruments reviewed focused on population without disability, in order to adapt them to the population of interest, we elaborated a guideline of questions with the content of these instruments and we organized a focus group with 11 adults with ID. The results indicated that, initially, the items with similar content to the studies of people without disability could be used for population with ID, taking into account that, in general, the comprehension of the phenomenon of love was very similar in both populations. The necessary adaptations refer to the inclusion of family-related aspects and to drafting new items so they would include phrases or common terms in the habitual vocabulary of this population.

From this information, we elaborated an initial set of 131 items—whom drafting matched the conclusions of the discussion group—that were evaluated by 15 independent experts. These experts assessed (a) the extent to which each item was appropriate to assess love, (b) the intensity with which it assessed it, and (c) in which theoretical dimension it could be included, in addition to noting any other observations or suggestions. The results were satisfactory, both in adequacy (Bangdiwala’s $B_N = .82$) and in intensity (Bangdiwala’s $B_W = .64$) (Bangdiwala, 1987). Discrepancies were observed in the theoretical dimension (Krippendorff, 2004) in which the judges placed each one of the items (Krippendorff’s $\alpha = .45$). Following the judges’ suggestions, 75 items were eliminated (either because they were inadequate, redundant, overlapping, ambiguous, or there were marked discrepancies among the judges), so that the pilot scale had 56 items.

These 56 items were administered to 232 students of the Faculty of Education and Social Work of the University of Valladolid. Although it would have been desirable to administer the pilot scale to people with ID, this was not possible because we had no access to the sample at that time. However, we consider that this sample met the required conditions to achieve the goal of the pilot test, which was to assess the behavior of the items and to refine the scale as much as possible. The indexes provided by the data analysis were satisfactory, both reliability ($\alpha = .953$) and validity (exploratory factor analysis with principal components, oblimin rotation, yielded a three-factor solution that accounted for 62.30% of the variance: Commitment, stability, and idealization; Intimacy and romanticism; and Passion and recurrent thoughts).

Four items with low values in the corrected homogeneity index were eliminated, so the final scale, called the Specific Scale to Assess Love in People with Intellectual Disabilities was made up of 52 items. This scale was administered to 376 people with ID, and, after preliminary analysis, 3 items were eliminated because they were not very homogeneous, and 2 items whose loadings did not reach the threshold of .30 in any of the factors. Summing up, the definite instrument was a probabilistic scale of summatory estimations made up of 47 items, rated on a 4-point Likert-type scale, ranging from 1 (totally disagree) to 4 (totally agree), to avoid central tendency response bias.

Global internal consistency was high (Cronbach’s $\alpha = .926$). The factor structure obtained by means of principal components and oblimin rotation accounted for 51.54% of the common variance, yielding three factors:

- The first factor (23 items) explained 32.35% of the variance. Its items refer to the establishment of future plans in the relationship (e.g., “If I could, I would like to live with _______ by ourselves in our home”), the desire and decision to continue the relation at long term (e.g., “I want _______ and me to be fiancées forever”), faithfulness (e.g., “I trust that _______ only goes out with me”) and, lastly, the idealization of the partner which, in fact, promotes the stability and duration of the relation (e.g., “No other person would make me as happy as _______”). Therefore, we called it Commitment and idealization.

- The second factor (7 items) explained 11.81% of the variance and its content is related to physical excitement or passion (e.g., “I like to see _______ naked,” “I get excited when _______ and I caress and touch each other”). Therefore, we called it Passion and physiological excitement.

- Lastly the third factor (17 items) explained 7.38% of the variance. Its content refers to support and mutual help (e.g., “_______ and I are concerned about each other’s well-being”), communication and understanding within the couple (“_______ and I tell each other very personal and intimate things”), trust (e.g., “_______ and I trust each other a lot”), respect (“_______ and I respect each other’s decisions”), empathy (“Between _______ and me, there is good chemistry”), affection (“_______ and I give each other a lot of affection”), and some romanticism (“Mi relation with _______ is very beautiful and romantic”). We called this factor Intimacy and romanticism.

Two complementary sections were included in the Specific Scale to Assess Love in Persons with ID:

1. The section we called “related aspects” (11 items), which includes: the person’s own global appraisal (“How much do you love _______?”) and perceived appraisal (“How much do you think _______ loves you?”), general satisfaction (“If my relationship is alright, in general, I feel happy and content”), amorous (“I am satisfied, happy with my relation with _______”), and sexual (“I am content, satisfied with _______”).
our sexual life."); family involvement and self-
determination ("I wish my family would let me decide
when and how to be alone with ________," "I would
not let my family interfere in my relation with
________," “Although we would like to, sometimes
we cannot go out because one of the families is
against it,” “If my family did not want me to go out
with ________, I would break off with my partner,”
and “My family is happy and supports my relation
with __________.”); and lastly, status and
acknowledgement ("I feel more valued by my
coworkers and friends when I have a partner.").

2. A section about emotional well-being, made up of 7
items extracted from Verdugo and colleagues’
(Verdugo, Gómez, Arias & Schalock, 2009) “Escala
de Evaluación de la Calidad de Vida en Personas con
Discapacidad Intelectual” (Scale of Assessment of
Quality of Life in People with Intellectual
Disabilities): ("I often feel like crying," “I feel happy,”
“I don’t feel like doing anything,” “I am happy with
my body’s aspect,” “I am content about myself,” “I
would like to enjoy life more,” and “I am content
with my life.”).

The following information was also presented with the
instrument: (a) instructions on how to complete it, (b)
sociodemographic data, (c) data of the institution to which
participants belonged, and (d) data of the interviewer and
administration date.

Lastly, we elaborated a protocol to explain the items, in
which a brief explanation of each scale item was included.
The inclusion of explanations and paraphrases of the items,
along with not using more than 4 degrees of agreement, are
valid and reliable ways to use this kind of scale with people
with mild or borderline ID (Hartley & MacLean, 2006).

Procedure

After we had elaborated the final scale, we contacted
main associations and organizations that work with people
with ID in provinces of Burgos, Palencia, Salamanca, and
Valladolid. After they had agreed to collaborate, we planned
a schedule for the two (previously trained) interviewers to
administer the scales at the diverse centers. The instruments
were administered, by means of an individual interview that
lasted between 20 and 40 minutes (depending on the
characteristics of each case), between the months of February
and April of 2006. Later, the sociodemographic data was
completed and checked by the professionals of the center.

Data Analysis

We performed descriptive analyses (score distribution,
central tendency and dispersion measures, ranges, etc.),
comparative analyses (to determine the existence of
differences as a function of independent variables or the
respondent collective), reductional analyses (principal
components analysis, discriminant analysis, etc.), and we
elaborated and validated the models (structural equations).

We used the following programs: SAS, version 9.3 (The
SAS Institute, 2006), SPSS, version 14.0 (SPSS, 2006),
LISREL, version 8.8. (Scientific Software International,
2006a) and PRELIS, version 2.3 (Scientific Software
International, 2006b).

Results

Love in People with Intellectual Disabilities

The data obtained in the total score of the Specific Scale
to Assess Love in People with ID (47 items) were negatively
skewed, with a mean of 168.04 (SD = 15.14), which
considerably exceeds the theoretical mid-point of the scale
(117.5) This skewed distribution was also observed in the
factors of the scale (skewness values were –2.07 for the first
factor, –1.46 for the second, and –1.51 for the third).

Therefore, the data revealed that the global perception
of people with ID of their couple relations is very positive,
which supports our first hypothesis.

The contrast of the scores as a function of whether or
not the participants had a partner was performed with Mann-
Whitney’s U test. No significant differences were found,
either in the total score of the specific scale or in any of
the three factors (see Table 1).

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either in the total score of the specific scale or in any of
the three factors (see Table 1).

These results initially led us to reject our second hypothesis,
as the differences between the responses of those who had a
partner and those who did not (who presumably responded as
a function of the ideal partner) were not significant.

Table 1

<table>
<thead>
<tr>
<th>Scores on the Specific Scale as a Function of the Variable Current Partner (Mann-Whitney’s U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean range</td>
</tr>
<tr>
<td>Yes (n = 274)</td>
</tr>
<tr>
<td>No (n = 102)</td>
</tr>
<tr>
<td>U</td>
</tr>
<tr>
<td>p</td>
</tr>
<tr>
<td>Factor 1</td>
</tr>
<tr>
<td>189.51</td>
</tr>
<tr>
<td>185.78</td>
</tr>
<tr>
<td>13697.00</td>
</tr>
<tr>
<td>.767</td>
</tr>
<tr>
<td>Factor 2</td>
</tr>
<tr>
<td>184.53</td>
</tr>
<tr>
<td>199.18</td>
</tr>
<tr>
<td>12885.00</td>
</tr>
<tr>
<td>.242</td>
</tr>
<tr>
<td>Factor 3</td>
</tr>
<tr>
<td>182.26</td>
</tr>
<tr>
<td>205.27</td>
</tr>
<tr>
<td>12263.00</td>
</tr>
<tr>
<td>.067</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>186.03</td>
</tr>
<tr>
<td>195.12</td>
</tr>
<tr>
<td>13298</td>
</tr>
<tr>
<td>.471</td>
</tr>
</tbody>
</table>
Related Aspects

As mentioned above, we included in this study a section that took into account aspects related to intimate relations, that is: global appraisal of love (one’s own and perceived), satisfaction (general, amorous, and sexual), status and acknowledgement, the role of the family, and self-determination.

Regarding the global appraisal of love, the responses were very positive (Md = 4), both in the person’s own global appraisal ("How much do you love _______?") and in the perceived appraisal ("How much do you think _______ loves you?").

The results regarding satisfaction were also extremely positive (Md = 4) both in general satisfaction ("When I get on well with my partner, I feel happier and more content in general."), amorous satisfaction ("I am satisfied, happy with my relation with _______."), and sexual satisfaction ("I am content, satisfied with our sexual life.").

Regarding status and acknowledgement, assessed by means of the item “I feel more valued by my coworkers and friends when I have a partner,” 78.2% of the participants responded “disagree” or “totally disagree” to this item. This indicates that social acknowledgement for having a partner is not perceived among the participants as an element of contextual pressure.

Lastly, the role of the family was assessed with 5 items, grouped into two blocks: attitude and family involvement (2 items: “Although we’d like to, sometimes we cannot go out because one of the families is against it”) and “My family is happy and supports my relation with _______”) and self-determination desired or expressed by the person (3 items: “I wish my family would let me decide when and how to meet _______ alone,” “I would not let my family interfere in my relation with _______,” and “If my family didn’t want me to go out with ________, I would break off with him/her.”). The global distribution in this section was also negatively skewed, with a median of 4 (the items with negative valence were inversed) in all the items except one ("Although we’d like to, sometimes we cannot go out because one of the families is against it”), whose median was 3.

Table 2
Correlation between the Total Score on the Specific Scale and Related Aspects (Spearman’s Rho)

<table>
<thead>
<tr>
<th>Related Aspects</th>
<th>Emotional well-being</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ρ</td>
<td>p</td>
</tr>
<tr>
<td>Own global appraisal</td>
<td>.392</td>
<td>.000</td>
</tr>
<tr>
<td>Perceived global appraisal</td>
<td>.309</td>
<td>.000</td>
</tr>
<tr>
<td>General satisfaction</td>
<td>.109</td>
<td>.035</td>
</tr>
<tr>
<td>Amorous satisfaction</td>
<td>.538</td>
<td>.000</td>
</tr>
<tr>
<td>Sexual satisfaction</td>
<td>.356</td>
<td>.000</td>
</tr>
<tr>
<td>Status and acknowledgement</td>
<td>.053</td>
<td>.334</td>
</tr>
<tr>
<td>Family interference</td>
<td>.202</td>
<td>.000</td>
</tr>
<tr>
<td>Self-determination</td>
<td>.384</td>
<td>.000</td>
</tr>
</tbody>
</table>

We then analyzed the relation of the scores in the aspects related to the total score obtained in the Specific Scale to Assess Love in People with ID (Table 2). High scores in the scale correlated positively with higher global appraisal (own and perceived), higher satisfaction (amorous and sexual), less family interference, and higher self-determination of the person with ID.

Emotional Well-being

In order to analyze emotional well-being of people with ID, we included the 7 items mentioned above, which were used in various stages of the elaboration and validation of the Scale for the Assessment of Quality of Life of People with Intellectual Disabilities (Verdugo et al., in press).

As stated in our third hypothesis, the descriptive results were negatively skewed, indicating (according to Kolmogorov-Smirnov’s Z test) that the data do not have a normal distribution (Z = 1.988, p = .001). The mean was 22.75 (SD = 3.01) and the median was 23, and the theoretical mid-point of this factor was 17.5.

Relation between Love and Emotional well-being

We analyzed the relation between the scores on the Specific Scale for the Assessment of Love in People with ID, and those obtained in emotional well-being by means of Kruskal-Wallis’ H test. For this purpose, we divided the participants into three groups as a function of the score in the total scale (quantiles 1 and 3 were the cut-off points to differentiate between low, medium, and high scores). The result was significant, χ²(2) = 11.152, p = .004; thus, higher scores in the total scale corresponded to higher scores in emotional well-being.

However, regarding the related factors (Table 3), we found a significant relation (but not high) between emotional well-being and perceived global appraisal, but not with the person’s own global appraisal. Therefore, high levels of emotional well-being may be more closely related to what people “perceive they receive” than with what they “perceive they give.”

Table 3
Correlation between Emotional Well-being and Related Aspects (Spearman’s Rho)

<table>
<thead>
<tr>
<th>Related Aspects</th>
<th>Emotional well-being</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ρ</td>
<td>p</td>
</tr>
<tr>
<td>Own global appraisal</td>
<td>.072</td>
<td>.166</td>
</tr>
<tr>
<td>Perceived global appraisal</td>
<td>.161</td>
<td>.002</td>
</tr>
<tr>
<td>General satisfaction</td>
<td>.029</td>
<td>.574</td>
</tr>
<tr>
<td>Amorous satisfaction</td>
<td>.163</td>
<td>.002</td>
</tr>
<tr>
<td>Sexual satisfaction</td>
<td>.111</td>
<td>.031</td>
</tr>
<tr>
<td>Status and acknowledgement</td>
<td>.039</td>
<td>.448</td>
</tr>
<tr>
<td>Family interference</td>
<td>.144</td>
<td>.005</td>
</tr>
<tr>
<td>Self-determination</td>
<td>.127</td>
<td>.014</td>
</tr>
</tbody>
</table>
Regarding satisfaction, the correlation (Spearman’s Rho), although low, was significant in sexual satisfaction and especially amorous satisfaction. However, there was no correlation with the responses about general satisfaction. Nor did we find a significant relation between the belief about status and acknowledgement and emotional well-being.

Lastly, although also low, the correlations with less family interference and more self-determination of people with ID were also positive.

On the basis of these results, we proposed a model that relates emotional well-being with love and related aspects. For this purpose, we used the variables that had a significant relation with emotional well-being in the previous analyses, and we established a theoretical model that we then contrasted. At this point, we would like to justify our going from the descriptive level used till now to the explanatory level (as we will propose a structural equation model). In the introduction, we alluded several times to the lack of studies that relate love and emotional well-being in people with ID. Therefore, there are no theoretical models that are sufficiently consolidated in previous research that could guide our analysis of the structural relations among the variables of interest and any other variables (family, in our case) that could contribute to the explanatory power of the model and support it from a theoretical viewpoint. The use of SEM methodology, in addition to a considerable amount of empirical data, requires sufficient conceptual clarity, especially when used for confirmatory purposes. However, it would not be adequate to identify all the cases of SEM models as confirmatory methodology. Jöreskog (1993) established a formal distinction between SEM applications that are (a) strictly confirmatory, (b) alternative, and (c) used to generate new models (i.e., exploratory). Many authorities on this topic (e.g., Arbuckle, 2000; Cribbie, 2007; Hancock, 1999; Loehlin, 2004) have studied in depth the conception of SEM models as merely exploratory in cases—like ours—where there are no clearly established prior models, and the theory is not sufficiently solid. The model we propose should therefore be understood as an initial attempt to explore the relations of interdependence and mutual influence among the variables of interest—love, emotional well-being, mediating family variables—in people with ID. In view of this approach to the knowledge of such relations, it could be argued that it would be more appropriate to use more “exploratory” methods, for example simple regression. We rejected this option because of the unfeasibility of using this methodology to analyze conjointly the relations among the variables involved.

The observed variables were the subjects’ responses to the following items: (a) regarding emotional well-being, we considered the items with a higher degree of consistency in the analyses: Items 65 (“I feel happy”), 68 (“I am content about myself”), and 70 (“I am content with my life”); (b) regarding love and couple relations, the total score obtained in the Specific Scale, perceived appraisal (“How much do you think _______ loves you?”), and amorous satisfaction (“I am satisfied, happy with my relation with _______”); (c) the factor of family and self-determination was divided into two components: family interference (score of the items: “Although we’d like to, sometimes we cannot go out because one of the families is against it” and “My family is happy and supports my relation with _______”) and self-determination (score obtained from the items: “I wish my family would let me decide when and how to meet _______ alone,” “I would not let my family interfere in my relation with _______,” and “If my family didn’t want me to go out with _______ I would break off with him/her”). Thus, the model includes family variables (family interference and self-determination) as the exogenous latent variable, and emotional well-being and love as endogenous latent variables.

In view of the nature of our entered variables (i.e., combination of ordinal and continuous variables assessed at different levels of measurement, absence of multivariate normality, as contrasted by means of Mardia’s (1974) statistic: skewness = 562.90, p < .0001, kurtosis = 6.55, p < .0001, Henze-Zirkler’s T = 58.54, p < .0001), the model was validated using the polychoric covariance and asymptotic covariance matrices calculated with the PRELIS 2.3 program (Jöreskog & Sörbom, 1996c; Scientific Software International, 2006b), and parameters were estimated with the robust maximum likelihood method (DuToit & DuToit, 2001; Jöreskog & Sörbom, 1996a, 1996b).

**Fit of the Measurement Model**

The fit of the measurement model with two endogenous latent variables (love and emotional well-being) was fully satisfactory: S-By $\chi^2(8) = 14.557, p = .0684$; root mean square error of approximation (RMSEA) = .0468, $P_{\text{CLOSE}} = .503$, normed fit index (NFI) = .985, nonnormed fit index (NNFI) = .987, comparative fit index (CFI) = .993, and goodness-of-fit index (GFI) = .935.

**Fit of the Structural Model**

The global fit was satisfactory, S-By $\chi^2(15) = 22.75, p = .089$, and clearly indicated the correspondence of the model with the data, so we accepted the hypothesis that the specified restrictions of the model were correct. The global fit was supported by the remaining indexes: RMSEA = .037, $P_{\text{CLOSE}} = .735$, with a 90% confidence interval between .000 and .0663, NFI = .981, NNFI = .987, CFI = .993, and GFI = .943.

As can be seen in Figure 1, all the loadings (except for $\gamma_{11}$, in which the t-value of Wald’s contrast did not reach statistical significance) were significantly different from zero. The determination coefficients were reasonably high in most of the observed variables, which indicates sufficient quality of the measurement.
However, the 28 standardized residuals ranged from -1.951 to 1.224, with a median of 0.039. Thus, no absolute values higher than 11.96 were observed. The eight indicators selected to measure the three latent variables of interest in the model are accepted as valid, in accordance with the above arguments.

Regarding the effects of the model, as expected, the conjoint effect of associated family factors and love factors on emotional well-being was positive and significant, although the percentage of variance explained by the conjoint influence of these factors was not high (34.0%). The direct standardized effect of family factors on love was also positive and significant, and explained 23.9% of the variance. Moreover, the direct standardized effects of associated family factors on love were greater than their effects on emotional well-being ($\gamma_{12} = .49$ and $\gamma_{11} = .36$, respectively).

The total effect of family factors on emotional well-being reached the value of .51, and the indirect effect (via love) was lower (0.15). The direct effect of love on emotional well-being was moderate ($\beta_{21} = .31$), although statistically significant.

Thus, according to the model, self-determination and family interference affect amorous behavior, and approximately one third of this effect is transmitted to emotional well-being, a result that supports the last two hypotheses.

Lastly, we conducted multigroup analysis to determine whether the estimated parameters were identical in the participants depending on whether or not they had a partner at the time of the study. It was assumed that having a partner would have great impact on the two endogenous variables of the model. The null hypothesis therefore states that the estimated parameters will be invariant in both groups. Upon dividing the participants into two groups, a new analysis with the weighted least squares estimation method was carried out.

The results (Table 4) showed that the estimated parameters in each group were not significantly different, so we accept the null hypothesis. As occurred in the bivariate analyses explained above, there were no differences depending on whether the participants had a partner, which leads us to reject the second hypothesis.

### Table 4

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>$\chi^2$</th>
<th>df</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal groups ($H_0$)</td>
<td>1.15</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Different groups ($H_1$)</td>
<td>0.94</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Difference</td>
<td>0.21</td>
<td>7</td>
<td>1.000</td>
</tr>
</tbody>
</table>

**Discussion and Conclusions**

The purpose of this study was to contribute to the understanding of the perception of people with ID of couple...
relations and love (merely an approximation, given the lack of consolidated theories in this field of study), and to analyze the relation of these variables with emotional well-being. For this purpose, given the small amount of specific bibliography, we decided to base our work on the existing studies and instruments to assess love in populations with no disability (Hendrick & Hendrick, 1986; Rubin, 1970; Sternberg, 1988; Yela, 1995). We elaborated out instrument on this basis, underscoring the need to adapt its content to the concrete reality of people with ID.

As our first conclusion, we can state that the configuration of love in people with ID is, in general, similar to that found in the people without disability who participated in the pilot study, as seen from the examination of the factor loading matrices of both groups. It is noted that the items about “recurrent thoughts” in the sample of university students were eliminated from the factor structure in disabled people so that, in this group, the second factor is only made up of items about passion and physiological excitement.

Regarding the five hypotheses proposed in our study, four were corroborated and one was rejected:

1. The perception of love and couple relations in the participants was extremely positive, in fact, idealized, both in the Specific Scale to Assess Love in People with ID and in the related aspects (specifically, global appraisal and satisfaction). This idealization corroborates the findings of other studies (Arias et al., 2006; Knox & Hickson, 2001), and may be explained, at least partially, by the lack of positive models and the lack of access to realistic information (Gordon et al., 2004; Howland & Rintala, 2001; Lesselier & Van Hove, 2002; López, 2002).

2. We did not find significant differences between the participants with a partner and those who did not have one. We expected that the people without a partner would tend more towards idealization in their responses than those who had a partner (who respond as a function of their current relation). However, this did not occur: the perceptions of both groups were similar, which suggests that the participants’ intimate relations are judged as highly satisfactory and that, in support of the previous hypothesis, they tend towards idealization. Therefore, the results of both groups can be considered jointly in the structural model, as there were no differences between them.

3. The distribution found in emotional well-being is also characterized by negative skewness. These results are similar to those found in other studies on quality of life (Cummins, 1995, 2003; Felce, 2006; Hensel et al., 2002), about which the homeostatic theory of subjective quality of life (Cummins, 2003, 2005; Cummins & Nistico, 2002) can offer an explanation.

4. As stated in our hypothesis, positive intimate relations in people with ID affect emotional well-being, so that high scores in the Specific Scale of Assessment of Love in People with ID correlate with highs scores in emotional well-being. There is also a positive and significant correlation between emotional well-being and perceived global appraisal, as also between amorous satisfaction and sexual satisfaction. Therefore, as with the population without disability, positive intimate relations affect not only physical well-being and health, but also psychological well-being, happiness, and quality of life (Chiappo, 2002; King, 2004; Ovejero, 1998; Sangrador, 1993; Yela, 2002).

5. Lastly, the data support the hypothesis of the relevance of family variables in people with ID, underscoring their moderating role in the relation between love and emotional well-being. Thus, high scores in love (total score in the Specific Scale to Assess Love in People with ID) on the one hand and high scores in emotional well-being on the other correlate significantly with less family interference and a higher capacity of self-determination in people with ID. Likewise, the structural model proposed of the three latent variables (emotional well-being, love, and family variables) emphasizes this moderating relevance of the family, and supports the relation between love and emotional well-being. At this point, it should not be forgotten that the family frequently decides what people with ID can or cannot do (García, 2005; Löfgren-Martenson, 2004; López, 2002), a factor of great relevance to differentiate couple relations in populations with and without disability.

No doubt, more research is needed to contribute to the comprehension of intimate relations in people with ID. This is a difficult task if we consider the habitual difficulties of research in the field of intellectual disability, especially access to subjects, the cognitive limitations inherent to ID, and the heterogeneity of the samples. As almost all the data about psychology of love were obtained with samples of people without disability, it is not surprising that we still do not know whether such knowledge and findings can be applied to the population with ID; if so, we should ask to what extent, because these people’s socialization process is very different from that of people without disability. We trust that future research will clarify these doubts and light up this still obscure field.

In concluding, we would like to mention some of the difficulties we encountered to carry out this work. Firstly, the use of this kind of scales with population with ID has been questioned because of the possible cognitive and linguistic limitations, and the emergence of some response biases (Finlay & Lyons, 2002). In this study, we administered an array of measures (Hartley & MacLean, 2006) to contribute to reliability and validity of the use of Likert-type scales in people with ID (e.g., medium-high level of functioning, no more than 4 points in the scale,
administration by means of individual interview, including explanation and paraphrasis of the items—using a protocol to minimize the systematic secondary variance).

However, the topic of study (love) entails asking questions about people’s personal, intimate, and private life. This leads to obvious limitations related to the lack of sincerity in the responses, which is generally avoided (at least partially) by offering guarantees about confidentiality and anonymity to the respondents. However, when the study is carried out with people with ID and the self-administered format of the scale turns into a structured interview, then anonymity, strictly speaking, disappears (Finlay & Lyons, 2001) even if confidentiality is stressed.

Another limitation of the study is related to the extreme tendency response bias we noted in the collective of interest. Despite the fact that the measurement scale had only a 4-point range, people with ID tended to respond with extreme options and it was difficult for them to qualify their response and choose intermediate values. We tried to attenuate this bias by having the interviewers make sure that the interviewee considered all the options before choosing a response.

Finally, another limitation has to do with the family variables that, in our hypothesis, are directly or indirectly related to emotional well-being. In addition to the ones we selected (family interference, self-determination), it is likely that there are others such as emotional support, trust, or information, that could affect the intimate relations of people with ID and, through them, their emotional well-being and quality of life.

References


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### APPENDIX

**Items of the Specific Scale to Assess Love in People with Intellectual Disabilities**

<table>
<thead>
<tr>
<th>Item nº</th>
<th>Item text</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>_____ knows what I like and what I don’t like.</td>
</tr>
<tr>
<td>02</td>
<td>If I could, I’d like to live with ______ by ourselves in our home.</td>
</tr>
<tr>
<td>03</td>
<td>I think about ______ often during the day.</td>
</tr>
<tr>
<td>04</td>
<td>If I could, I’d like to have children with ______.</td>
</tr>
<tr>
<td>05</td>
<td>My relation with ______ is very beautiful and romantic.</td>
</tr>
<tr>
<td>06</td>
<td>______ and I are concerned about each other’s well-being</td>
</tr>
<tr>
<td>07</td>
<td>I am capable of forgiving ________ his/her small faults.</td>
</tr>
<tr>
<td>08</td>
<td>I want to take care of my relation with ______.</td>
</tr>
<tr>
<td>09</td>
<td>______and I respect each other’s decisions.</td>
</tr>
<tr>
<td>10</td>
<td>Between _______ and me, there is good chemistry.</td>
</tr>
<tr>
<td>11</td>
<td>I feel very close to _______.</td>
</tr>
<tr>
<td>12</td>
<td>______ is my ideal partner.</td>
</tr>
<tr>
<td>13</td>
<td>I would like to go out with ______ and at the same time with more boyfriends/girlfriends.</td>
</tr>
<tr>
<td>14</td>
<td>I feel that I’m very important for ______.</td>
</tr>
<tr>
<td>15</td>
<td>No other person would make me as happy as ______.</td>
</tr>
<tr>
<td>16</td>
<td>______ and I tell each other very personal and intimate things.</td>
</tr>
<tr>
<td>17</td>
<td>I am sure of my love for ______.</td>
</tr>
<tr>
<td>18</td>
<td>I feel that I need ______.</td>
</tr>
<tr>
<td>19</td>
<td>If _______ is faithful to me, we will always be together.</td>
</tr>
<tr>
<td>20</td>
<td>When I see love movies, I think about ______.</td>
</tr>
<tr>
<td>21</td>
<td>I give each other a lot of affection.</td>
</tr>
<tr>
<td>22</td>
<td>When I’m near ______ I notice my heart beats faster.</td>
</tr>
<tr>
<td>23</td>
<td>______ and I trust each other a lot.</td>
</tr>
<tr>
<td>24</td>
<td>It would bother me if ______ were dating another person at the same time as me.</td>
</tr>
<tr>
<td>25</td>
<td>I would do anything to maintain my relation with ______.</td>
</tr>
<tr>
<td>26</td>
<td>I like to see ______ naked.</td>
</tr>
<tr>
<td>27</td>
<td>What I feel for ______ is more special than what I feel for any other friend.</td>
</tr>
<tr>
<td>28</td>
<td>I think that ______ is a perfect and marvelous person.</td>
</tr>
<tr>
<td>29</td>
<td>I think my relation with ______ is solid (serious).</td>
</tr>
<tr>
<td>30</td>
<td>I get excited when _______ and I caress and touch each other.</td>
</tr>
<tr>
<td>31</td>
<td>I think that ______ is very handsome and attractive.</td>
</tr>
<tr>
<td>32</td>
<td>I am sure that ______ is only going with me (is not being unfaithful with another person).</td>
</tr>
<tr>
<td>33</td>
<td>I like to make love to ______.</td>
</tr>
<tr>
<td>34</td>
<td>When I’m with ______ I’m very happy.</td>
</tr>
<tr>
<td>35</td>
<td>If I couldn’t be with ______, I’d feel very sad.</td>
</tr>
<tr>
<td>36</td>
<td>______ and I really understand each other.</td>
</tr>
<tr>
<td>37</td>
<td>I like to give romantic presents to ______.</td>
</tr>
<tr>
<td>38</td>
<td>I’d do anything for _______.</td>
</tr>
<tr>
<td>39</td>
<td>I don’t think anyone can be happier than I am with _______.</td>
</tr>
<tr>
<td>40</td>
<td>I wouldn’t let anyone interfere in my relation with ______.</td>
</tr>
<tr>
<td>41</td>
<td>I think my relation with ______ is stable (it will last).</td>
</tr>
<tr>
<td>42</td>
<td>I think that ______ is a very important person in my life.</td>
</tr>
<tr>
<td>43</td>
<td>Although we sometimes argue, I want to go on dating ______.</td>
</tr>
<tr>
<td>44</td>
<td>______ and I communicate very well with each other.</td>
</tr>
<tr>
<td>45</td>
<td>I like to kiss ______ passionately.</td>
</tr>
<tr>
<td>46</td>
<td>Faithfulness if very important in our couple relation.</td>
</tr>
<tr>
<td>47</td>
<td>I like to give ______ big hugs.</td>
</tr>
<tr>
<td>48</td>
<td>______ and I are sincere with each other.</td>
</tr>
<tr>
<td>49</td>
<td>It is difficult for me to imagine my life without ______.</td>
</tr>
<tr>
<td>50</td>
<td>I want _______ and me to be fiancées forever.</td>
</tr>
<tr>
<td>51</td>
<td>If I could, I would like to marry ______.</td>
</tr>
<tr>
<td>52</td>
<td>______ and I support and help each other.</td>
</tr>
</tbody>
</table>

*Note.* Initially, the scale was made up of 52 items. The 47 items that make up the final version of the scale—after eliminating three items through the analysis of internal consistency (Items 1, 13, and 27) and two items through the analysis of the factor structure (Items 7 and 53)—are in boldface.