Title: Social Skills Deficits in Adults with Williams Syndrome

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Introduction: Individuals with Williams syndrome (WS) are often characterized as overly friendly, socially disinhibited, and demonstrating extreme interest in interacting with others (Thurman & Fisher, 2016). Despite this sociable nature, individuals with WS experience considerable difficulty establishing and maintaining peer relationships, with most adults experiencing isolation and few social interactions (e.g., Davies et al., 1998). Despite longstanding evidence of the social behaviors and vulnerabilities of individuals with WS, there has been little systematic examination of the presence of social skills deficits in adults with WS and how these deficits impact friendships and feelings of loneliness. This study was designed to describe the social skills deficits observed in a sample of adults with WS, and the extent to which these deficits are associated with friendship difficulties and feelings of loneliness.

Method: Participants included 114 adults with WS (mean age = 27.99; 58 male, 56 female) and a caregiver. Caregivers completed the Social Responsiveness Scale- 2nd Edition (SRS-2; Constantino & Gruber, 2012) to assess the presence and severity of social impairment in the areas of social awareness, social cognition, social communication, social motivation, and autistic mannerisms. Adults with WS completed the Friendship Qualities Scale (FQS; Bukowski et al., 1994) to assess their friendships in terms of companionship, conflict, help, security, and closeness; and the Social and Emotional Loneliness Scale for Adults (SELSA; DiTommaso & Spinner, 1993) to assess feelings of romantic, social, and family loneliness.

Results: Results indicate that the majority of the participants showed at least mild to moderate elevations (T-score > 60) on four of the five subscales of the SRS-2, including social awareness, social communication, social cognition, and autistic mannerisms. Difficulties with social motivation were less commonly reported. For friendships, adults with WS rated their feelings of companionship as significantly lower than the other domains. Feeling of loneliness were most significant in terms of romantic relationships compared to family and social relationships. The total score on the SRS-2 was then dichotomized for scores in the clinical range versus the normal range and a multivariate analysis of variance was conducted with each of the subscales of the FQS and SELSA. Overall, social skills deficits were not related to scores on the FQS. Social skills deficits were, however, significantly related to feelings of loneliness (Wilk’s $\Delta = .86$, $F (3, 110) = 5.96$, $p = .001$). Post hoc analyses indicate that clinical levels of social skills deficits are related to feelings of loneliness specific to romantic ($F = 3.82$, $p = .05$), family ($F = 7.48$, $p = .007$), and social ($F = 5.28$, $p < .001$) relationships.

Discussion: Adults with WS in this sample were rated to have significant social skills deficits, with the exception of social motivation. These social skills deficits were not directly related to their difficulties with friendships, but were related to their feelings of loneliness. The majority of adults with WS reported difficulties with friendships related to companionship and feelings of loneliness related to romantic relationships. Further research should examine ways to support adults with WS and to enhance their relationship qualities.

References/Citations: