



Relationship between social loneliness and dissatisfaction and family life quality in early childhood

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Abstract. In this study, the relationship between 66-72 months old children's loneliness and social dissatisfaction at school and their family life quality was examined. The study included 194 kindergarten children who are 5-6 years old. As the data collection instruments, the personal information gained by the researchers, the Loneliness & Social Dissatisfaction Scale (60-72 months), and the Beach Center Family Quality of Life Scale were administered. As a result of the study, children in this sample generally reported high levels of loneliness-social dissatisfaction. A negative relationship between loneliness-social dissatisfaction of children and family quality of life was found. As a result, it was seen that the only significant predictor of loneliness and social dissatisfaction scores of children is the emotional well-being subscale. This result shows that the emotional well-being of children in the context of family life quality is the most effective factor in the loneliness and social dissatisfaction.

Keywords: Loneliness, social dissatisfaction, family quality of life, early childhood

Received: 07.01.2020

Accepted: 13.06.2020

Published: 15.09.2020

INTRODUCTION

The individual is an entity with social and emotional needs. To meet these needs, s/he interacts with other individuals around to gain social experiences. Every social experience gained from birth is very important not only for the formation of child's personality but also for the protection of his/her mental health. The inadequacy or dissatisfaction of the child while meeting his/her needs negatively affects his/her mental health and well-being (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006). As it is known, children are more satisfied and they interact more easily in social environment where they enjoy. Diener and Seligman (2002) state that individuals with high level of happiness are more successful in social relations and have higher rates of life satisfaction. From this point of view, social satisfaction, defined as being satisfied with social experience or feeling good (Coplan, Closson, & Arbeau, 2007), is a positive factor in shaping the child's social-emotional behavior. Social dissatisfaction (Youngblade, Berlin & Beslky, 1999), expressed as dissatisfaction caused by quantitative or qualitative deficiencies in social experiences, has been seen as a negative factor in shaping child's social-emotional behavior. While satisfaction in the social experience process strengthens child's self-esteem, subjective well-being, self-efficacy and problem solving skills (Cacioppo et al., 2006; Jackson & Warren, 2000); social dissatisfaction may lead to lack of belonging or social loneliness (McWhirter, Besett-Alesch, Horibata & Gat, 2002). Social loneliness is expressed as a sad subjective situation arising from the dissatisfaction of the individual in his/her social experience (Youngblade et al., 1999). Social loneliness seen in children is considered as a lack of objective social contact rather than emotional loneliness (Qualter, Vanhalst, Harris et al., 2015) and is explained as a situation that creates dissatisfaction during child's social relations (Maes, Van den Noortgate et al., 2017).

Recent researches have shown that social disability increases social dissatisfaction and social dissatisfaction increases the tendency to social loneliness (Jackson & Warren, 2000; McWhirter et al., 2002; Nie, Tian & Huebner, 2019; Youngblade et al., 1999). Especially in studies examining social dissatisfaction and loneliness in early childhood (Coplan et al., 2007; Galanaki & Vassilopoulou, 2007; Mahon, Yarcheski et al., 2006), there is a direct relationship between social interaction disability and social dissatisfaction. It is stated that dissatisfaction increases the tendency to loneliness in children. Qualter & Munn (2002) determined in their study that social dissatisfaction and loneliness were high in children who were shy and had social interaction failure. Also, in the study of Heinrich and Gullone (2006), it was determined that social

dissatisfaction and social loneliness were high in children who had social interaction disability. When the results of these studies are taken into consideration, it is understood that lack of social interaction skills in children may lead to social dissatisfaction and the feeling of loneliness.

The most important social experience environment of children aged between five and six is their family and peer group. Children shape their first social-emotional behavior with social experience in their family environment. While the family meets the physiological, social and emotional needs of the child, it also supports his/her socialization (Hallaç & Öz, 2014). For this reason, the first behavior acquired in the context of family thoughts and values are a kind of bridge in the transition of the child to other social environment (Elicker, England & Sroufe 1992, Ladd & Troop-Gordon, 2003; Shonkoff, 2010; Sroufe 2002, 2005). For example, in the studies of Schmidt, Demulder & Denham (2002) and Wood, Emmerson, & Cowan (2004), it is stated that feelings of trust, acceptance and belonging develop in children who feel loved and accepted in their family. It is claimed that there is a tendency for social loneliness and dissatisfaction in children, who cannot feel love and acceptance in their family environment. Many research findings suggest that the dysfunctional family living conditions are effective at the basis of social behavior problems in children (Holder & Coleman 2009; Parkes, Sweeting & Wight, 2016; Seefeldt & Wasik, 2006; Scaramella & Leve, 2004; Seith & Isakson, 2011; Shonkoff, 2010). In the study of Wu and Chow (2013), it is said that there were problems such as insecure attachment, lack of belonging, social loneliness and dissatisfaction in children who were in dysfunctional family environment. The functional family life stated in the studies is characterized by adequate social emotional encouragement, satisfaction with spending time together, understanding, love, warmth, loyalty and trust for the family and family members. Dysfunctional family life is characterized by lack of love and warmth, lack of social emotional support, inability to solve social problems, lack of communication and intolerance among family members (Gladding, 2015; Sari and Dahlia 2018).

Discontent, insensitivity or conflicts within the family directly affect the child's self-perception. Negative situations in family interaction cause the child to develop negative behaviors such as insecurity and anxiety related to social life (Shonkoff, 2010). Especially the financial, emotional competence of the family, the sense of belonging among the family members and the satisfaction of them living together, etc., are effective in meeting child's social emotional needs in the family environment. These factors are also the indicators of the quality of family life. Life quality of a family is that the family can meet their needs, can do what is important to them, and enjoy living together (Park, Hoffman, Marquis et al., 2003). The child is also a member of the family so s/he is affected by everything going on in it. Negative parental attitudes towards children, educational status of the parents, divorce, neglect or violence, poverty, etc. are all important factors in the structuring of the personality traits of the children (Burlaka, 2016; Özbey & Alisinanoğlu, 2009; Shankar, Chung, & Frank, 2017). Especially inconsistent or irrelevant parental attitudes negatively affect the child's self-control and self-esteem. Self-esteem and inadequate self-control can cause children to display insecure and anxious behavior in peer interaction (Vasilyeva & Shcherbakov, 2016). Avcı, Selçuk and Kaynak (2019) found that children with inconsistent attitudes in the family environment, having poor family life and low parental education, were going through problems such as being introverted, excluded and insecure. It has been found in many studies that children who feel trust and family support in their family environment have high satisfaction with their social experiences among their peers (Ramsey, 1988; Rubin, Daniels-Beirness, & Bream, 1984). In the study of Ladd and Price (1987), it was determined that children who grew up with warm relationships in the family environment were loved by their peers and displayed collaborative and sharing behaviors. In the studies of De Minzi (2006), Ramsey (1988), Rubin et al., (1984), it was stated that children who did not grow up with warm relationships in the family environment feel worthless in their self-perception. It has been found that peer social satisfaction is low in children who feel worthless.

The social experience environment of the children after the family is the environment they share with their peers. For children, peer behaviors are more complex than family behavior patterns (Hartup, 1989; Ladd, Kochenderfer & Coleman, 1996; Rodkin & Hodges, 2003). Children encounter patterns of behavior in their peer environment such as solidarity, cooperation and

sharing, social approval, joining or exclusion from a social group. These complex behaviors are important stimuli in elaborating children's psychosocial behavior and regulating their emotions (Buhs & Ladd, 2001; Guralnick, Neville, Hammond & Connor, 2007; Ladd, Birch & Buhs, 1999; Martin, Fabes, Hanish & Hollenstein, 2005; Malecki & Elliot, 2002; Wentzel, 1999; Wentzel & McNamara, 1999; Wentzel & Watkins, 2002). According to Szewczyk- Sokolowski, Bost, and Wainwright (2005), children acquire information about the social world outside the family through their peers and find the opportunity to understand the feelings of both themselves and others. Peer interactions meet children's friendship, belonging and social acceptance needs (Gülay, 2011; Perren, Stadelman, Bürgin, & Klitzing, 2006). It helps children to solve their social conflicts and strengthens their social communication skills (Avcı, Selçuk, & Kaynak, 2019). Peers who are the cognitive-social knowledge and skill source of children, also support the acquisition of socially valued behaviors such as cooperation, sharing and social equality. Peer exclusion anxiety and social interaction failure are effective in children's social dissatisfaction (Coplan et al., 2007; Galanaki, 2004). Preschool children not having a friend to play, going through problems in making friends or being exposed to peer violence affect child's self-perception negatively. The child, who perceives himself as worthless in peer relationships, closes in time and starts to decrease his social contact with peers (Brennan, 2008). It is seen that children often use expressions such as "I have no friends to play with, nobody is playing with me." This dissatisfaction in children is considered as social loneliness due to lack of social contact rather than emotional loneliness (Qualter et al., 2015).

It is pointed out that social dissatisfaction seen in early childhood is directly related to incompatibilities in children's future lives (Cartledge and Milburn, 1980; Hops, 1983; Katz & McClellan, 1997; Ladd & Troop-Gordon, 2003; Merrell & Gimpel, 2014). In a study, it was determined that children who experienced social dissatisfaction in their peer relationships during their kindergarten years were incompatible with their peers and displayed aggressive behavior during their elementary school years (Harrist, Zaia, Bates, Dodge & Pettit, 1997). Similarly, in studies of Boulton and Underwood (1992) and Rotenberg, Addis, Betts et al. (2010), it has been suggested that social dissatisfaction due to situations such as rejection by peers, exposure to peer violence in early childhood may be associated with depression, loneliness, anxiety and rejection by peers in later years. In many similar studies (Cassidy & Asher, 1992; Coplan et al., 2007; Ladd & Coleman, 1997; Ladd et al., 1996; Rubin, Bukowski & Parker, 2006; Youngblade, Berlin & Beslky, 1999) it is pointed out that peer interaction problems encountered in early childhood can negatively affect the attitude of the child towards school in the future educational life and may result in undesirable behavior such as school avoidance.

As can be seen from the literature, family and peer are two important social contexts in social loneliness and dissatisfaction seen in early childhood. It has been found that there are many studies on the importance of family and peer interaction in the mental health of children. However, not much research has been encountered except for a few studies on social loneliness and dissatisfaction in early childhood in Turkey. No studies have been found regarding loneliness and social dissatisfaction in early childhood and life quality of the family. For this reason, in the present study was conducted to examine the relationship between 66-72 months old children's loneliness and social dissatisfaction at school and the quality of their family life. Within the framework of this basic purpose, answers to two questions were sought. First, does life quality of families predict children's loneliness and social dissatisfaction at school? Second, what are the most effective variables predicting loneliness and social dissatisfaction in life quality of a family?

METHOD

The aim of the study was to determine the relationship between 66-72 months of children's quality of family life and loneliness-social dissatisfaction at school. Therefore, this study has been carried out as a correlational survey model, as one of quantitative research methods, to determine the relationships between variables and to determine possible results. Correlational research model is a model with the goal to determine the presence and degree of covariation between two or more variables (Büyüköztürk et al., 2017; Karasar, 1999).

Participants

The study group of the research consists of 66-72 months old children attending public kindergartens in Antalya-Alanya district in 2017-2018 academic year. The necessary permission was obtained from the Antalya Governorship, Alanya District National Education Directorate, to form the study group. Within the scope of this permission, the researcher contacted 10 official primary schools in the district of Alanya and five of them volunteered to participate. A parents meeting was held at these schools and the parents were informed about the purpose of the research and measurement tools. Individual interviews were conducted with the children of the parents that volunteered to participate. During these interviews, consent of each of the children was obtained. A total of 194 children who volunteered to participate were included in the study group. The socio-demographic characteristics of the children included in the study are presented in Table 1.

Table 1. Participant Demographic Information

Variable	Children		Father		Mother	
	n	%	n	%	n	%
Gender						
<i>Girl</i>	106	54,6	-	-	-	-
<i>Boy</i>	88	45,4	-	-	-	-
Birth order						
<i>Firstborn</i>	89	45,9	-	-	-	-
<i>Last born</i>	105	54,1				
Sibling						
<i>Yes</i>	70	36,1	-	-	-	-
<i>No</i>	124	63,9	-	-	-	-
Pre-school starting age						
<i>Before 36. month</i>	28	14,4	-	-	-	-
<i>Later 37 month</i>	166	85,6	-	-	-	-
Family type						
<i>Nuclear family</i>	179	93,3	-	-	-	-
<i>Extended family</i>	12	6,7	-	-	-	-
Family Monthly income						
<i>1000 TL Under</i>	88	45,4	-	-	-	-
<i>1000 – 2000 TL</i>	65	33,5				
<i>2000 – 3000 TL</i>	25	12,9	-	-	-	-
<i>3000 TL Over</i>	16	8,2	-	-	-	-
Level of Education						
<i>Primary School</i>			101	54,1	111	57,2
<i>High school graduate or post high school training</i>	-	-	93	47,4	83	42,8
Age range						
<i>25 – 30 years old</i>	-	-	194	100	88	45,4
<i>31 – 35 years old</i>	-	-	-	-	63	32,5
<i>Above 36 years</i>	-	-	-	-	43	22,1
Employment status						
<i>Employed full-time</i>	-	-	194	100	50	25,8
<i>Not employed</i>	-	-	-	-	144	74,2

The socio-demographic characteristics of the sample are as following (Table 1). Out of the children, 45.4% were male, and 54.6% were female; 45.9% were a first-born child, and 54.1% were a last-born child. Among the children, 36.1% were an only child in the family, and 63.9% had at least one sibling. With regard to their education, 14.4% began preschool education before they were 36 months old, and 85.6% began preschool education once they were 37 months old. Furthermore 93.3% children lived in a nuclear family while 6.7 % lived in an extended family. The average monthly income of 8.2% of the families was less than 1,000 Turkish Liras (TL), that of 45.4% was 1,000–2,000 TL, that of 33.5% was 2,000–3,000 TL, and that of 12.9% was more than 3,000 TL. Out of the mothers who participated in the study, 42.8% primary school

graduated, and 57.2.8% graduated high school graduate or post high school training. Of the fathers, 52.1% graduated from elementary school, and 47.4% graduated from high school or university. Of the mothers, 45.4% were in the age range of 25–30, 32.5% were in the age range of 31–35, and 22.2% were 36 years old or older. Furthermore 25.8% of the mothers were employed while 74.2% were housewives. All fathers (100%) were between 30 and 35 years old.

Data Collection Instruments

As the data collection instruments, the personal information gained by the researchers, the Loneliness & Social Dissatisfaction Scale (60-72 month) and the Beach Center Family Quality of Life Scale is used as data collection instruments.

Loneliness & Social Dissatisfaction Scale (60-72 month) /LSDS: The scale, which was used to evaluate the loneliness and social dissatisfaction of children aged 5–6, was originally developed by Cassidy and Asher (1992). It was adapted to Turkish by Yazıcı, Duyan and Gelbal (2013). The scale is a 3-point likert type consisting of 23 items in total. Children were asked to rate themselves on a 3-point ((1=no, 2=sometimes, 3= yes) scale ranging from across 23 items, 15 of which assess feelings of loneliness and social dissatisfaction (e.g., “Do you feel alone at school? and “Is it easy for you to make new friends at school?). Eight items were filler items that were not included in the scoring (e.g., “Do you like to watch television a lot?” and “Do you like to read a book?”). The total possible scores from the scale vary between 15 and 45. The high points mean that the level of loneliness and social dissatisfaction is high while the low points mean that the level of loneliness and social dissatisfaction is low. The Cronbach alpha value of the scale is 0.76 (Yazıcı et al., 2013). In this study, the internal consistency coefficient of the scale was calculated to be 0.77.

Beach Center Family Quality of Life Scale/ BCFQLS-: This scale was originally developed by the University of Kansas Beach Center on Family and Disability (2006), and its' adaptation to Turkish, validity and reliability study was conducted by Meral (2013). The scale, developed to determine the quality of life of families, consists of 25 items under five sub-scales: quality of family interaction, quality of parenting, quality of emotional well-being, quality of physical well-being, and quality of disability-related support. One can score a maximum of 105 points and a minimum of 21 points on the scale of which the items are rated on a 5-point scale. High scores from the scale overall and from each of its sub-scales mean high family quality of life, while low scores mean poor family quality of life. Internal consistency (α) coefficient for the whole scale is .92 (Meral & Kavcar, 2013). In this study, the Cronbach Alpha coefficient was found to be .89 for the Beach Center Family Quality of Life Scale overall. Through the scale, it is aimed to assess the family quality of life of children with both developmental disabilities and normal development. However, as the sample in this study covered children with normal development, the quality of “disability-related support” sub-scale of the scale was excluded from the analysis, and thus, the remaining 21 items of the scale were used.

Collection of Data

The data collection process of the research was carried out in two stages. At the first stage, parents were asked to sign the research consent form. Then, the Beach Center Family Quality of Life Scale and Personal Information Form were applied. Parents were informed about filling the scale in line with both parents' common opinions. All participants except single parents (n=3) decided together. One of the parents could not attend the meeting so the Beach Center Family Quality of Life Scale and Personal Information Form were sent to them through the classroom teacher. And after filling the scale and the form, they are delivered to the researchers through the teacher again. In the second phase, children were interviewed individually, with both parents' consent. The children were informed about the study and the measurement tool. The children were asked whether they would voluntarily participate in the study or not. Children that refused to participate (n=6) were excluded from the study. The Loneliness and Social Dissatisfaction Scale was applied through individual interviews to 194 children whose consents were received. Interviews with children were made by the researchers one-on-one to prevent children from

being affected by external stimuli. The answers given by the children to each scale item were objectively transferred to the form by the researchers. Interviews with each child took approximately 15-20 minutes. The data of the children who were bored, distracted, did not enjoy the implementation process and could not focus were not included in the data analysis process of the study.

Data Analysis

Research data were analyzed using the SPSS 24 statistical package program. Socio-demographic variables were analyzed through descriptive statistics such as means, frequencies, and percentages. Multiple linear regression assumptions were first tested to determine whether family life quality predicted children's loneliness and social dissatisfaction or not. Before starting the regression analysis, missing values of the data obtained from the Loneliness and Social Dissatisfaction Scale and the Beach Center Family Quality of Life Scale were analyzed first. Data outside the range of -3 and +3 points according to the standardized "z" scores were removed from the data set of the study. And then skewness and kurtosis values were examined to see if the variables met the normal distribution measures. Skewness values of the variables ranged between 0.28 and 0.82, and kurtosis values ranged between -0.15 and 0.92. These values indicate that the skewness and kurtosis coefficients are ideally between +1 and -1. Durbin-Watson coefficient was used to test autocorrelation. It is seen that Durbin-Watson values were found to vary between 1.78 .00 and 2.02. Whether the research data caused multiple connection problems or not was tested via examining the correlation values between variables and VIF and tolerance values. It was determined that the correlation values were between 0.07 and 0.67, tolerance values were between 0.19 and 0.41, and VIF values were between 2.28 and 2.42. These data indicate that the correlation between the multiple connection problem variables occurs when the correlation between the variables is greater than 0.90, the VIF values are greater than 10 and the tolerance values are less than 0.10 (Büyüköztürk et al., 2018). In line with the values obtained, assumptions were met and multiple regression analysis was performed.

FINDINGS

Table 2 presents the descriptive statistics of the findings that were addressed in the study. First, the scores of *Loneliness and Social Dissatisfaction Scale* and *Beach Center Family Quality of Life Scale* are described. Second, the results of pearson correlation test between family life quality and loneliness and social dissatisfaction in children are given in Table 3.

Table 2. Average and standard deviation values of scores on Loneliness and Social Dissatisfaction Scale, and Beach Center Family Quality of Life Scale

Scales	N	Low.- High. Possible Scores	M ± SD
Beach Center Family Quality of Life Scale/ BCFQLS			
BCFQLS -Family Interaction	194	6-30	27.05 ± 2.86
BCFQLS -Parenting	194	6-30	27.28 ± 3.16
BCFQLS -Emotional Well-being	194	4-20	14.01 ± 2.77
BCFQLS -Physical Well-being	194	5-25	21.14 ± 3.42
BCFQLS Total	194	21-105	103.27 ± 12.593
Loneliness and Social Dissatisfaction Scale/LSDS			
	194	15-45	35.23 ± 3.578

As it is seen in Table 2 the average BCFQLS-family interaction score was 27 while BCFQLS-parenting score was found to be 27.28. The mean score of BCFQLS -emotional well-being was 14.01, as the BCFQLS-physical well-being was found 21.14. Moreover, the total score of BCFQLS was found to be 103.27, indicating that the sample has a high-level quality of family life. The mean

score of loneliness and social dissatisfaction is found to be 35.23, showing that the overall sample had high-level loneliness and social dissatisfaction.

The loneliness and social dissatisfaction scores of children in the research group and pearson correlation values applied to family life quality scores are presented in Table 2.

Table 3. Correlation matrix of variables

Variables	1.	2.	3.	4.	5.
1.Loneliness and Social Dissatisfaction	1.00	.19*	.08	-.68**	.07
2.Family Interaction		1.00	.38**	-.22*	-.29*
3. Parenting			1.00	.02	-.64**
4. Emotional Well-being				1.00	.04
5. Physical Well-being					1.00

**p<.01, *p<.05

When Table 3 is examined, it has seen that the correlations between loneliness and social dissatisfaction scores and family life quality are between $r=0.07$ and $r=0.68$. It was determined that the lowest correlation with loneliness and social dissatisfaction was between $r=0.07$ and physical well-being dimension, and the highest correlation was between $r = 0.68$ and emotional well-being dimension.

To explore the relationship between children's loneliness and social dissatisfaction and family quality of life, a series of multiple regression analyses were conducted. The correlations among the predictor variables (Subscales of the BCFQLS-family integration, parenting, emotional well-being, physical well-being) and the criterion variables (Loneliness and Social Dissatisfaction Scale) are displayed in Table 4.

Table 4. Multiple regression analysis results on the prediction of loneliness and social dissatisfaction in children

Variables	B	SE	β	t	p
BCFQLS-Family Interaction	.082	.052	.094	1.584	.115
BCFQLS-Parenting	.060	.102	.043	.588	.557
BCFQLS-Emotional Well-being	.685	.057	.662	12.099**	.000
BCFQLS- Physical Well-being	.140	.099	.098	.405	.162
R = .691		R² = .478		F₍₄₋₁₉₀₎ = 42.531	
				p < .001*	

As shown in Table 4 there is a significant relationship between family integration, parenting, emotional well-being, physical well-being (predictor/independent) variables together with the loneliness and social dissatisfaction total scores (predicting/dependent variable) ($R=.691$; $R^2=.478$) ($F_{(4-190)}=42,531$; $p<.001$). These four variables together explain about 48% of the total variance in loneliness and social dissatisfaction. Although the model predicted 48% of the variance in loneliness and social dissatisfaction, beta weights indicated that only emotional well-being significantly contributed to the variance (see Table 4). According to the standardized regression coefficient (beta), the relative importance order of predictive variables on loneliness and social dissatisfaction was determined as emotional well-being, physical well-being, family interaction and parenting. When the t test results related to the significance of the regression coefficients are examined, it is seen that the only significant (important) predictor on loneliness and social dissatisfaction scores is the emotional well-being variable ($t=-12.099$, $p<.001$).

DISCUSSION and CONCLUSION

In this study, the relationship between 66-72 months old children's loneliness and social dissatisfaction at school and their family life quality was examined. The children in this study reported high level of loneliness and social dissatisfaction at school, similar to the results of other studies (Boulton & Underwood 1992; Bülgür, 2018; Coplan et al., 2007; Kochenderfer-Ladd 1996; Ladd et al., 1996, Ladd & Burgess 2001; Nickerson, & Nagle, 2004; Parker & Asher 1993). The same findings were obtained in the study conducted by Bülgür (2018) with 5-6 year-old children. Similarly, in a study by Coplan et al. (2007), it was stated that there was a tendency for loneliness and social dissatisfaction in peer relationships in 5-6 years old children in their school environment. After age of four, children are very pleased to be in constant contact with peers. At the age of five or six, they tend to meet their needs for acceptance, interest, and approval from their peers (Gander & Gandiner, 2004). They like to share their peers' feelings and collaborate (Cirhinlioğlu, 2010) and interact with their friends (Uluyurt, 2012). For this reason, it is very important to belong to a group and to be a part of peer play groups during this age period. The negativities experienced in peer relationships at this age are very effective on psycho-social behavior. When the literature is examined, it is seen that loneliness and social dissatisfaction seen at this age group is not just a simple phenomenon. The studies conducted revealed that loneliness and social dissatisfaction were associated with different psycho-social cohesion outcomes such as; negative peer experiences, weak peer relationships, peer deficiency, low self-esteem, low self-value perception, low social acceptance, lack of social communication, anxiety and aggressive tendency, introversion and low number of friends (Fordham and Stevenson-Hinde, 1999; Coplan et al., 2007; Hawker & Boulton, 2000; Kochenderfer-Ladd & Skinner, 2002; Qualter & Munn, 2002). Since the self-perception of children between the ages of 5-6 is very optimistic, positive peer experiences create emotional states such as peace, happiness, and trust in children (Oishi, Diener, Lucas & Suh, 2009). When they cannot get adequate peer support, self-perception may tend to be negatively affected (Lau, Siu & Chik, 1998). Conditions such as rejection by playmates (Bullock, 1998), failure to find friends to play, exposure to peer violence, exclusion from play may create feelings of worthlessness in the child (Youngblade et al., 1999). The sense of worthlessness can lead to loneliness due to social dissatisfaction (Brennan, 2008; Ni, Bushin, Carpena-Mendez and White, 2009). Specifically, because low-accepted children experience limited opportunities for positive peer interaction, it follows that they might be relatively deprived of opportunities to learn normal, adaptive modes of social conduct and social cognition. Certain problems experienced by children such as problems in regulating peer relations and being excluded from social relations may lead to loneliness and social dissatisfaction (Coplan et al., 2007). Loneliness and social dissatisfaction in early childhood may not only pose a risk to the socialization of children but also lead to the formation of loneliness later in life (Ladd and Troop-Gordon, 2003). Wentzel, McNamara-Barry and Caldwell (2004) have found that children who do not have friends make less attempts to have positive social interactions. Also, Choi and Kim (2003) reports that (2003), as children's acceptance by their peers decreases, children are more likely to develop socially inappropriate patterns of behavior such as social isolation and aggression. Similarly, in a study by Shin et al. (2016), it is stated that the tendency of the children with a qualitative peer-relation problem were higher to show internalizing problems as adolescents.

Protection- and trust-based interactions in the family constitute the basis for children's healthy social interaction skills (Collins et al. 2000; Hartup, 1989; Schneider, Atkinson, & Tardif, 2001; Wang, & Fletcher, 2016). Children learn attitudes such as loving, sharing, respecting, managing social relations, and adopting socially-acceptable behaviors that they would need throughout their lives in the family environment (Yaşar-Ekici, 2015). Therefore, in order to shape children's social behaviors healthily, the quality of emotional well-being within the family is crucial. Indeed, the second finding of the study, it was seen that emotional well-being subscale of family life quality was a significant predictor of loneliness and social dissatisfaction of children.

The results show a negative relationship between the loneliness-social dissatisfaction of children and emotional well-being subscale as well as family interaction subscale. While the relation of the family interaction was found to be low, it was high for emotional well-being. It was

stated that the relative importance order of the variables predicting loneliness and social dissatisfaction was listed as emotional well-being, physical well-being, family interaction and parenting. Emotional well-being was determined as the only predictor of family life quality on loneliness and social dissatisfaction of children. These results show that emotional well-being is the most effective variable in the loneliness and social dissatisfaction of children in the context of family life quality. According to this result, it can be said that as the emotional competence *decreased* in the family environment, loneliness and social dissatisfaction increased in the school environment. Moreover, when emotional competence *increased*, loneliness and social dissatisfaction decreased.

In the study of Wood, Emmerson & Cowan (2004), it is stated that children who feel that they are valued in the family can satisfy their needs of trust, acceptance and belonging. When they feel that they are not valued, emotional-behavioral problems or loneliness and social dissatisfaction may occur. Similarly, McHale, Johnson, & Sinclair (1999) stated that there was a positive relationship between emotional competence in the family and children's peer relationships, and as the emotional competence increased in the family, the positive behavior towards the school and peers increased. According to Gottman, Katz & Hooven (1996), children whose emotions are noticed by parents can positively interact with peers, while children whose emotions are neglected (children who cannot receive emotional support from parents) may experience emotion regulation problems in social interacting with peers (e.g., social withdrawal, anxiety). These studies support the presented research findings. In addition, in the study of Bahçivan and Gençöz (2005), it is stated that children who received emotional support and interest had high self-confidence in their social interactions outside the family. Pannilage (2017) explained that children in a dysfunctional family environment perceived restrictions, less social support, and rejection, and felt worthlessness, and less love from their parents. The most important social resource in meeting the social needs of children in this age group is the family. The most essential role models in social-emotional behavior in early childhood are parents (and the individuals within the family). The child acquires social behaviors such as developing self-confidence, self-control and producing social strategies by observing role models in the environment. These behaviors are extremely important for the children to carry out their social experiences outside the family. According to attachment and social learning perspectives, children transfer their behavioral experiences acquired from their parents to peer relationships (Chang, & Shaw et al., 2017). According to the literature, the lack of emotional support among family members causes children to experience inadequate social communication skills and it is also stated that friendship quality and peer acceptance are low in children with social communication disabilities (Yu et al. 2000).

In addition, it is expressed that children who grow up in a dysfunctional family environment model less positive social behavior in the family environment and when they transfer their modeling to their peer relationships, they cannot meet the need for a close relationship among their peer groups. It is emphasized that children who cannot develop satisfactory peer relationships experience social-based loneliness (Maes et al. 2017; Park & Ladd, 2016). Therefore, it can be said that emotional inadequacy in the family environment has a negative impact on peer social relationships of children. The children included our study may have experienced a lack of emotional support in the family environment. Family environment that may have been reflected in the peer relationships of the children. Therefore, it can be considered as the reason for children's loneliness and social dissatisfaction. Considering all these studies it can be said that the lack of emotional well-being in the family environment has a negative effect on the peer social relationships of children.

In studies on peer relationships and parenting, it is stated that parenting is an effective variable in children's peer relationships (Charalampous, Demetriou, Tricha et al., 2018; Georgiou, Ioannou, & Stavrinides, 2017; Gómez-Ortiz, Romera, & Ortega-Ruiz, 2016; Llorca, Cristina Richaud & Malonda, 2017; Parke, & Ladd, 2016; Wang, & Fletcher, 2016). As reported by Putallaz and Heflin (1990) the warmth and responsiveness experienced in the context of parent-child interaction may influence the extent to which children seek out emotional ties with others. According to Finnegan, Hodges, and Perry (1998), there was a relationship between children's

passivity and mother-child relationships. Whereas coercive and emotional control and lack of responsiveness were linked to peer victimization in girls, maternal overprotectiveness was linked with peer victimization among boys.

Fletcher and Padrón (2016) claimed that children's social well-being at school has linked to childrearing philosophy and parent-child relationship quality. Parents play an important role in shaping children's psychosocial well-being. Especially, the effects of parenting style are expected to play a significant role in children's future social interactions when they exhibit a positive approach such as emotional support, positive regard, and effective limit setting (Pitula, DePasquale, Mliner & Gunnar, 2019). However, in this study, there was no significant relationship between family life quality parenting and physical well-being dimensions and loneliness and social dissatisfaction found.

There is a difference between parenting and parenting styles. Parenting is an activity that adult family members do to help children grow and develop in multiple areas of life, on the other hand, parenting style is referred to as the general emotional climate that parents provide. The parenting sub-dimension mentioned in this study expresses the child-raising activities as emotional well-being is mentioned as an emotional climate in the environment in which the child is growing. It should also be noted that family life quality includes emotional competence, family members' sense of belonging and respect, self-esteem, and self-perception (Park et al., 2003). Therefore, the point that children reflect in peer relationships may have been the emotional dimension in the family environment. Indeed, as a result of the research, it was determined that the emotional well-being subscale of family life affects the loneliness and social satisfaction of children. It is important to also notice that family quality of life parenting subscale measures the parenting, not the parenting style. The emotional well-being subscale includes parenting style behaviors. In our study as expected emotional well-being subdimension was found to have to significant impact. This distinction can be considered as the reason why the parenting dimension of family life quality is not found to be an effective variable in the loneliness and social dissatisfaction of children.

One of the indicators of the quality of life of individuals is the satisfaction obtained from their interactions in the social environment. The child, who is satisfied in family life, would facilitate peer social interaction. At this point, emotional satisfaction and support within the family are essential in the peer interaction of children because a supportive family environment where the child can "exist", "belong" and "self-realize" will affect the quality of child's life. It is possible to transfer these positive feelings to social environments outside the family.

In conclusion, it is seen that modifications are needed to enhance children's peer relations in kindergartens. Therefore, it will be beneficial to plan guidance studies with a joint effort of schools and families within the scope of school guidance services to strengthen within-family relations and in-school peer relations of children. Within the scope of school guidance service endeavors, workshops can be carried out for families, school administrators and teachers where they would altogether create strategies and action plans to follow in order to enhance/strengthen the peer interactions in preschool educational environments, as well as developing alternatives to traditional ways of social interactions. Children may be enrolled to attend the same kindergarten as their acquainted peers in their neighborhoods to ensure the sustainability of their relationships with their peers. In the early days of school, they can be paired in the same classroom environment, with familiar peers from the neighborhood or family circle. School-family collaboration can be enhanced to help children maintain their peer relationships outside the school environment. Friendship clubs and social playgroups can be created in kindergartens.

Acknowledgment

I would like to thank to preschool teachers and principals who organized the meetings and made it easy to reach the parents. Many thanks to all those preschool children who participated with great enthusiasm in the research.

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