

# Self-Image, Adolescence, and Disability

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## KEY WORDS

- cerebral palsy
- development
- psychosocial

The purpose of the present study was to examine the self-image of a group of young persons with cerebral palsy. The respondents (3 girls and 4 boys, ages 12 to 17 years) were interviewed and asked to complete a personality inventory. The results from the personality inventory revealed that the respondents viewed themselves in a very positive manner and rated markedly higher than norm groups. This positive view corresponded well with the findings of the interview.

The following conclusions are made: Further studies on self-image and the psychosocial development of adolescents with disabilities should (a) focus on the social interaction outside their immediate families, and (b) continue to use and develop methods where these adolescents can give voice to their own experiences and opinions.

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Psychosocial development during adolescence evolves to a large extent around issues of self-esteem and identity (Erikson, 1959; Kroger, 2000). Although the adolescent period of human development has received a large amount of research interest during the last 2 to 3 decades (Santrock, 1998), the psychosocial development of adolescents with physical disabilities has been largely ignored. Research on physically disabled adolescents has primarily focused on the adolescents' physical rather than psychological condition and development (Abrahamson, Ash, & Nash, 1979; Seiffge-Krenke, 2001). When psychological development has been studied, it has in general concerned academic or intellectual aspects. In relation to topics such as self-esteem, self-image, and identity development, the literature regarding disabled adolescents is sparse (King, Shultz, Steel, Gilpin, & Cathers, 1993; Magill-Evans & Restall, 1991). This gap in the literature was confirmed in the present study by electronic searches in three major databases (PsychInfo, Medline, and ERIC) giving very limited results.

At first glance it may seem obvious that adolescents with, for instance, loco-

motion difficulties, speech deficits, and seizures would have a lower sense of self-esteem than their able-bodied peers. However, the results of previous research are inconsistent (Pearson, Carr, & Halliwell, 1985) and mostly contradictory to this probably rather common assumption. Magill and Hurlbut (1986), Magill-Evans and Restall (1991), and King et al. (1993) all report that there seem to be no major differences when it comes to general self-esteem between disabled and able-bodied adolescents. However, differences have been found in self-esteem in regard to social, athletic, and academic competence as well as romantic appeal (King et al.).

In order to understand the issues and challenges that meet disabled adolescents on their path to adulthood we need to further explore the way these young persons perceive and evaluate themselves. Knowledge in this field can in turn be used by occupational therapists and other professionals working with disabled adolescents to enhance and promote psychosocial development, in addition to interventions and training programs with regard to their disabilities. In this study a small group of adolescents with cerebral palsy were inter-

viewed and also asked to fill in a personality inventory. The study is an exploratory pilot study and took place within an occupational therapy study on intensive mobility training methods for children and adolescents with cerebral palsy.

## Methods

### Participants

Seven young persons with cerebral palsy (12–17 years; 3 girls and 4 boys) participated in the study. All but one (girl #3, 17 years) were born and raised in Sweden with Swedish as their first language. Girl #3 came to Sweden together with her family as a refugee at the age of 10.

The participants took part in an evaluation study of methods for mobility training for children and adolescents with cerebral palsy. They were recruited from two occupational therapy centers in the south of Sweden. Criteria for inclusion in the study reported here were age (12 years and above) and the ability to shape sentences of at least three to four words. Parents and respondents were given information about the study in a letter and then individually telephoned and asked to participate. All persons asked agreed to participate. The study was approved of by a human subjects committee.

### Materials and Procedure

Personality Inventory. “I think I am” (Ouvinen-Birgerstam, 1999) is a personality inventory aimed at children or adolescents and based on three central aspects of the self-image: physical characteristics, psychological characteristics, and relations to others. The questionnaire exists in two versions, one for 7–9-year-olds (L version, 32 items) and one for 10–16-year-olds (MH version, 72 items). Items are scored on a 4-point scale from “Not at all like me” (-2) to “Very much like me” (+2). The results of the inventory are reported as one overall scale and five subscales (physical characteristics, skills and talents, psychological well-being, relationships with family, and relationships with others). High positive values indicate a positive self-image; high negative values indicate a negative self-image.

Both versions were used in the present study due to the participants’ varying cog-

nitive abilities, measured by psychologists prior to this study using the WISC test (Wechsler, 1991). Five respondents were judged as typically developing or as having mild mental retardation; data on cognitive abilities were not obtainable for two of the respondents. The respondents themselves were asked to judge themselves which version of the personality inventory was most suitable to their reading abilities. All girls chose the MH scale and all boys chose the L scale. The respondents were asked to fill in the inventory after the interview. They were given a stamped envelope with the address of the research team and asked to post their answer as soon as possible.

The “I think I am” inventory is thoroughly tested on Swedish typically developing populations. Reliability (split-half) for the MH version ranges from .91 to .93, and for the L version .82 to .85. Construct validity have also proved to be high in four separate studies comparing the results with interviews and behavior observations by psychologists, absence from school, sociograms, and adjective lists (Ouvinen-Birgerstam, 1999).

Interviews. The interviews were semi-structured, performed by the same person (a counselor with long experience of interviews and conversations with adolescents) over a period of four months, and took place either at school or in the respondents’ own homes. The interviews contained two parts: the first concerned the respondents’ experiences of the particular training program they took part in; the second focused on their self-images. In this article the results from the second part of the interviews are reported along with the results from the personality inventory. The interviews were conducted in the form of conversations where the purpose was to gain understanding of the respondents’ own ways of thinking. An interview guide (rather than a structured interview questionnaire) was used with the following three questions: Q1. Please tell me about yourself. Q2. How do you think your mother or father would describe you? Q3. What do you find important in your life right now, what do you often find yourself thinking about? (Adamson, Hartman, & Lyxell, 1999). These questions were asked in the same order in all interviews but with probes

that were formed in relation to the participant’s answers. In other words, the interviewer mainly followed the path laid by the interviewee, aiming towards being “the interested listener” (Holme & Solvang, 1991).

The interviews were audiotaped and later transcribed verbatim by a professional transcriber. Pauses, repetitions, laughter, etc. were included in order to capture the emotional tone of the conversation (Kvale, 1996). However, the analysis is focused on the content, that is, on *what* the respondents talked about rather than *how* they spoke about this.

In the verbatim quotations below, the following symbols have been used: three dots (“...”) indicate a short pause and italics are used to illustrate when the respondent emphasized something strongly.

## Results

### Personality Inventory: “I Think I Am”

The results of the personality inventory overall scale are presented both as raw scores and transformed (with aid of the tables in the manual of the inventory) into stanines<sup>1</sup> in Table 1.

All respondents except one (girl #2, 14 years) scored higher than stanine 5. That is, the majority of the group demonstrated a positive overall self-image.

The results of the subscales are presented in raw scores in Table 1 (stanine values for the norm groups are not available on the subscales). Here we find that the majority of the respondents score equal or higher

<sup>1</sup>Standardized scores are units of measurement that allow the results from different tests to be compared by converting their raw scores to a common scale (Hays, 1994). The “I think I am” inventory uses stanine transformations (short for standard nine). It is used to transform distributions of raw scores to a normal distribution with a mean of 5 and a standard deviation of 2. The scale has nine values or stanines: 1, 2, 3, 4, 5, 6, 7, 8, and 9. Each stanine contains a certain percentage of the whole distribution: stanines 1 and 9 contain 4 %, respectively, stanines 2 and 8 contain 7%, respectively, stanines 3 and 6 contain 17%, respectively, and stanine 5 finally, contains 20% of the whole distribution (Ouvinen-Birgerstam, 1999; Vogt, 1999).

**Table 1. Raw Scores and Stanine Values on the Overall Scale and Raw Scores and Norm Values on the Subscales of “I Think I Am”**

Participant	Age	Version	Overall Scale			Subscales				
			Max-Min. value	Raw score	Stanine	1 (Norm)	2 (Norm)	3 (Norm)	4 (Norm)	5 (Norm)
Girl 1	15 yrs	MH	+144/-144	86	6	19 (12)	1 (8)	25 (14)	15 (17)	22 (14)
Girl 2	14 yrs	MH	+144/-144	5	2	4 (12)	4 (8)	-1 (14)	10 (17)	-12 (14)
Girl 3	17 yrs	MH	+144/-144	90	7	18 (11)	11 (7)	22 (13)	20 (17)	19 (13)
Boy 1	16 yrs	L	+32/-32	24	6	6 (3)	0 (1)	8 (4)	4 (4)	6 (4)
Boy 2	12 yrs	L	+32/-32	23	6	4 (3)	0 (1)	8 (4)	6 (4)	4 (4)
Boy 3	17 yrs	L	+32/-32	28	8	6 (3)	4 (1)	7 (4)	4 (4)	4 (4)
Boy 4	15 yrs	L	+32/-32	26	7	6 (3)	6 (1)	6 (4)	2 (4)	6 (4)

High positive values = positive self-image  
 Subscale 1: Physical characteristics

Subscale 2: Skills and talents  
 Subscale 3: Psychological well-being

Subscale 4: Relationships with the family  
 Subscale 5: Relationships with others

than the norm groups on all subscales except the one related to skills and talents.

In sum, the results show that with the exception of girl #2 (14 years), the respondents had a more positive view of themselves than able-bodied adolescents in general have.

**Interviews**

The answers to the first question, “Please tell me about yourself,” corresponded well with the results from the personality inventory; the respondents’ descriptions of themselves contained mostly positive evaluations. Throughout the interviews the girls were more talkative than the boys: girl #1, 15 years, said: “I am happy...and positive...naughty...and very easy to talk to.” Girl #2, 14 years, said: “I don’t know ... but everyone says that I am nice most of the time, thoughtful...sometimes I am pretty bad.” Girl #3, 17 years, said: “I am very shy...uncertain of myself...I like music, I like writing letters and when I start talking I never finish!” Boy #1, 16 years, said: “I am a nice person.” Boy #2, 12 years, said: “Difficult question...nice...I like playing games...I can’t keep quiet!” Boy #3, 17 years, said: “Well...it varies...I am a happy person, sometimes I am angry but most of the time I am happy!” And finally, boy #4, 15 years, said: “I am happy, most of the time I am a happy person.” Most respondents also thought that their parents would say the same as what they had just answered themselves (the second interview question). Only one respondent (boy #3, 17 years) answered that he didn’t know how his parents would describe him.

The third question, “What do you find important in your life right now, what do you often find yourself thinking about?” often elicited answers like “all sorts of things” or “nothing in particular.” However,

answers that showed self-reflection in relation to one’s disability, and the way other people treated them also occurred. Girl #1, 15 years, said: “...I don’t know what it would be like to be normal...but really, I *am* normal, and I think that this [the cerebral palsy] has actually *given* me a lot too. I don’t think I would be the person I am if I hadn’t had my disability...for instance, I have learnt that if you want something you also have to give something. It is difficult to explain...I first started to reflect on it [her disability] when I was 12, then I sort of forgot about it and then it came back to me now recently.”

Girl #3, 17 years, talked about her experiences of how other people treat her and others with cerebral palsy: “...a lot of people are quite ignorant about disabled persons...if they knew *why* I can’t talk properly...*why* I am alone...we do have brain damages, some of us can talk but many can’t, and that makes it more difficult for us, they [other people] believe that we can’t think, that we are totally *damaged*...but we are *different*...and we can think and we can do things...it is just a bit more difficult and it takes longer time. It is difficult to be with other adolescents, they use the word “cerebral palsy” as abuse. They really don’t know what all this *means* to me.” This problem was also mentioned a few times in the interview with boy #3, 17 years: “...they say silly things to me...call me ‘cerebral palsy kid’...I get really annoyed...I was born like this, I don’t know why they have to *say* things like that, they don’t understand!” This boy’s tone of voice in the interview very clearly indicated a strong frustration with how other people treated him.

Another topic that came up in some of the interviews was the respondents’ lack of friends. Girl #1, 15 years, said that she had no one of her own age to “really talk to,”

but once a month she used to go off to specially arranged weekend activities for adolescents with cerebral palsy. This was in fact one of her great joys in life and something she always looked forward to. However, it turned out that it was not the other adolescents she looked forward to being with but rather the staff: “They [the other adolescents] are very mentally disabled so it is very difficult to talk to them, it is the staff I really enjoy meeting!” Girl #3, 17 years, expressed sadness not to have a best friend and the other respondents who did mention their contacts with other young persons mainly referred to siblings or cousins. One exception was girl #2, 14 years, who spoke about friends and a former boyfriend.

In summary, the interviews show that the respondents in general had a positive view of themselves, which they also believed their parents had. The limited answers to the third question showed that questions about normality, about their disability, and how other people treat and respond to them were important themes to these young persons. Some of the respondents also commented and complained about not having many people of their own age to be with and to talk with.

**Discussion**

Previous research findings have shown contradictory results in the area of self-evaluations of adolescents with disabilities (Pearson et al., 1985). The results of this study showed that the respondents reported a markedly more positive self-image than the norm group. Many theories of self and identity (Erikson, 1959; Kroger, 2000; Mead, 1934; Shotter & Gergen, 1989) assume that development occurs through interaction with others. Considering the negative attitudes towards disabled individ-

uals that exist in many societies, a view that was also expressed by some of the respondents in this study, the results here therefore raise some interesting questions in relation to identity development. Why is it that the perceived negative attitudes from others do not seem to affect these young persons' self-evaluations at a time in their lives when concerns such as physical appearance, social skills, and abilities in general are of great importance to the individual?

We will offer two suggestions to understand this. Our first suggestion is that a general attitude toward oneself (in terms of positive–negative) is formed very early in life and therefore not as susceptible to the attitudes from others during adolescence as may be thought by some. For example, Pearson et al. (1985), found that negative self-images in a group of 12-year-old children with spina bifida were associated with the time these children had spent in hospital during their first 6 years. That is, experiences early in life (whether positive or negative) may have such a strong impact on the individual's self-evaluation, that more recent and ongoing experiences become less important.

Our second suggestion concerns the amount of social interaction adolescents with disabilities experience with persons outside their families. This issue was brought up by a few of the respondents where lack of same age friends appeared to be quite a common experience to them. Similar results were reported by Blum, Resnick, Nelson, and St Germaine (1991), who found that out-of-school relationships with friends, and participation in organized social activities, were extremely limited among adolescents with spina bifida and cerebral palsy. One possible consequence of this sparse interaction is that the attitudes from others may not have much impact on self-image development in comparison to those of parents, siblings, and other persons who are close to the adolescent. Making the assumption that family and other relatives have more positive attitudes towards the disabled young person than nonrelatives do, this would lead to fewer opportunities for these adolescents to shape and reshape their identities than for adolescents with more varied types of social relationships. In relation to this, it is interesting to see that

girl #2, 15 years, who was the least physically disabled (speech and mobility) and who seemed to be one of the most self-reflecting respondents in the present study, was, at the same time, the only person who voiced a negative self-image according to the personality inventory. In addition, this girl did not report any social isolation; on the contrary she spoke of friends and a former boyfriend. These findings could be interpreted as an indication that when social interactions outside the family do occur, they may lead to self-criticism and a negative self-image.

In sum, we propose that future studies should focus particularly on the relationship between self-image development and the social interaction with persons outside the immediate family. In addition, we would like to suggest a different methodological approach. In the present study the respondents were interviewed by a person with whom they were not familiar. This could be one explanation for the rather sparse material some of the interviews generated, and also to the very positive attitudes some of the respondents voiced. Social desirability (in this case for example "putting up a brave face" in front of the interviewer) is a common source of measurement error in psychological research in a number of domains. As with all measurement errors it is difficult to judge the size of, and subsequently also how it affects the results of the study. Along with the small size sample this is a limitation of the present study. We suggest that further studies may generate more in depth material if adolescents first are allowed to become acquainted with the interviewer, if data collection consists of a series of interviews, and if this study design also includes field studies where the researcher studies the adolescents in their own context in addition to interviews.

Finally, the promotion of competence and self-esteem in a young person is probably one key ingredient in any effective treatment, intervention, or learning process (Cummings, Davies, & Cambell, 2000; Muuss, 1996). Therefore we want to stress the need for knowledge of these issues for professionals such as occupational therapists, teachers, and others in order for these to create optimal conditions for their work with adolescents with disabilities. ▲

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