



Self-perception, self-regulation and metacognition in adolescents with intellectual disability



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ABSTRACT

This study compares self-perception of competences in 28 typically developing children (TD) aged 7–9 years and 32 adolescents with intellectual disability (ID) aged 11–16 years in special school, matched for mental age (MA). The links between self-perception, self-regulation in problem-solving and metacognition are investigated. Overall self-perception and self-perception of competences by domain do not differ significantly between the two groups. Self-perception of competences in specific domains, self-regulation and metacognition vary depending on MA and verbal comprehension in the two groups. ID adolescents attribute more importance to social acceptance than TD children. In both groups, positive links are identified between self-perception and importance attributed to domains. Performance, self-regulation and metacognition are lower in ID adolescents than in TD children. Positive links are obtained between self-perception of competences in specific domains and certain self-regulatory and metacognitive strategies, although these links differ in the two groups.

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1. Introduction

Developmental psychology and psychopathology regard the self-concept, contributing to the quality of social relationships (Cadieux, 2003; Duclos, 2004; Harter, 2003, 2006, 2012; Orth, Robins, & Widaman, 2012), self-perception of competences and self-regulation, which is favourable to autonomy in learning and in goal-oriented daily life activities (Bronson, 2000; Nader-Grosbois, 2007) as key factors of development. Metacognition, corresponding to a self-reflective cognitive process, is useful for self-regulation and the development of new competences (Boekaerts, 1999; Efklides, 2008, 2011; Flavell, 1987). In view of the inclusion of self-perception, self-regulation and metacognition in recent theories of development and of learning, they have generated various studies of typically developing (TD) children and adolescents, and those presenting learning disabilities (LD) or intellectual disability (ID). However, studies investigating the interrelations between these processes in children and adolescents with ID are still rare. The present study examines whether adolescents with ID perceive their competences, self-regulate and use their metacognition in ways which are similar to or different from TD children presenting the same mental age (MA), and considers bidirectional links between these processes in the two groups.

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1.1. From self-esteem to self-perception and self-perceived competences

1.1.1. Multidimensional self-perception

The concept of self-esteem is defined as a person's perception of his or her own value (Rosenberg, 1979). Influenced by individual and environmental factors, self-esteem is a psychological construct and contains four components: (1) the feeling of confidence developed thanks to parents' support, (2) the feeling of belonging to groups supported by social skills, (3) the feeling of self-knowledge or the awareness of personal skills and qualities, and (4) self-perceived competences in reference to personal objectives and successes (Duclos, 2004). Thanks to the influence of Bandura (1977), who introduced the notion of perceived self-efficacy, the self-esteem concept has evolved and multidimensional conceptions of self-perception have been developed: a person perceives his or her own value by self-evaluating in a differentiated way in specific domains of competences (Harter & Pike, 1984; Harter, 1982, 2006, 2012; Marsh & Shavelson, 1985). In the course of development, the differentiation and the realism of self-perception improve. In preschoolers, self-perception is overoptimistic and relatively general. From 7 to 8 years old, the child becomes able to evaluate his or her competences by social comparison with peers, distinguishing cognitive, social and physical dimensions, and he or she gradually begins to develop a more realistic perception of competences (Harter, 2012; Ruble, Boggiano, Fedman, & Loebel, 1980). During the transition to school, as a result of the acquisition of new skills, the perception of cognitive competences increases and self-perceived social competences slightly decrease (Harter, 2012; Mantzicopoulos, 2006; Marsh & Ayotte, 2003; Marsh, Ellis, & Craven, 2002). Although the child has better cognitive or academic self-perception in early school years, this is only loosely linked with academic performance (Marsh et al., 2002). This overestimation by the child may play an adaptive or protective role, helping him or her to stay motivated in the event of failure to master tasks (Bjorklund & Bering, 2002; Shin, Bjorklund, & Beck, 2007). In addition, for the child's self-perceptions during the early school years, the importance of parents' perceptions decreases while the importance of teachers' evaluations increases (Spinath & Spinath, 2005). For measuring individual variability of self-perceived competences in children, multidimensional and sensitive instruments are needed (Mantzicopoulos, 2006; Marsh & Ayotte, 2003; Marsh et al., 2002), such as the pictorial scale of perceived competence and social acceptance for young children (Harter, 1982; Harter & Pike, 1984), the self-perception profile for children (Harter, 1985), the self-perception profile for learning disabled students (Renick & Harter, 1988), the self description questionnaire (Marsh, 1990), or the self description questionnaire for preschoolers (Marsh et al., 2002).

1.1.2. Self-perception in children and adolescents with ID

The postulates are either a delay or a difference of development of self-perception in children or adolescents with ID in comparison with TD children. As different methods have been applied in studies, the results have been heterogeneous. Studies have explored self-perception in children or adolescents with ID by comparing groups in different school contexts (specialised or ordinary) or receiving different types of support at school (Allodi, 2000; Jones, 2009, 2012; Maïano, Ninot, Bilard, & Albernhe, 2002; Maïano, Ninot, Bruant, & Benattar, 2003; Ninot, Bilard, Delignières, & Sokolowski, 2000; Pierrehumbert, Zanone, Kauer-Tchicaloff, & Plancherel, 1988); or by comparing them with TD children matched for chronological age (CA) (Lemétayer & Kraemer, 2005; Thomasset & Blanc, 2008), or mental age (MA) (Cadieux, 2003; Fiasse & Nader-Grosbois, 2011, 2013). In the case of CA matching, the length of life experience and the period of life are equivalent, but these studies neglect the impact of cognitive level on self-perception. In the case of MA matching, older children and adolescents with ID are compared with younger TD children who have less varied experience and have never faced similar personal challenges; however, such studies do make it possible to test whether there is a developmental delay or a difference in self-perception in children or adolescents with ID.

Some authors, by comparing with CA-matched TD pupils, have observed deficient self-perceived competences and an over-generalised feeling of incompetence in children and adolescents with ID (Jones, 2009, 2012) or with LD (Butler & Marinov-Glassman, 1994; Harter, 1986; Renick & Harter, 1989), because they do not regard complex situations as controllable and failures as limited to specific tasks and because they are confronted with the repeated experience of intellectual inadequacy and social stigmatisation (Cadieux, 2003; Evans, 1998; Zigler & Hodapp, 1986). Renick and Harter (1989) found that students with LD perceived themselves as less competent in intellectual ability, reading, spelling, writing, mathematic, social acceptance and behavioural conduct than TD students. Recently, Jones (2009, 2012) proposed a model of deficient self-perception in adolescents with ID: in interviews, 55% of them self-identify as having a deficiency, and they lack constructive and affirmative language to describe this. By contrast, other studies looking at children and adolescents with ID schooled in specialised classes or benefiting from specialised support have reported an over-evaluation or a more positive self-perception of academic or cognitive competences (Maïano et al., 2002, 2003; Ninot et al., 2000; Pierrehumbert et al., 1988), physical or athletic competences (Maïano et al., 2002, 2003; Ninot et al., 2000), appearance (Ninot et al., 2000) and social acceptance (Allodi, 2000), by contrast with those schooled in ordinary school. This overestimation in specific domains could be interpreted as a compensatory strategy to cope with the feeling of failure in order to maintain a positive self-perception (Allodi, 2000; Ninot et al., 2000; Pierrehumbert et al., 1988), and could also result from the fact that teaching in specialised classes is less demanding in terms of performance and more positively reinforcing and all pupils present difficulties in learning (Pierrehumbert et al., 1988; Prêteur & Vial, 1998). According to Diederich and Moysse (1995), this unrealistic overestimation in adolescents with ID in specialised environments could have associated risks when they are confronted with an ordinary environment, leading to humiliation, withdrawal, or violent reactions.

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