Adolescents with Cleft Lip and Palate: Self-Perceptions of Appearance and Behavior Related to Personality Adjustment

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Two groups of adolescents with cleft lip and palate were compared on their self-ratings of facial appearance and behavior. The two groups were identified as well adjusted (N=19) or poorly adjusted (N=17), based on their parents' ratings of behavior. T-test comparisons indicate that the group with good adjustment have realistic perceptions of facial appearance (based on independent ratings by their teachers), and their self-perceptions of behavior are similar to those of their parents. The poorly adjusted group have unrealistic perceptions of facial appearance and perceive their behavior as more socially acceptable than do their parents.

There is some evidence that adolescents with cleft lip and palate experience anxiety regarding social acceptance (Kapp, 1979; Harper and Richman, 1978; Richman, 1983). Most reports of adolescents with cleft lip and palate rely on self-perception measures including self-judgment of facial appearance, speech, and self-esteem (Brantley and Clifford, 1979; Kapp, 1979; Richman, 1983). Kapp (1979) found that female adolescents with cleft palate reported greater concern than controls with normal physical appearance, although overall self-concept measures were not different. Brantley and Clifford (1979) investigated adolescents with cleft lip and palate on a self-concept measure and found that adolescents' self-reports were within normal limits. Although Harper and Richman (1978) identified relatively normal personality characteristics of adolescents with cleft lip and palate on the Minnesota Multiphasic Personality Inventory (MMPI), the personality profiles did suggest increased self-concern and self-doubts regarding interpersonal relationships.

A recent study by Richman (1983) found that, while some adolescents with cleft lip and palate do not demonstrate personality or social adjustment problems, approximately 50 percent of the adolescents in this study did provide self-reports of adjustment problems. The findings of this study revealed that for those adolescents with cleft lip and palate who had self-reported adjustment problems, facial appearance was the primary concern related to social introversion. This finding was interpreted as a continued dissatisfaction with facial appearance and self, along with a desire for surgical improvement.

A problem with the previously cited studies on adolescent adjustment of individuals with clefts is the reliability of many self-report measures. Questions which arise are (a) how valid are self-report measures? (b) how do these self-reports relate to independent ratings by others? and (c) how
do self-reports of feelings relate to independently assessed behavior?

The purpose of this study was to compare the self-perceptions of facial appearance and behavior of adolescents with cleft lip and palate to independent assessment of their behavioral and facial characteristics.

**METHOD**

**Subjects**

The sample included 36 adolescents (ages 14 to 17) who had unilateral or bilateral cleft lip and palate. Individuals with cleft palate only were not included since concerns with facial disfigurement were a primary focus of this study. A cleft-lip-only group could serve as an ideal contrast to study this question without contamination of speech problems; however, there were not enough adolescents with cleft lip only to form a valid contrast group. All of the subjects had received comprehensive team longitudinal cleft care, and all were rated as having no significant speech problems. Individuals were excluded if there was an identified genetic syndrome present or if they did not have at least average intelligence. All subjects had received ongoing team care at a university hospital cleft palate center with early and continuous monitoring of hearing status, and all subjects had normal hearing acuity at the time of this study.

**Procedure**

Two groups of adolescents with cleft lip and palate were identified on the basis of behavioral ratings by their parents on the Behavior Problem Checklist (Quay and Peterson, 1969). The Behavior Problem Checklist has established norms for children (Stone et al, 1975) and both parent and teacher ratings have been reported for children with cleft lip and palate (Richman, 1976, and Richman, 1978). One group was considered well adjusted, based on their parents rating of conduct problems (acting-out behaviors) and personality problems (inhibited behaviors). The criteria for good adjustment were parental ratings within one standard deviation of the normative mean on this rating scale (N=19). The second group was considered poorly adjusted based on parental ratings greater than one standard deviation above the normative mean for either behavioral dimension (N=17). Independent ratings of facial appearance were obtained from teachers of the adolescents; they rated a full facial frontal photograph on a 5-point scale, from severe facial disfigurement (5) to normal facial appearance (1). This rating procedure has previously been evaluated for intrajudge reliability and was found to have adequate reliability (Richman, 1976). Each adolescent completed a self-rating of facial appearance on the same scale and a self-rating of behavior on the same Behavior Problem Checklist that was used by their parents.

**RESULTS**

Table 1 presents the means and standard deviations of parent ratings of behavior, teacher ratings of facial disfigurement, and adolescents’ self-ratings of behavior and facial appearance.

The results were examined by t-test comparisons between parent- versus self-ratings of behavior, and teacher-versus self-ratings for facial appearance. The well adjusted group showed no significant differences between their self-ratings of behavior and facial appearance and parent-ratings of behavior and teacher-ratings of facial appearance. The poorly adjusted group rated themselves as having significantly less social inhibition than did their parents, and they rated their facial appearance as being significantly better than did their teachers. There was not a significant difference between the poorly adjusted group and their parents on ratings of acting-out behavior.

**DISCUSSION**

The results of this study suggest that adolescents with cleft lip and palate, who are well adjusted, tend to have realistic self-perceptions of their facial appearance and
TABLE 1. Means, Standard Deviations, and Significance Levels for Behavior and Facial Appearance Ratings

<table>
<thead>
<tr>
<th>Rating Categories</th>
<th>Independent Rating</th>
<th>Self Rating</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>t-value</td>
</tr>
<tr>
<td>Well Adjusted Group <em>(N=19)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>5.5 (1.2)</td>
<td>6.2 (1.3)</td>
<td>0.43 p &gt; .05</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>3.8 (1.1)</td>
<td>3.2 (1.4)</td>
<td>0.21 p &gt; .05</td>
</tr>
<tr>
<td>Facial appearance</td>
<td>1.4 (0.3)</td>
<td>1.6 (0.2)</td>
<td>0.57 p &gt; .05</td>
</tr>
<tr>
<td>Poorly Adjusted Group <em>(N=17)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>7.5 (1.0)</td>
<td>6.2 (0.9)</td>
<td>1.32 p &gt; .05</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>6.7 (2.0)</td>
<td>2.1 (1.3)</td>
<td>3.25 p &lt; .01</td>
</tr>
<tr>
<td>Facial appearance</td>
<td>3.6 (0.9)</td>
<td>1.4 (0.8)</td>
<td>5.21 p &lt; .01</td>
</tr>
</tbody>
</table>

*Independent rating was obtained from parents for behavior ratings and from teachers for facial appearance ratings.

behavior when compared to independent ratings (teacher ratings of facial appearance and parent ratings of behavior). However, adolescents with cleft lip and palate who have adjustment problems tend to view their own behavior as more socially acceptable than do their parents, and they rate their facial appearance as being better than independent facial ratings by teachers.

Although the study did not intend to compare the self-ratings of the well adjusted and poorly adjusted groups, inspection of the mean self-ratings indicates that they are quite similar in all ratings. While this might suggest similarity between the groups, the primary purpose was to compare discrepancies between self-ratings and independent ratings (parent ratings of behavior and teachers rating facial appearance). These differences reveal that the well adjusted adolescents are realistic (e.g., consistent with independent ratings of parents and teachers), while the poorly adjusted adolescents are less realistic and rated their level of inhibition significantly lower than did their parents and their facial appearance as being better than did their teachers. It would be interesting to determine the relationship between parent ratings of behavior and teacher ratings of facial appearance; however, the sample size in each group was felt to be too small to compute correlations. This would be an interesting question for future study.

It could be argued that the adolescents with parentally rated poor adjustment may be more correct than their parents in rating their behavior, and that their poor-adjustment ratings are related to lack of acceptance by their parents. However, this interpretation is inconsistent with a previous study which found that parents of children with cleft tended to view their children's behavior more positively than did teachers (Richman, 1978). Furthermore, these same adolescents also rated their facial appearance more positively than did independent raters who were not their parents. A more consistent explanation of these findings is that some adolescents with cleft lip and palate who are less realistic in their self-perceptions tend to have poor psychological adjustment. It may be that their denial of facial disfigurement is a defense mechanism that results in greater social withdrawal. This interpretation is consistent with a previous finding that adolescents with cleft who displayed personality problems on the MMPI had a significant social introversion and concerns about facial appearance (Richman, 1983). In this previous study (Richman, 1978), the adolescents verbalized their dissatisfaction with
facial appearance during interviews with a psychologist; however, in the present study they did not rate their facial disfigurement realistically. This difference may suggest that for adolescents with independently evaluated facial disfigurement, careful interviewing and possibly psychological intervention is warranted. The present study also points out the need to carefully monitor the self-perception of the child with a cleft lip and palate, especially in the area of self-appraisal of facial appearance.

REFERENCES


RICHMAN LC. Self-reported social, speech, and facial concerns and personality adjustment of adolescents with cleft lip and palate. Cleft Palate J 1983; 20:108.