

Self-Concept of Primary-School-Age Children with Cleft Lip, Cleft Palate, or Both

KATHY KAPP-SIMON, PH.D.

This study compared the self-concept of primary-school-age children (5 years to 9 years) with clefts to a control group on nonaffected peers. The children with clefts reported a significantly lower global self-concept. They perceived themselves as less socially adept and more frequently sad and angry than their peers. It is postulated that poor self-concept in primary-school-age children with clefts may be related to concerns with speech, appearance, differential parental expectations, or a combination of these variables.

Self-concept is a complex summary of the multiple perceptions individuals have about themselves. It includes general and specific judgments about one's self-worth, a personal evaluation of one's capabilities, and an internalization of others' reactions to one's self and behavior. Self-concept plays a critical role in successful adjustment. It provides a framework for personal goal setting, has a significant impact on social behavior, and is a crucial element in personal happiness and satisfaction.

Research based on the self-concept of children with clefts has been sparse and has focused only on adolescents. No data have been reported on primary-school-age children. Brantley and Clifford (1979) found that the self-concept of adolescents with clefts was generally high when compared to normal and obese adolescents. Kapp (1979) compared early adolescents with clefts to a matched control group and found no significant difference between groups on global self-concept. However, females with cleft were significantly more likely to report anxiety, general unhappiness, and dissatisfaction and to view themselves as less suc-

cessful in school. In addition, both males and females reported significant dissatisfaction with physical appearance.

In an effort to examine within-group differences, Starr and Heiserman (1977) found that adolescents of both sexes who were less accepting of their disability were more likely to report lowered self-esteem. Although not directly measuring self-concept, Richman (1983) found that adolescents with personality adjustment problems report significantly more self-perceived dissatisfaction with school functioning and social participation.

Investigations into the psychosocial adjustment of children with cleft lip and palate have most frequently focused on behavior as perceived by significant adults, such as parents and teachers, rather than on self-perception. In these studies, excessive social concern and inhibition have been frequently reported adjustment problems (Harper et al, 1980; Richman, 1976; Richman and Harper, 1979; Spriestersbach, 1973).

Two studies of adolescent samples utilized the Minnesota Multiphasic Personality Inventory (MMPI) as a self-report measure. Richman (1983) found that adolescents with increased facial concerns reported clinically significant levels of social introversion. Harper and Richman (1978) reported excessive inhibition, increased self-concern, and self-doubts over social relationships.

It is recognized that the reactions and expectations of significant others to the presence of a facial cleft are factors that potentially affect self-

Dr. Kapp-Simon, is affiliated with the Department of Psychiatry & Pediatrics, Center for Craniofacial Anomalies, at the University of Illinois College of Medicine at Chicago.

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concept. Using pictures as stimuli, second, third, and fourth graders judged children with cleft lip and palate to be less socially desirable than normals (Schneiderman and Harding, 1984). While this can only be interpreted as first impression data, these initial reactions could have a negative effect on both self-concept and social initiative in children with clefts. Richman (1976) reported that teachers demonstrated lowered academic expectations for preadolescents and adolescents with severe clefts. If this finding is also true for primary age students, they may be confronted by negative initial reactions from both significant peers and adults.

Since one important aspect of self-concept is perception of others' judgments and reactions, it is possible that social inhibition in children with clefts may arise from a negative self-concept.

This study addresses the following questions: do primary-school-age children with clefts subjectively experience a negative self-concept and, if so, what aspects of self-perception most clearly influence this perspective?

SAMPLE

The experimental group consisted of 50 children (29 males and 21 females) between the ages of 5 years and 9 years. Four children had cleft of the lip only, 31 had cleft of the lip and palate, and 15 had cleft of the palate only. The children completed the Primary Self Concept Inventory (PSCI) (Muller and Leonetti, 1974) as part of their annually scheduled evaluation and were included in the study if they had a nonsyndromic cleft lip with or without cleft palate and were of the appropriate age.

The control group consisted of 172 children (87 males and 85 females) between the ages of 5 years and 9 years. The PSCI was administered to all children of the appropriate age from two Chicago elementary schools by school counselors as part of a screening program to identify students in need of social services.

PROCEDURE

The PSCI, individually administered to each of the children participating in the study, assesses self-concept through six factor scores (physical size, emotional state, peer acceptance, helpfulness, success, and student behavior) and three domain scores (personal-self, social-self,

and intellectual-self). Each domain score is a composite of the two related factors, e.g., personal-self domain is composed of the factors physical size and emotional state. The PSCI is a pictorial questionnaire that requires only a pointing response. It was designed for children in kindergarten through fourth grade and was standardized on 2,500 kindergarten through fourth grade students. Analysis of these data confirmed factor structure reliabilities. Published test-retest reliabilities were statistically significant and ranged from 0.57 to 0.91. Recent research utilizing this instrument can be found in the *Journal of Clinical Child Psychology* (Strayer, 1984).

RESULTS

Preliminary analysis indicated no significant differences in self-concept by sex or cleft type. Therefore, the groups were combined for further statistical analysis.

Table 1 presents a summary of the percent of children in each group displaying an "undesirably low self-concept," identified by the test authors as falling below the 50th percentile of the original sample for Total Self-Concept (raw score of 13 or less out of a possible 18). A raw score of four or less for Domain and two or less for Factor scores are considered undesirably low (Mueller and Leonetti, 1974). Nonparametric techniques of statistical analysis are most appropriate for comparisons between groups for this instrument because test scores do not conform to a normal distribution. Analysis via the Mann-Whitney U Test (Hull and Nie, 1979) for independent samples reveals a significant difference for Total Self-Concept between groups, $Z = -1.8$, $p < 0.05$, one tailed, with more cleft children falling into the "at risk" group than controls. Significant differences between groups were also found on the Social-Self Domain score, $Z = -2.21$, $p < 0.01$, one tailed, and on the Emotional State and Helpfulness factor scores, $Z = -2.22$, $p < 0.01$; $Z = -1.93$, $p < 0.05$, one tailed.

DISCUSSION

In contrast to studies with older children, significantly more primary-school-age children with clefts reported self-concept scores which placed them in an "at risk" category than normal controls.

TABLE 1. Percent of Children in Each Group Obtaining Scores Suggestive of Low Self-Concept on the Primary Self-Concept Inventory

<i>Factor Scores</i>	<i>Experimental Group (%)</i>	<i>Control Group (%)</i>	<i>Z</i>
Total Self-concept	54.0	41.9	-1.8*
<i>Domain</i>			
Personal-Self	54.0	50.6	-0.69
Social-Self	74.0	57.6	-2.21**
Intellectual-Self	16.0	18.6	0.30
<i>Factors</i>			
Physical size	70.0	67.4	-0.32
Emotional state	36.0	21.5	-2.22**
Peer acceptance	64.0	61.6	-1.56
Helpfulness	70.0	52.9	-1.93*
Success	24.0	25.6	-0.30
Student behavior	22.0	21.5	-0.20

* $p < 0.05$ ** $p < 0.01$

An analysis of the Domain and Factor scores suggests that affective concerns and interpersonal behavior are central aspects of this perceived deficit. The sample with clefts viewed themselves as less acceptable to peers, more likely to require assistance, and more frequently sad and angry. Their identification with passive and isolated children is consistent with other research that found "at risk" children with clefts to be more socially inhibited (Richman, 1983). The self-reported sadness and anger are also consistent with the reports of unhappiness and dissatisfaction made by female adolescents (Kapp, 1979).

The results of this study suggest that a significant number of children with clefts feel stigmatized from the time they enter school. They do not perceive themselves as having the required social skills to establish satisfactory peer relationships. Recent studies suggest several areas of investigation which may provide at least partial explanation for these perceived deficits. Tobiasen and Heibert (1984) report that parents may feel their child with a cleft is less able to perform in a socially appropriate manner and therefore place fewer age-appropriate expectations upon him or her. An alternate explanation postulated by Richman (1983) is that dissatisfaction with speech and physical appearance may result in social inhibition. It is possible that these factors may interact. Parents may provide differential treatment that results in poor social-skill development for the children. The children attribute difficulties in social relationships to speech problems, facial deformity, or both. The

outcome is a child with poor self-concept and the undesirable sequelae of poor school achievement, lack of initiative, unhappiness, and poor social relationships.

Not all children with cleft lip, cleft palate, or both develop a poor self-concept. Additional research is necessary to determine to what extent the above factors do contribute to poor self-concept in a significant number of these young children.

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