THE DEVELOPMENT OF SELF-CONCEPT IN YOUNG CHILDREN: 
PRESCHOOLERS' VIEWS OF THEIR COMPETENCE AND ACCEPTANCE 
Christine Johnston, Faculty of Nursing, University of Sydney 


Traditionally, research into early childhood has tended to emphasise the importance of cognitive, language and motor development. This has been particularly apparent in approaches to therapy and education which have concentrated on these areas at times, it might be claimed, to the detriment of the child's social and personal development. In discussing this issue with respect to young children with disabilities, Guralnick (1990) argues cogently for the social competence of young children being seen as one of the major indices of developmental progress and as one of the primary areas to be addressed by Early Intervention. The development of self-concept is another area deserving of greater attention since it, too, has a demonstrated link to behaviour and performance (Shavelson, Hubner and Stanton, 1976, p.408).

How children see themselves, how they evaluate their successes and failures and how they view their chance of success in the future have a direct impact upon performance. Equally, it can be argued, their performance and their experience of success and failure will affect aspects of their concept of self. Thus, as Wigfield and Karpathian (1991, p.255) state, there is an interactive relationship between self-concept and performance, at least by the middle years of childhood.

The development of the individual's self-concept, then, is not just another area to be added to the list for research and intervention but one which affects and is affected by all other facets of the individual's functioning. It is an integral part of everything that the child does or does not do. An understanding of both the development of self-concept and its relationship to performance is, therefore, of both theoretical and practical importance.

At issue, too, is at what age it is possible to talk about self-concept. Is it a meaningful notion when used in conjunction with children under the age of five? Bertenthal and Fischer's (1978) research which demonstrated that it is only from about the age of eighteen months that children seem to realise that they are looking at themselves in a mirror rather than at another child, is of interest for two reasons. Firstly, it gives a clear indication of the age at which children typically hold a notion of themselves as separate and distinct entities. Secondly, the age at which self recognition typically occurs suggests that there is a strong cognitive component. In terms of Piagetian theory, it would appear that object permanence is needed before the beginnings of a concept of self can be discerned.
Further evidence of a developmental sequence has been provided by Stipek, Recchia and McClintic (1992) in a series of studies looking at self-evaluation in children aged one to five years which shows children reacting to the consequences of their actions from the preschool years.

The link between the development of self-concept and cognition is, therefore, significant and has led Harter to the conclusion that the complexity of self-image may be related to mental age (Silon & Harter, 1985, p.218). Only with the onset of the ability to think logically, at least at a concrete level, then, may it be that the development of a complex concept of self is possible. Thus, the concept of self held by individuals will reflect the level of thinking at which they are currently operating. The preschool child will have a concept of self. It will not, however, be as articulated as at a later age. Moreover, earlier conceptions will form the basis for all that follow. In terms of the development of the self-concept, then, it would seem that the preschool years are crucial and need to be given close attention.

A developmental factor may also be discernible in the ways in which children determine their level of competence. For example, Marshall (1989) has pointed to the emphasis which preschoolers place on their view of specific past experiences in judging their skills. Comparison with others, she contends, is rare. This is quite different to the situation found with older children and adults where, as Marsh (1987; Marsh, Walker and Debus, 1991; Marsh and Johnston, 1993) has demonstrated the use of reference groups becomes common and is crucial to the individual's self judgements. It can be argued that assessment of present competencies through comparisons based on one's own previous performances are likely to result in more positive judgements of self-worth. Understanding when and why the child moves from such an approach has important implications for intervention and warrants further study.

In addition, central to looking at the development of self-concept in the preschool child is consideration of the impact which individual differences and deficits in specific skill areas have upon self-concept. Comparing self-concept development in those who have a disability with those who do not provides a powerful way of doing this. It is therefore surprising that such an approach has not been more widely used. For the most part, where disability has been a factor in research on self-concept it has been simply another dependent variable used to distinguish those with disabilities from their non-disabled peers. The exception to this has been the work of Harter and her colleagues (Silon & Harter, 1985; Renick, 1985; Mayberry, 1989; Renick & Harter, 1989) who have seen studying the impact of disability as a means of clarifying our knowledge of the structure of the self.
It is from such an approach that the present study derives. By comparing the perceived competence and social acceptance of young children who have or do not have disabilities the development of self-concept in the preschool years can be further examined.

For the present analysis, four research questions were considered:

1. What is the impact of disability on children's views of their levels of competence and social acceptance?
2. What level of agreement is there between teachers and children on the child's levels of competence and social acceptance?
3. What reference system do preschool children use in assessing their levels of competence and social acceptance?
4. What relationships exist amongst the areas of competence and acceptance studied?

METHOD

Sample
The data considered in the current analysis are part of a larger study concerned with the development of self-concept in children aged four to twelve. The sample comprised 108 children all of whom were attending preschool. Of these 62 had been identified as developing typically and 46 as having a disability (12 had physical disabilities, 12 had intellectual disabilities and 22 had learning disabilities). Comparisons were therefore made among the four groups. All the children with disabilities were involved in Early Intervention programs specific to their and their families' needs. The details of the sample are given in Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical Sample</td>
<td>27</td>
<td>35</td>
<td>62</td>
</tr>
<tr>
<td>Physically Disabled</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Intellect. Disabled</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Learning Disabled</td>
<td>20</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>TOTAL</td>
<td>62</td>
<td>46</td>
<td>108</td>
</tr>
</tbody>
</table>

Table 1: Sample characteristics.

The sample, with the exception of majority of the children with
physical disabilities, was drawn from three preschools which all have policies advocating the inclusion of children with special needs and which represent a broad range of ethnic and socio-economic groups. The children with physical disabilities were attending a broad range of preschools across the Sydney Metropolitan area.

The characteristics of the groups of children with disabilities were:

Group of children with Physical disabilities - All but one had a significant loss of physical functioning (two were using wheelchairs). Eleven of the group had been identified as having cerebral palsy, the twelfth had hydrocephalus and a significant loss in motor functioning.

Group of children with intellectual disabilities - All the children in this group had been identified as having a moderate level of intellectual disability.

Group of children with learning disabilities - The children in this group fell into the category now generally termed ADD/ADHD.

Instruments Used
The most useful scale purporting to look at facets of self-concept development in the preschool child, to date, is the Pictorial Scale of Perceived Competence and Social Acceptance. This scale was developed by Harter and Pike (1984) and is an extension of the Perceived Competence Scale for Children. The authors do not view the scale as a measure of general self-concept but rather as looking at two distinct constructs: perceived competence and social acceptance. The scale is thus firmly based on a developmental perspective and acknowledges the way in which the preschooler is apt to operate.

The Scale consists of 24 items with six items on each of the following areas: cognitive competence, physical competence, peer acceptance and maternal acceptance. A practice item is also included. The items are presented in the form of pictures (one set for girls, one for boys) showing two children, one demonstrating high acceptance or competence, the other lower acceptance or competence. The subject is asked to choose the child who is most like him/her and then to make another choice as to whether that child is "a lot like me" or "a little like me". Each item is thus scored on a four-point scale. The child needs minimal expressive language to respond, the answer being shown through pointing.

Items are presented in the order of cognitive competence, peer acceptance, physical competence and maternal acceptance with that pattern being repeated throughout the scale. In addition, the scale is constructed such that, in each sub-scale, half the items have the competent child shown on the right and the other half on the left. The
possibility of response set is, therefore, taken into consideration.

The scale takes between ten and fifteen minutes to administer depending upon the particular child. A mean score is obtained for each sub-scale.

In addition, the children were asked to say how they knew that they could or could not do the things set out in the test and how they knew whether they were liked by the other children and their mother.

The Scale also has a parallel form to be completed by the child's teacher. It comprises 18 items with six items on each of the Cognitive Competence, Physical Competence and Peer Competence areas. Maternal Acceptance is not included as Harter and Pike considered it inappropriate to have the teacher commenting on the child's relationship with the mother. The teacher is asked to rate the child's levels of competence and social acceptance compared to children of the same age.

Procedure
The children were tested individually within the environment of the preschool with the exception of three children with physical disabilities who were seen in their home. The PSPC&SA was one of four scales given to the children. It was always given first.

Teachers were asked to fill in the rating scale at their leisure. All were returned within one week of the child's completing the Scale.

RESULTS

1. What is the impact of disability on children's views of their levels of competence and social acceptance?

It was predicted that children have lower perceived competence and acceptance than their non-disabled peers in the areas directly affected by their disability.

The means and standard deviations found for each of the four groups on the subscales of the PSPC&SA are given in Table 2.

Table 2: Means and standard deviations for typical, physically disabled intellectually disabled and learning disabled groups on PSPC&SA.
One way ANOVAs were carried out on the data obtained from the four groups on the subscales of the PSPC&SA. Where a significant difference was found paired comparisons using Scheffe followed.

1. Cognitive Competence
A significant difference was found (F = 8.56, df = 3, 104, P < .001) with the typically developing group scoring significantly higher than the group of children with intellectual disabilities and than those with learning disabilities.

The children with intellectual disabilities and those with learning disabilities are thus seeing themselves as less competent than their non-disabled peers in the area most directly affected by their disability.

2. Physical Competence
A significant difference was found (F = 6.61, df = 3, 104, p < .001) with the typically developing group scoring significantly higher than the group of children with intellectual disabilities.

This finding is of interest for two reasons. Firstly, it may be seen as supporting the view that the global and significant impact of intellectual disability is likely to have the greatest effect on views of self. Secondly, it was predicted that children with physical disabilities would be found to have significantly lower perceived physical competence than their non-disabled peers. This was not found.

3. Peer Acceptance
A significant difference was found (F = 3.38, df = 3, 104, p < .05) with the typically developing group scoring significantly higher than the group of children with intellectual disabilities.

The difference found is consistent with the data from the previous subscales and is also supported in the literature on social competence (Guralnick, 1990).

4. Maternal Acceptance
No differences found.

This was expected. It is worth noting that the trend for the children with intellectual disabilities to have significantly lower scores than their non-disabled peers was not supported in this area.
2. What level of agreement is there between teachers and children in their ratings of the child's levels of competence and social acceptance?

It was predicted that the children would tend to rate themselves more highly than their teachers.

Correlations between the teachers' ratings and the child's on each of the areas and for each of the groups were computed and are given below.

<table>
<thead>
<tr>
<th></th>
<th>Full Samp</th>
<th>Typ S Disab</th>
<th>S Phys Disab</th>
<th>IntelDisab</th>
<th>LearnDisab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>.2994**</td>
<td>.3389** .1211</td>
<td>.2055</td>
<td>-.1160</td>
<td>-.2127</td>
</tr>
<tr>
<td>Physical</td>
<td>.4155***</td>
<td>.3104* .2899</td>
<td>-.5609*</td>
<td>-.4246</td>
<td>.4098*</td>
</tr>
<tr>
<td>Peer</td>
<td>.1910#</td>
<td>.0227 .3051</td>
<td>.5306</td>
<td>-.1598</td>
<td>.3509</td>
</tr>
</tbody>
</table>

*** p < .001  ** p< .01  * p < .05  # p < .057

Table 3: Relationship between child and teacher ratings on the PSPC&SA for specified groups.

The significant correlations found for the Cognitive Competence and Physical Competence areas and the lack of a significant correlation for the Peer Acceptance scale point to the possibility of a difference in either the methods being used to determine ratings in each of the area or, perhaps, to the volatility of peer relationships at this age.

3. What reference system do preschool children use in assessing their levels of competence and social acceptance?

It was predicted that children of preschool age do not use other children as their reference system in determining their level of competence or their social acceptance.

As already noted, each child was asked to say how they reached the decisions they did. Not one of the 108 tested compared him/herself to another child. Rather they either said that they knew they had the skill because they had been shown or taught by an adult (typically a parent or teacher) or because they had done it in the past. At this point, many proceeded to demonstrate the skill as proof of their ability.

The children all, then, used past experience as their reference system.
4. What relationships exist amongst the areas of competence and acceptance studied?

Harter and Pike (1984) found significant correlations among all the subscales using a sample of typically developing children.

It was predicted that relationships amongst the subscales would be found in the present study.

The correlations found in the present study are given in Table 4.

<table>
<thead>
<tr>
<th></th>
<th>F S</th>
<th>TypS</th>
<th>DisabS</th>
<th>PhysDisab</th>
<th>Intel Dis</th>
<th>Learn Dis</th>
</tr>
</thead>
<tbody>
<tr>
<td>CogxPhys</td>
<td>.5531***</td>
<td>.5957***</td>
<td>.4261***</td>
<td>.1950</td>
<td>.0419</td>
<td>.5351**</td>
</tr>
<tr>
<td>CogxPeer</td>
<td>.5215***</td>
<td>.4649***</td>
<td>.5272***</td>
<td>.7454**</td>
<td>-.3355</td>
<td>.5721**</td>
</tr>
<tr>
<td>CogxMat</td>
<td>.6417***</td>
<td>.6772***</td>
<td>.6235***</td>
<td>.5807*</td>
<td>.2454</td>
<td>.5756**</td>
</tr>
<tr>
<td>PhysxPeer</td>
<td>.5226***</td>
<td>.5614***</td>
<td>.4483***</td>
<td>.2499</td>
<td>-.0637</td>
<td>.5058*</td>
</tr>
<tr>
<td>PhysxMat</td>
<td>.5347***</td>
<td>.5847***</td>
<td>.4601***</td>
<td>.3898</td>
<td>-.1202</td>
<td>.4810*</td>
</tr>
<tr>
<td>PeerxMat</td>
<td>.5287***</td>
<td>.5322***</td>
<td>.5180***</td>
<td>.3294</td>
<td>-.2009</td>
<td>.5588**</td>
</tr>
</tbody>
</table>

*** p < .001  ** p < .01  * p < .05

Table 4: Intercorrelations for the subscales of the PSPC&SA for specified groups.

Significant correlations were found amongst the subscales for the full, typical, learning disabled and pooled disabled samples for all comparisons. Significant correlations for the sample of children with physical disabilities were found only between Cognitive Competence and Peer Acceptance and Cognitive Competence and Maternal Acceptance.

DISCUSSION

Whilst the analyses conducted should be seen as preliminary, the results do give rise to a number of findings which should be seen as tentative.

Firstly, the comparisons made amongst the groups on their responses to the Scale largely support the view that children have lower scores in the areas affected by their disability. This was consistently found to be the case for the children with intellectual disabilities. It can be argued that the global nature of their disability affects not only their cognitive functioning but also their physical and social skills. It would seem that even at preschool age the children are aware of the difficulties they are experiencing and are reacting to them.

For the children with learning disabilities the perception of the
impact of their disability is much more specific. It is only in the
cognitive area that they see themselves as less competent than their
non-disabled peers. It is relevant to note that the items of the
cognitive competence subscale refer to skills such as doing puzzles,
and early literacy and numeracy. These are all areas in which the child
with a learning disability can be expected to be less competent.

The implications of the findings for the children with physical
disabilities are less clear. It is surprising that they did not see
themselves as less competent than their non-disabled peers in the area
of physical competence. A number of explanations can be suggested. It
may be that they are simply less realistic in their ratings. This,
however, does not seem to be supported by the other comparisons.
Rather, it can be argued that the significant negative correlation
found between their rating of their physical competence and that made
by their teacher can lead to a possible explanation. Thus, it may be
that the role of praise and reinforcement from adults was a
significant factor in their ratings of themselves in this area. What
may seem unrealistic or ideal assessments may, perhaps, be more
profitably seen as the child's interpreting adult praise as evidence of
competence. Indeed, many of the children with physical disabilities
when answering an item on ability to climb said that they were good
climbers. Prompting typically elicited the information that their
therapists, teachers and families were teaching them to climb and, one
suspects, giving them consistent, positive reinforcement.

Why, if this explanation is valid, a similar pattern was not found for
the children with intellectual disabilities who would also be receiving
consistent praise is puzzling and warrants further investigation.

Secondly, the data showing that the children do not use a frame of
reference involving other children and which, as a consequence, differs
from that used by the teachers is of importance in demonstrating that
the children can not be seen as opting for an ideal self in their
ratings of their competence and social acceptance. Significant
correlations were found between the typical sample and their teachers
with respect to the Cognitive and Physical Competence areas. As already
noted, the teachers were asked to rate the children compared to other
children their age. Because the children are developing typically their
assessments of themselves based on their own experience match closely
with what other children their age can do. The same can not be said for
the children with disabilities. The different frames of reference being
used result in different ratings in this instance. For all children,
peer acceptance and the development of friendships appears to be
particularly volatile at this age.

While not conclusive, the results of the present study do point not
only to the preschool child's ability to rate their level of competence
with some measure of accuracy and objectivity but also show clearly the impact which disability has on the development of self-concept at this early age. As such, the findings have important implications for those working in the Early Intervention field.

References


Wigfield, A. & Karpathian, M. 1991 Who am I and what can I do?
Children's self-concepts and motivation in achievement situations, Educational Psychologist, 26, 3 & 4, 233-261.