

SOCIAL SELF-EFFICACY: THE MISSING LINK FOR ADOLESCENTS WITH PHYSICAL DISABILITIES

By

LAURA RADER*

** Professor of Special Education, Department of Educational Leadership and Special Education, The City College of New York.*

ABSTRACT

While our knowledge about the cognitive and social components of disability continues to grow, little is known about how the self specifically develops in adolescents with physical disabilities and whether a specific source is an indicator of self-determination with this population. Adolescents who have a physical disability may have difficulty progressing through the stages to become self-determined because they are often viewed as needing protection, which often takes the form of others making decisions for them. Decision makers may assert that the adolescent with a physical disability is not capable of making good decisions and the consequences of such decisions are likely to be harmful. Therefore, the present article explores the difference between adolescents with and without physical disabilities with respect to self-concept, self-esteem, locus of control, self-efficacy, and self-determination and investigates the self-reported relationship levels of these indicators to determine if there is one single best predictor of self-determination for adolescents with and without physical disabilities.

Keywords: Special Education, Physical Disabilities, Adolescents, Self-determination, Self-efficacy, Self-concept, Self-esteem.

INTRODUCTION

This article seeks to explore the differences between students with and without physical disabilities with respect to self-concept, self-esteem, locus of control, self-efficacy and self-determination. It also seeks to explore and investigate the relationship levels of these indicators and whether there is one single best predictor of self-determination for students with and without physical disabilities.

Students with Disabilities: What Do We Know?

A prominent theme throughout the history of special education has been the concern over how special education practices influence the social and affective state of students with disabilities (Gresham & MacMillan, 1997). The academic and social failures characterizing the careers of these students are believed to adversely impact how these students feel about themselves as well as their attitudes about school and learning.

There is increased attention to the realization that professionals must maximize the active participation of students with disabilities in decisions and actions in school that affect their lives, promote their learning and enhance

their independence, ie, enable students to become more self-determined (Agran, King-Sears, Wehmeyer & Copeland, 2003; Field, Martin, Miller Ward & Wehmeyer, 1998; Test, Fowler, Brewer & Wood, 2005). In fact, student-directed learning strategies have demonstrated educational efficacy for students with a wide range of learning and adaptive skills and a variety of disabilities, and have been well validated and supported in the literature (see Algozzine, Browder, Karvonen, Test & Wood, 2001; Mason, Field & Sawilowsky, 2004; Wehmeyer, Agran & Hughes, 2000). Such strategies aim to teach students to set goals for themselves, monitor their performance, identify solutions to present or future problems; verbally direct their own behaviors reinforce themselves, or evaluate their performance (Agran, Hong & Blankenship, 2007). However, educational systems often fail in educating students with disabilities in the area of self-determination (Thoma, Nathanson, Baker & Tamura, 2002; Wehmeyer & Schalock, 2001).

While our knowledge about the cognitive and social components of disability continues to grow, little is known about how the self specifically develops in adolescents

with physical disabilities and whether a specific source is an indicator of self-determination with this population. Students who have a physical disability may have difficulty in progressing through the stages to become self-determined because they are often viewed as needing protection, which often takes the form of others making decisions for them. Decision makers may assert that the student with a physical disability is not capable of making good decisions and the consequences of such decisions are likely to be harmful. Therefore, as the reasoning goes, we may need to protect the vulnerable person from action that can cause him or her either physical or emotional harm.

Additionally, one of the reasons that many students with physical disabilities have not succeeded, once they leave school is that the educational process has not prepared students with physical disabilities adequately to become self-determined young people (Wehmeyer, 1995). Self-determination, or student-directed learning, involves teaching students strategies that allow them to regulate and direct their own behavior (Agran et al., 2003). In particular, the educational process may limit the opportunity for the development of a relationship between students' understanding of their disabilities and their global and academic self-concept because it is unclear what predictors may be important. As a result, students with physical disabilities may feel their disability has a persuasive, permanent, negative impact on their lives and their prospects for self-determination may be reduced.

Lastly, attitudinal and physical barriers have traditionally limited opportunities for choice and self-determination. Eiseman (2007) emphasized the links between self-determination and school completion and suggested the importance of self-determination interventions such as autonomy-supportive instruction and various models of problem solving, goal setting, self-monitoring, and self-evaluation. However, students with physical disabilities may not have the access and opportunities necessary for the development of attitudes and abilities related to self-determination. It may be critical for students with physical disabilities to perceive themselves as having control over

outcomes, to hold expectations of effectiveness, to be aware of unique strengths and needs, and to establish positive self-concepts in order to be self-determined. Strategies for accessing these skills may play a pivotal role in the lives of students with physical disabilities.

Adolescents: What are they thinking?

Particular interest has focused on adolescents and physical disabilities. As the definition of this population is refined, we are increasingly aware of how little is known about the broader social context and theory of their common identity. The traditional socio-medical model identifies the limitations associated with physical impairment and the negative effects they have on affected individuals and families, reinforcing the tragic stereotype of disability. Other explanations reflect more positive aspects of disability identity, but disability identity needs further illumination. Outside of employment and financial statistics, very little is known about the similarities of people with physical disabilities. Understanding how adolescents with physical disabilities perceive themselves is not only essential in defining the emerging identity of this population but it will also shape and define the instructional strategies necessary for this population to achieve increased educational outcomes as well.

By examining the literature on some of the components of sense of self, particularly, self-concept, self-esteem, locus of control, self-efficacy and self-determination, and by analyzing qualitative data collected from adolescents with and without disabilities about their journeys of discovery in their personal lives, several conclusions can be drawn that can be used to prompt further research. First, each of these constructs is an important tool used by many individuals with disabilities in counteracting overwhelming negative odds imposed by societal stereotypes and barriers against achieving lives of fulfillment. Many of those with disabilities whose perspective on life was more optimistic and hopeful often cited a combination of the constructs as key ingredients in their happiness. Research examining coping styles and techniques and adjustment to disability would benefit by including these constructs in analyzing the predictors of outcomes.

Second, self in connection to others is an integral part of sense of self for all individuals with disabilities, yet adolescents with physical disabilities often face extraordinary barriers in establishing positive, long-lasting relationships. Thoma et al. (2002) suggests that it is important to remember that the achievement of self-determination requires not only that people with disabilities develop their own inner resources, but also that society support and respond to them as well. Specifically, how societal and environmental factors that discourage connection to others impact the concept of the adolescent with physical disabilities and his/her place in the world has been the subject of very little research. How adolescents with physical disabilities see connections to others as a source of fulfillment has also been the subject of very little discussion.

Therefore, the present article explores the difference between adolescents with and without physical disabilities with respect to self-concept, self-esteem, locus of control, self-efficacy, and self-determination. Specifically, this qualitative article was designed to collectively report the opinions of a group of 20 adolescents with and without physical disabilities (13 females and 7 males - age ranges from 13-17) by investigating the self-reported relationship levels of these indicators and whether there is one single best predictor of self-determination for adolescents with and without physical disabilities.

Points to Ponder

Levels of Self-Determination

The results indicated that there was a relationship between group status (adolescents with and without physical disabilities) and self-determination, locus of control and social self-efficacy. In particular, the results showed that while there were no differences in capacity levels for self-determination, there were significant differences between the groups with respect to overall level of self-determination as well as levels of opportunity for self-determination. Adolescents with physical disabilities reported higher levels of self-determination and more opportunities for self-determination.

It is possible that adolescents with physical disabilities have learned throughout the years to be the primary casual agent in decisions and choices that have an impact on their lives. They reported that there has been an increased emphasis on promoting opportunities for adolescents with physical disabilities to learn and utilize self-determination skills as a part of the educational curriculum. As a result, adolescents with physical disabilities reported that receiving more direct support from their family, friends and school was because of this initiative. They reported that they learned to associate this support with greater freedom for the opportunity to control their own decisions and choices.

On the other hand, the general perception for adolescents without physical disabilities was that they do not need direct instruction in strategies for self-determination. As a result, they felt as if they were left with a more limited support system because they didn't have special needs and often perceived their opportunities for self-determination to be more limited.

Levels of Self-Esteem

The second significant finding between the groups focused on the differences between self-esteem. Specifically, the results indicated that adolescents without physical disabilities reported higher levels of self-esteem than adolescents with physical disabilities. Since self-esteem is defined as how a person assesses their worth and competencies, in terms of how they think, feel, and act (Leary & Downs, 1995) it is likely that the lowered levels of self-esteem experienced and reported by adolescents with physical disabilities was a direct result of their inability to perceive the self positively in domains where they aspire to excel and discount the importance of areas in which they feel unsuccessful. As a result, they ascribe importance to areas that they feel are deficient.

Levels of Social Self-Efficacy

The third significant finding between the two groups was that of social self-efficacy. Adolescents with physical disabilities reported higher levels of social self-efficacy than adolescents without physical disabilities. The results support Bandura's theory (1986) about self-efficacy. Self-

efficacy is defined as a judgment of an individual's capabilities to organize and execute courses of action required to attain designated types of performances. It is likely that adolescents with physical disabilities approach difficult tasks as challenges to be mastered rather than as problems to be avoided and they believe that they can produce desired effects by their actions. As a result, they set challenging goals and are committed to achieving these goals.

Adolescents with physical disabilities reported more support from their school, family and friends and the beliefs from their support systems regarding their own abilities and responsibilities to perform certain tasks may cause differential perceptions of their achievements. In other words, family members, friends and schools who believe in the extent to which they can influence the adolescent with physical disabilities performance may have better perceptions of the adolescent's abilities and therefore may have higher expectations toward the adolescent's achievements. Adolescents with physical disabilities reported that parents, friends and schools serve as enabling influences in their lives by providing guidance through supportive efficacious action.

As a result, adolescents with physical disabilities reported that they internalize these beliefs of higher expectations and develop higher efficacy expectations. Such beliefs influence aspirations and strength of commitments to them, the quality of analytic and strategic thinking, level of motivation and perseverance in the face of difficulties, and vulnerability to stress and depression (Bandura, 1995, 1997; Locke & Latham, 1990; Maddux, 1995; Schwarzer, 1992; Zimmerman & Schunk, 1989). In other words, they reported that they develop stronger feelings that they can execute a behavior required to produce a desired outcome and the modeling and vicarious learning that occurs from these sources only enhance their efficacy beliefs.

Adolescents without physical disabilities, on the other hand, reported that they do not have such a defined social support system and do not experience as much modeling and vicarious learning as a result. Thus, they reported that they often do not believe that they can

effectively execute behaviors required to produce a desired outcome.

Self-Concept Correlation

The self-reported data indicates that there was a strong relationship between physical appearance and self-concept, self-esteem, scholastic achievement, behavioral conduct, romantic appeal and job competence. Specifically, adolescents with physical disabilities rated their physical appearance as lower than those without physical disabilities in part because of societal views of body images. This self-reported information is significant for adolescents with physical disabilities because it leads to many additional self-concept issues. For example, when ratings of physical appearance are low, feelings of inferiority occur and feelings of romantic appeal will likely be reduced. Similarly, when feelings of physical inadequacy occur, self-doubt for scholastic achievement develops and when self-doubt for scholastic achievement develops, it is likely that job competence feeling will be reduced. Thus, a critical component for self-concept in adolescents with physical disabilities is the domain of physical appearance.

Additionally, there was a positive correlation reported between self-determination and athletic competence in adolescents with physical disabilities. Specifically, adolescents with physical disabilities reported that when they experience high levels of self-determination, they have high levels of athletic competence as well. It is likely that when an adolescent with a physical disability has strong feelings about being the primary causal agent, the physical limitations that may exist become overpowered by the feeling of self-determination and athletic competence is not impacted.

Locus of Control Correlation

The reported correlation between internal locus of control and athletic competence in adolescents with physical disabilities indicated that when athletic competence goes up, internal locus of control goes down. Adolescents with physical disabilities, who did well with athletic activities, perceived that outside variables must be in

control. In other words, because, they know that their physical disabilities have an impact on athletics, the only way they can do well is if the intervention of powerful others occurs. They reported that they do not believe that their own behavior has an impact on athletic competence if it is at a high competence level.

However, it appears that when prospects for self-determination increase, internal locus of control beliefs increase as well in students without physical disabilities. This is explained by suggesting that students without physical disabilities may not have as many identified sources of support as students with physical disabilities. As a result, it is likely that their beliefs systems are driven from an internal source. Thus, they reported that when they believe that they are the primary causal agent in their lives (self-determination), it is likely that the source is directly related to an internal locus of control belief system and is not related to outside sources.

Students without physical disabilities reported that they are more likely to believe that their own behavior (ability and effort) result in outcomes. Essentially then, this population has an internal motive that leads to the expectation that their own actions are likely to bring about change. Similarly, because this population reported that they believe their own actions bring about change, it is probable that they would also perceive that they could successfully execute behaviors required to produce an expected outcome. Unlike the population of adolescents with physical disabilities, adolescents without physical disabilities report that their perceptions of self-concept do not vary across domains and there is no one domain that contributes to higher levels of self-concept.

However, adolescents without physical disabilities reported a negative correlation between social self-efficacy and physical appearance. This is explained by suggesting that adolescents without physical disabilities use the sources of information for self-efficacy as negative. In other words, outside sources associated with self-efficacy (vicarious experiences and verbal persuasion) do not contribute to their overall level of competence for physical appearance. Instead, they may react negatively to these sources because they

have not relied on them as support systems in the past. As a result, they reported that they internalize the information they receive as disapproval for their physical appearance. Therefore, rating levels are reduced. When the disapproving sources are removed, physical appearance levels go up.

Social Self-Efficacy and Self-Determination

A final point for discussion is the relationship of social self-efficacy to self-determination in adolescents with physical disabilities. It appears that social self-efficacy (overall level of self-efficacy) was the single best predictor of self-determination in this population. Consistent with social learning theorists such as Bandura (1977, 1997) it is likely that adolescents with physical disabilities experience a sense of confidence regarding specific tasks. They reported that they have the ability to judge their capabilities to organize and execute courses of action required to attain designated types of performances. In general, they reported that it is likely, the support systems that are in place for adolescents with physical disabilities would create an environment that fosters the belief that they can execute a desired behavior. They indicate that the more experiences they have with the sources of information needed for self-efficacy (performance accomplishments, vicarious experiences, verbal persuasions and emotional arousal) the more likely they will see their situations and environment as manageable.

Adolescents with physical disabilities reported that support systems that they have and trust (family, friends, school, medical) seem to continuously work together to enhance their experiences with the sources of information needed for self-efficacy. Observing the successful performances of people from their support systems, without adverse consequences (vicarious experiences) and experiencing the verbal persuasion from the sources of support is reportedly enhances their feelings of self-efficacy. They reported that the sources of support are likely to reduce their level of emotional arousal and when emotional arousal is reduced, experiences of success (performance accomplishments) are likely to increase.

When performance accomplishments and vicarious

learning experiences increase and emotional arousal decreases, adolescents with physical disabilities reported that they begin to act as the primary causal agent making choices and decisions regarding quality of life free from undue external influence or interference (self-determination). It is also reported that the more experienced adolescents with physical disabilities have with these sources, the more likely they will act autonomously, become self-regulated, initiate responses to events to act in a psychologically empowered manner and act in a self-realizing manner (Wehmeyer, in press, Wehmeyer, Kelchner & Richards, 1994). People who are self-determined act on the basis of beliefs that they have the capacity and opportunity to perform the behaviors needed to influence outcomes in their environment (Palmer & Wehmeyer, 1998). The differences in the reported levels of opportunity between the two groups and the environmental differences may affect these characteristics in such a way that the relative self-determination of each group may likely vary.

Implications for Instruction

Turning to applied implications, the present findings indicate that self-efficacy beliefs are important to adolescents with physical disabilities. As a result, traditional approaches to career development emphasizing aptitudes and objective skills as well as standardized assessments, those required by accountability measures in No Child Left Behind (NCLB) and Individuals with Disabilities Education Act (IDEA), to the relative exclusion of more attitudinal influences, such as efficacy beliefs, may prove to be inadequate when applied to this population. The present findings suggest, however, merits of designing standardized assessments, career assessments and exploration activities that are intended to directly foster career related self-efficacy beliefs. In pursuing this objective, specific accommodations could be made to address different types of physical disabilities. Information concerning self-efficacy beliefs within such an approach could also be integrated with that obtained from more traditional, objective assessments of aptitude in ways that facilitate the career exploration process. It might be determined

that for a adolescent with physical disabilities, the absence of strong interest in a given career area is primarily the result of a lack of confidence rather than a lack of aptitude and, on the basis of further assessment, that certain types of experiences could be helpful in remedying this situation. It is when these situations are remedied that adolescents with physical disabilities feel as if they are the primary causal agent in their lives (self-determination).

For adolescents in particular, support for higher-level conceptualizations of those self-attributes perceived as contradictory or conflictual may be achieved by providing more integrative personal constructs. Further encouragement of attributions of appropriateness or flexibility for characteristics viewed as contradictory, as well as the construction of personal narratives that can give meaning to multiplicity, should also serve to enhance feelings of self-understanding and self-worth.

Instruction should focus on reducing the discrepancy between perceived incompetencies or inadequacy and the importance of success in those arenas. Fostering a focus on the areas in which the student does display competencies, while discounting those areas in which the student is less adequate should be beneficial. Similarly, instruction should focus on the assessment of a student's belief system with regard to the potential for change, where efforts are directed toward encouraging the belief that most positive self-evaluations can and should be achieved. Instruction should focus on scaffolding an understanding of the actual origins of their negative self-perception, which should aid the student to gain insight into antecedents, and in turn promote more positive self-evaluations.

Finally, the most important steps that can be taken to promote self-determination may not necessarily involve increasing students' skill levels, but instead should focus on changing the ways in which instruction is provided and the educational program is conducted. As a result, educators in both regular and special education should not only continue to teach students the skills they need to take advantage of the opportunities in their lives but should perhaps address the limitations and barriers in

systems that contribute to less positive self-determination outcomes as well.

Conclusion

Although the research on self-determination has been extensive, the focus on the role of self-efficacy as a variable still remains with many unanswered questions. The study appears to be the beginning of an analysis of the relationship of self-efficacy to self-determination. The study extends the research on self-concept, self-esteem, locus of control, self-efficacy and self-determination and their relevancy to instruction.

Given the theoretical importance of the social influence on student outcomes, it is important that research begin to concentrate on finding effective ways to increase some self-efficacy for all sources of support systems.

Additionally, given that social sources have such positive influence on self-efficacy in students with physical disabilities, educational research should continue to focus on investigating how to increase and vary the levels of support for students with physical disabilities.

Lastly, the results from this study have indicated that students with physical disabilities have adequate levels of self-determination. Further research is needed to ascertain whether these levels continue to be maintained as this population transitions from school to work or whether levels of self-determination change during this process.

References

- [1]. Agran, M., King-Sears, M., Wehmeyer, M., & Copeland, S. (2003). *Teacher's guide to inclusive practice: Student-directed learning*. Baltimore, MD: Paul H. Brookes.
- [2]. Agran, M., Hong, S., Blankenship, K. (2007). Promoting self-determination of students with visual impairments: Reducing the gap between knowledge and practice. *Journal of Visual Impairment & Blindness*, 101, 453-464.
- [3]. Algozzine, B., Browder, D., Karvonen, M., Test, D. W., & Wood, W. M. (2001). The effects of self-determination interventions on students with disabilities. *Review of Educational Research*, 71, 219-277.
- [4]. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- [5]. Bandura A. (1986). *Social foundation of thought and action: A social cognitive theory*. Englewoods Cliffs, NJ: Prentice-Hall.
- [6]. Bandura, A. (1995). *Self-efficacy in changing societies*. New York: Cambridge University Press.
- [7]. Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman and Company, New York.
- [8]. Eisenman, L. T. (2007). Self-determination interventions: Building a foundation for school completion. *Remedial and Special Education*, 28(1), 2-8.
- [9]. Field, S., Martin, J., Millier, R., Ward, M., & Wehmeyer, M. (1998). Self-determination for persons with disabilities: A position statement of the Division on Career Development and Transition. *Career Development for Exceptional Individuals*, 21, 113-128.
- [10]. Gresham, F.M. & MacMillan, D.L. (1997). Social competence and affective characteristics of students with mild disabilities. *Review of Educational Research*, 67, 377-415.
- [11]. Leary, M.R., & Downs, D.L. (1995). Interpersonal functions of the self-esteem motive: The self-esteem system as a sociometer. In M.H. Kernis (Ed.), *Efficacy, agency, and self-esteem*. (pp. 123-144). New York: Plenum Press.
- [12]. Locke, E.A., & Latham, G.P. (1990). *A theory of goal setting and task performance*. Englewood Cliffs, NJ: Prentice-Hall.
- [13]. Maddux, J.E. (Ed.). (1995). *Self-efficacy, adaptation, and adjustment: Theory, research and application*. New York: Plenum
- [14]. Mason, C., Field, S., & Sawilowsky, S. (2004). Implementation of self-determination activities and student participation in IEPs. *Council for Exceptional Children*, 70, 441-451.
- [15]. Palmer, S.B., & Wehmeyer, M.L. (1998). Students' expectations of the future: Hopelessness as a barrier to self-determination. *Mental Retardation*, 36, 128-136.

- [16]. Schwarzer, R. (Ed.). (1992). *Self-efficacy: Thought control of action*. Washington, DC: Hemisphere.
- [17]. Test, D. W., Fowler, C.H., Brewer, D.M., & Wood, W. W. (2005). A content and methodological review of self-advocacy intervention studies. *Exceptional Children, 72*, 101-125.
- [18]. Thoma, C. A., Nathanson, R., Baker, S. R., & Tamura, R. (2002) Self-Determination. *Remedial and Special Education, 23*, 242-248.
- [19]. Wehmeyer, M.L. (1995). A career education approach: Self-determination for youth with mild cognitive disabilities. *Intervention in School and Clinic, 30*, 157-163.
- [20]. Wehmeyer, M. L., Agran, M., & Hughes, C. (2000). A national survey of teachers' promotion of self-determination and student-directed learning. *The Journal of Special Education, 34*, 58-68.
- [21]. Wehmeyer, M.L., & Kelchner, K. (1994). Interpersonal cognitive problem-solving skills of individuals with mental retardation. *Education and Training in Mental Retardation, 29*, 265-278.
- [22]. Wehmeyer, M. L., & Schalock, R. L. (2001). Self-determination and quality of life: Implication for special education services and supports. *Focus on Exceptional Children, 33*, 1-16.
- [23]. Zimmerman, B.J., & Schunk, D.H. (1989). *Self-regulated learning and academic achievement: Theory, research, and practice*. New York: Springer-Verlag.

ABOUT THE AUTHOR

Dr. Rader is an Assistant Professor of Special Education in the Department of Educational Leadership and Special Education with The City College of New York. She teaches graduate level courses in differentiated instruction and literacy instruction for struggling learners. She is also the Program Head for the Special Education Graduate program. Prior to her roles as Assistant Professor and Program Head, she served as a consultant with the State Department of Education, as a teacher for students with special needs and an instructional associate (Assistant Principal) of an elementary school. Her areas of interest include universal design for learning, assistive technology, inclusion self-determination and differentiated instruction.