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Self-image of young adults with moderate intellectual disability from a qualitative research perspective

Obraz siebie młodych dorosłych z umiarkowaną niepełnosprawnością intelektualną w perspektywie badań jakościowych

Abstract

The aim of this article is to analyse self-perception among young adults with moderate intellectual disability. The theoretical framework is based on literature concerning autonomy, identity, self-esteem and self-concept, with particular emphasis on young adulthood. The study was conducted within a qualitative paradigm using a case study method, including individual interviews, observation and the Rosenberg Self-Esteem Scale. The sample consisted of seven participants aged 18–24. The findings indicate predominantly low self-esteem and a differentiated self-image shaped by social experiences, family relationships, independence and opportunities for self-determination. The results highlight the importance of environmental support for positive self-concept and psychosocial functioning.

Keywords: self-image, self-esteem, intellectual disability, young adulthood, case study

Streszczenie

Celem artykułu jest analiza postrzegania siebie przez młodych dorosłych z niepełnosprawnością intelektualną w stopniu umiarkowanym. Dokonano przeglądu literatury dotyczącej autonomii, tożsamości, samooceny oraz obrazu siebie osób z niepełnosprawnością. Badania osadzono w paradygmacie jakościowym pedagogiki społecznej i specjalnej. Zastosowano metodę studium przypadku oraz techniki – wywiad, obserwację i Skalę Samooceny Rosenberga. Grupę badawczą stanowiło siedem osób w wieku od 18 do 24 lat z umiarkowaną niepełnosprawnością intelektualną. Wyniki badań wskazują na dominację obniżonej samooceny oraz zróżnicowany obraz siebie badanych, kształtowany przez

doświadczenia społeczne, stopień samodzielności, relacje rodzinne i możliwość podejmowania decyzji. Podkreślono znaczenie wsparcia środowiskowego w budowaniu pozytywnego obrazu siebie i jakości życia psychospołecznego badanych.

Słowa kluczowe: obraz siebie, samoocena, niepełnosprawność intelektualna, młoda dorosłość, studium przypadku

Introduction

An analysis of the existing body of research indicates a clear shortage of studies devoted to the self-perception of individuals with moderate intellectual disabilities, particularly during the period of young adulthood. This situation results both from the limited accessibility of this research group and from significant methodological difficulties associated with the need to construct research tools appropriate to the cognitive capacities of the participants. At the same time, the literature emphasizes the importance of conducting in-depth analyses in this area, as self-perception, self-esteem, and the development of autonomy are of fundamental importance for the psychosocial functioning of individuals with intellectual disabilities.

Self-image constitutes an important regulator of individual behaviour, influencing decision-making, interpersonal relationships, and readiness to undertake developmental challenges. In the case of individuals with intellectual disabilities, this process is additionally shaped by environmental factors, including social attitudes, educational experiences, family relationships, and the level of support provided. In this context, the period of young adulthood is of particular significance, as it is a time of intensive developmental changes and the formation of identity, autonomy, and a sense of agency.

Despite the growing interest in the issue of adulthood among individuals with intellectual disabilities, the subjective self-perception of young adults with moderate intellectual disabilities remains an insufficiently explored area. For this reason, the present study was undertaken with the aim of analyzing how young adults with moderate intellectual disabilities perceive themselves and identifying the factors that shape their self-image. The article presents the theoretical foundations of the research, its methodological assumptions, and the results of qualitative empirical studies, situating itself within the field of special and social pedagogy focused on strengthening the subjectivity and autonomy of individuals with intellectual disabilities.

Young adulthood of individuals with intellectual disabilities

Intellectual disability does not determine the course of the maturation process itself, nor does it alter its fundamental developmental direction. The differences between individuals with intellectual disabilities and their typically developing peers

primarily concern the ways in which they cope with developmental changes and challenges characteristic of this stage of life. For this reason, particular importance is attached to supporting individuals with intellectual disabilities during adolescence, in order to enable their adequate preparation for the transition into adulthood.

Despite gradual changes in social attitudes, there is still a tendency to infantilize individuals with intellectual disabilities, which results in the failure to recognize their status as persons entering adulthood. Meanwhile, young adults with intellectual disabilities possess diverse resources that enable them to cope with everyday challenges. Danuta Wolska identifies key competencies that determine the functioning of this group, including: interpersonal and communication skills, the ability to make decisions and assume responsibility, the development of self-awareness and self-care, the formation of one's own value system and self-direction, stress management, and engagement in paid employment.[1]

One of the key life competencies is the ability to make decisions about oneself, which constitutes the foundation of individual independence. With regard to individuals with intellectual disabilities, Ewa Pisula emphasizes the importance of strengthening this competence through intentional support of decision-making processes and a sense of agency, thereby fostering the development of:

a) awareness of one's own preferences, needs, abilities, and limitations;
b) the ability to make choices and to analyze available options and their consequences;
c) the skills necessary to initiate actions, set goals, and work toward their achievement;
d) the ability to regulate one's own behaviour and take responsibility for decisions made;
e) the pursuit of independence while understanding social relationships and dependencies;
f) the capacity to represent one's own interests, self-belief, perseverance, and flexibility in action.[2]

Parental overprotection may significantly limit the development of skills necessary for independent functioning in adult life, which consequently leads to an underutilization of the child's developmental potential. Beata Cytowska distinguishes four basic manifestations of overprotectiveness toward children with disabilities: infantilization, excessive assistance, excessive concern for the child, and an excessive focus on needs resulting from the disability.[3] These attitudes may contribute

[1] D. Wolska, *Rozwijanie umiejętności życiowych wpływających na aktywizację zawodową osób z głębszą niepełnosprawnością intelektualną* [in:] *Psychoedukacja w procesie wspomagania rehabilitacji osób z niepełnosprawnością*, eds. P. Majewicz, M. Kościółek, E. Dyduch, Kraków 2017, pp. 223–226.

[2] *Ibidem*, p. 160.

[3] B. Cytowska, *Trudne drogi adaptacji. Wątki emancypacyjne w analizie sytuacji dorosłych osób z niepełnosprawnością intelektualną we współczesnym społeczeństwie polskim*, Kraków 2012, pp. 328–329.

to the development of learned helplessness in individuals with disabilities, encompassing three components:

a) the expectation of failure in any situation that remains beyond the individual's control,
b) a lack of spontaneous reactions to unexpected stimuli;
an inability to reattempt tasks in which failure has occurred.[4]

Learned helplessness constitutes a significant barrier to achieving independence and self-sufficiency. Therefore, it is crucial to develop the ability to make even minor decisions and to take responsibility for their consequences.

Limiting opportunities for the full experience of adulthood may lead to social withdrawal and increase the risk of feelings of failure and emotional distress.[5] Shara Ally and her colleagues emphasize the need for early support of young people in the transition to adulthood. They recommend the involvement of families, caregivers, and professionals in creating an integrated support model that takes into account both the challenges and the normative patterns of the developmental life cycle. This support should include emotional, behavioral, and social assistance, as well as the development of stress resilience and coping skills. Furthermore, they suggest developing, together with families, a life plan for adulthood that includes strategies to support individuals in both social and vocational domains.[6] The systematic development of life skills is of key importance and significantly affects the quality of life of adults with intellectual disabilities.[7]

Determinants of the development of autonomy, identity, and self-perception in individuals with intellectual disabilities

Autonomy is understood as an individual's capacity to responsibly direct their own behavior, to shape social relationships based on reciprocity, and to make decisions that take into account both personal and others' needs.[8] According to a pedagogical dictionary, the term *autonomy* derives from Greek (*autos* + *nomos*) and denotes "independence, self-reliance, and the capacity for self-determination."[9]

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[4] W. Pilecka, *Psychoruchowy rozwój dzieci o obniżonej sprawności umysłowej* [in:] *Stymulacja psychoruchowego rozwoju dzieci o obniżonej sprawności umysłowej*, eds. W. Pilecka, J. Pilecki, Kraków 2008, p. 22.

[5] *Ibidem*, p. 21.

[6] S. Ally, K. Boyd, K. Abells, K. Amari, Y. Hamdani, A. LoH, U. Niel, S. Sacks, S. Shea, W. Sullivan, *Improvingtransition to adulthood for adolescents with intellectual and developmental disabilities*, „Canadian Family Physician" 2018, No. 64, after: M. Kościółek, D. Wolska, *Przygotowanie do samodzielności osób z głębszą niepełnosprawnością intelektualną w biegu ich życ*ia, Kraków 2022, p. 157.

[7] *Ibidem*.

[8] W. Pilecka, J. Pilecki, *Warunki i wyznaczniki rozwoju autonomii dziecka upośledzonego umysłowo* [in:] *Społeczeństwo wobec autonomii osób niepełnosprawnych*, ed. W. Dykcik, Poznań 1996, p. 31.

[9] C. Kupisiewicz, M. Kupisiewicz, *Słownik pedagogiczny*, Warszawa 2009, p. 15.

From the perspective of the social sciences, autonomy constitutes both a holistic characteristic of the human being and a feature of specific areas of human functioning or development. An autonomous individual is characterized, among others, by:

a) possessing a personal system of values, principles, goals, and a personal life concept;
b) independently striving toward defined goals;
c) making decisions about one's own life (self-determination);
d) making decisions that are beneficial for oneself;
e) controlling one's emotions, thoughts, and actions;
f) independent thinking, feeling, and acting, free from excessive influence of others;
g) functioning independently in everyday life, with a limited need for assistance from others.[10]

Thus understood, autonomy constitutes both a developmental achievement and the result of educational and social influences.

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Autonomy is a multidimensional concept encompassing six types: behavioural, emotional, identity-related, economic, instrumental, and cognitive–self-evaluative.[11] Engaging in autonomous actions and behaviours reflects an individual's subjectivity – namely, their „autonomous agency oriented toward subjectively meaningful goals and readiness to take responsibility for choices and actions."[12] Therefore, the development and recognition of autonomy in individuals with disabilities play a crucial role in shaping their personality and self-image, as it is intrinsically linked to their subjectivity.[13]

Władysława Pilecka and Jan Pilecki emphasize the ecological and biological conditions of autonomy development in individuals with intellectual disabilities.[14] However, the factors that directly determine the development of autonomy include personal resources, social skills, the ability to cope with difficult situations, and the use of available support.[15] Interactions with the environment also play a significant

[10] M. Penczek, *Autonomia osób z niepełnosprawnością intelektualną z perspektywy etyki troski* [in:] *Specjalne potrzeby edukacyjne. Wspomaganie rozwoju – wielość obszarów, wspólnota celów*, eds. B. Grzyb, G. Kowalska, Gliwice 2016, pp. 56–57.

[11] B. Łapiński, *Rola rodziny w osiąganiu autonomii przez dziecko w okresie dorastania*, "Psychologia Wychowawcza" 1988, No. 31(5), pp. 499–507; L. Myszka-Strychalska, *Autonomia jako zadanie (auto)edukacyjne młodzieży*, "Roczniki Pedagogiczne" 2020, No. 12(48), pp. 107–120.

[12] M. Czerepaniak-Walczak, *Podmiotowość jako kategoria pedagogiczna u edukacyjna* [in:] *Podmiotowość w wychowaniu. Między ideą a realnością*, ed. E. Kubiak-Szymborska, Bydgoszcz 1999, p. 77.

[13] *Ibidem*.

[14] W. Pilecka, J. Pilecki, *Warunki i wyznaczniki rozwoju autonomii dziecka upośledzonego umysłowo*, [in:] *Społeczeństwo wobec autonomii osób niepełnosprawnych*, ed. W. Dykcik, Poznań 1996, p. 32.

[15] *Ibidem*, pp. 36–37.

role. Personality-related determinants include cognitive factors such as self-acceptance, self-awareness, self-confidence, and self-esteem. Instrumental determinants refer to practical skills and social competencies (e.g., social insight, communication, empathy). Social factors are associated with active participation in social life and everyday responsibilities, support from family and peers, and educational practices involving the transmission of values, acceptance, and encouragement of initiative while respecting individual needs.[16]

Identity, as a key component of individual autonomy, is multidimensional and can be analyzed in two dimensions: the content dimension, referring to identity itself, and the phenomenological dimension, encompassing the subjective sense of identity.[17] The sense of identity results from self-perception and the accumulation and processing of information about oneself, whereas identity refers to relatively stable traits attributed to the individual that enable personal and social identification.[18] Identity begins to develop in childhood; therefore, all experiences from this period contribute to its formation. Elżbieta Minczakiewicz emphasizes that without fostering responsibility for oneself, others, and the surrounding environment in children, identity cannot fully develop.[19] Support for individuals with intellectual disabilities includes creating a stable environment, building subject-subject relationships, ensuring emotional security, and helping to establish personal boundaries and self-awareness.[20]

Self-awareness develops on two levels: the individual level, involving subjective knowledge about oneself, and the external level, resulting from objective social feedback. Individuals with disabilities are particularly vulnerable to stigmatization and stereotyping, which significantly affects their self-perception.

Piotr Majewicz defines self-image as a multifunctional construct that regulates various behaviors toward oneself, others, and tasks.[21] Self-image consists of many components. Janusz Reykowski distinguishes between the sense of the self-beliefs concerning one's appearance, skills, abilities, and capacities; and the conscious self, which involves deliberate opinions about oneself derived from social expectations and one's position among others.[22] Janusz Kirenko conceptualizes self-perception

[16] *Ibidem*, p. 37.

[17] E. Goffman, *Człowiek w teatrze życia codziennego*, Warszawa 1981, after: Ż. Stelter, *Dorastanie osób z niepełnosprawnością intelektualną*, Warszawa 2009, p. 75.

[18] *Ibidem*.

[19] E. Minczakiewicz, *Dorastanie osób z głębszą niepełnosprawnością intelektualną w obszarze zainteresowania nauk o zdrowiu i wychowaniu* [in:] *Wątki zaniedbane, zaniechane, nieobecne w procesie edukacji i wsparcia społecznego osób niepełnosprawnych*, eds. Z. Gajdzica, A. Klinik, Katowice 2004, p. 75.

[20] M. Kościelska, *Wniosek wdrożeniowy. Upowszechnienie metody pomocy psychoterapeutycznej dla dzieci z ryzykiem upośledzenia i ich rodzin*, "Nowiny Psychologiczne" 1991, No. 1–2, pp. 45–53, after: Ż. Stelter, *Dorastanie osób*…, pp. 83–84.

[21] P. Majewicz, *Obraz samego siebie a zachowanie młodzieży niepełnosprawnej ruchowo*, Kraków 2002, p. 56.

[22] J. Reykowski, *Obraz własnej osoby jako mechanizm regulujący postępowanie*, " Kwartalnik Pedagogiczny" 1970, No. 3, p. 47, after: P. Majewicz, *Obraz samego siebie*…, p. 33.

as awareness of oneself expressed in beliefs about the self, emphasizing its multidimensional character, including imaginative, sensory, and abstract dimensions.[23]

Self-perception is closely linked to self-esteem, understood as self-evaluation. These concepts influence an individual's attitude toward themselves, others, and reality.[24] According to Paweł Borowiecki, self-esteem constitutes a form of self-concept, primarily related to internal factors that individuals refer to when pursuing their goals.[25] Self-esteem consists of two interdependent components: belief in one's own effectiveness and self-respect, manifested in the conviction that one deserves happiness.[26]

Individuals with intellectual disabilities often exhibit reduced self-criticism, which may result in inflated and unrealistic self-esteem.[27] They also more frequently experience stressful situations that evoke difficult emotions. Persistent beliefs about their limited independence contribute to excessive control and over-assistance, which may lead to learned helplessness and hinder the development of their potential.[28] Counteracting this phenomenon requires supporting individuals with intellectual disabilities in sociocultural activities while respecting their autonomy, identity, and dignity, as well as creating conditions for developing self-care skills and self-awareness, which are essential for their independence.[29]

Outline of the methodology of the author's own research

The research was situated within the paradigms of social and special pedagogy, adopting a qualitative approach to exploring educational and social reality.[30] Such

[23] J. Kirenko, *Indywidualna i społeczna percepcja niepełnosprawności*, Lublin 2007, after: D. Kołodziej, *Spostrzeganie siebie i przystosowanie społeczne osób z niepełnosprawnością intelektualną w stopniu lekkim*, "Szkoła Specjalna" 2018, No. 1, p. 47.

[24] P. Borowiecki, *Samoocena osób z niepełnosprawnością w świetle wybranej literatury i badań własnych*, "Niepełnosprawność – zagadnienia, problemy, rozwiązania" 2015, No. II/(15), p. 91.

[25] *Ibidem*, p. 112.

[26] N. Branden, *6 filarów poczucia własnej wartości*, Łódź 2022, p. 41.

[27] K. Pająk, *Poczucie własnej wartości uczniów z lekką niepełnosprawnością intelektualną* [in:] *Psychoedukacja w procesie wspomagania rehabilitacji osób z niepełnosprawnością*, eds. P. Majewicz, M. Kościółek, E. Dyduch, Kraków 2017, p. 91.

[28] W. Dykcik, *Warunki i możliwości kulturowej transmisji postaw i zachowań społecznych wobec autonomii i izonomii osób niepełnosprawnych umysłowo* [in:] *Społeczeństwo wobec autonomii osób niepełnosprawnych*, ed. W. Dykcik, Poznań 1996, p. 219.

[29] D. Wolska, *Rozwijanie umiejętności życiowych wpływających na aktywizację zawodową osób z głębszą niepełnosprawnością intelektualną,* [w:] *Psychoedukacja w procesie wspomagania rehabilitacji osób z niepełnosprawnością*, eds. P. Majewicz, M. Kościółek, E. Dyduch, Kraków 2017, p. 230.

[30] A full description of the methodology can be found [in:] K. Szafruga, *Postrzeganie siebie przez młodych dorosłych z umiarkowaną niepełnosprawnością intelektualną*, unpublished master's thesis, Katowice 2025, pp. 37–49.

an approach makes it possible to examine the subjective experiences, meanings, and interpretations that participants attribute to their own lives.[31] This strategy allows for capturing the complexity of the processes involved in shaping self-image within a sociocultural context, which is particularly important in research concerning individuals with intellectual disabilities.

The subject of the study was the self-perception of young adults with moderate intellectual disabilities. The aim of the research was to understand how the participants perceive themselves and to identify the factors influencing the formation of their self-image, with particular emphasis on the role of family, peers, and support institutions. One main research question was formulated: *How do young adults with moderate intellectual disabilities perceive themselves?* This question was further specified through subsidiary questions concerning self-image, experienced challenges, the consequences of positive and negative self-perception, and the factors determining this process. Due to the exploratory and qualitative nature of the study, no research hypotheses were formulated.

The case study method was adopted as the main research approach, enabling a holistic and in-depth analysis of the participants' individual experiences within their natural contexts of functioning. This method allows for an understanding of the studied phenomenon while taking into account personal and environmental conditions.[32] The research techniques applied included individual interviews, observation, and a questionnaire.

The primary research tool was an original individual interview questionnaire consisting of open-ended questions thematically grouped around areas such as self-esteem, autonomy, social relationships, communication, vocational activity, and leisure time. The interview was supplemented with an individual and group observation sheet used to record behaviours, interactions, and patterns of functioning in educational and social situations. Additionally, the Rosenberg Self-Esteem Scale (SES), in its Polish adaptation, was used to assess the general level of self-esteem of the participants.

The research sample consisted of seven individuals (four women and three men) aged 18 to 24, diagnosed with moderate intellectual disabilities and receiving institutional support. The sampling was non-random and purposive, resulting from the possibility of obtaining information relevant to the research objective.[33] All participants gave informed verbal consent to take part in the study.

The applied methodological solutions enabled the collection of empirical material and the formulation of conclusions of both cognitive and practical significance.

[31] S. Juszczyk, *Badania jakościowe w naukach społecznych. Szkice metodologiczne*, Katowice 2013, p. 109.

[32] *Ibidem*, p. 118.

[33] *Imidem*, p. 112.

Research findings

The conducted research aimed to explore the ways in which young adults with moderate intellectual disabilities perceive themselves, with particular emphasis on their level of self-esteem, self-image, the consequences of positive and negative self-perception, and the factors shaping this process. The analysis of the results was based on data obtained through the Rosenberg Self-Esteem Scale, individual interviews, and observation.[34]

The results obtained using the Rosenberg Self-Esteem Scale indicate a clear tendency toward low self-esteem among the participants. Of the seven individuals, only one achieved a score within the range of high self-esteem, while the remaining participants obtained results indicating a low level of self-worth. None of the participants achieved a score typical of an average level of self-esteem. This suggests that reduced perceptions of personal value, competence, and effectiveness predominate within the studied group. These findings confirm that young adults with moderate intellectual disabilities are particularly vulnerable to critical self-perception, which may affect their emotional and social functioning.

The qualitative analysis of data from the individual interviews allowed for a multidimensional understanding of the participants' self-image. Their self-perceptions were described in relation to areas such as self-esteem, independence, autonomy, communication, social relationships, vocational activity, and leisure time. The results indicate considerable diversity in individual experiences; however, most participants exhibited difficulties related to evaluating their own abilities and coping with emotions in situations of failure.

Some participants assessed themselves critically, emphasizing their limitations, difficulties in task performance, and tendencies toward anger and frustration when facing challenges. These statements correspond with the low self-esteem scores obtained on the Rosenberg Scale. At the same time, in some cases, despite low scale results, a relatively positive self-image emerged, based on recognizing personal strengths and achievements. This suggests that self-esteem measured by standardized instruments does not always fully reflect the subjective self-image of participants and may be influenced by personal experiences and environmental support.

In the area of independence, participants pointed to activities they could perform without assistance, such as preparing meals, dressing, and completing minor household tasks. At the same time, differences were observed in the scope of this independence – some participants experienced limitations resulting from parental overprotection, which affected their sense of agency and independence. These accounts demonstrate that independence plays a significant role in shaping self-image and self-worth.

[34] K. Szafruga, *Postrzeganie siebie*…, pp. 51–74.

The autonomy of the participants was mainly manifested in their ability to make small everyday decisions, such as choosing clothing, leisure activities, or hobbies. Most participants declared that they enjoyed making decisions independently and experienced a sense of satisfaction as a result. Conversely, situations in which others made decisions for them evoked negative emotions such as anger or sadness, highlighting the importance of autonomy for their sense of dignity and subjectivity.

In the sphere of communication and social relationships, the findings revealed varied levels of social competence. Some participants reported no difficulties in conversations and forming relationships, while others pointed to problems with expressing their needs, being understood, and fear of new social contacts. These experiences influenced their self-perception, particularly in the context of social comparison and fear of social judgment.

For most participants, family relationships constituted an important source of emotional support and a sense of security. They emphasized the importance of spending time together, having opportunities to talk, and receiving help in difficult situations. At the same time, some participants experienced difficulties in sharing their problems, which could lead to the accumulation of negative emotions and an increased sense of loneliness.

The analysis of the consequences of positive and negative self-perception indicates that individuals with a more positive self-image were characterized by greater openness to new experiences, higher motivation for action, and a stronger tendency to engage in social relationships. Positive self-perception facilitated taking on challenges, deriving satisfaction from activities, and making better use of personal developmental potential. In contrast, a negative self-image was associated with reduced self-confidence, fear of failure, avoidance of new situations, and difficulties in emotional regulation.

The factors shaping the participants' self-perception were both individual and social in nature. The most significant included experiences of success and failure, social comparison, emotional support from family and peers, the level of independence, and the ability to make decisions. Positive school and family experiences were particularly important, as they fostered a sense of acceptance and self-worth. Conversely, negative social experiences, such as ridicule or lack of understanding, contributed to lowered self-esteem and a negative self-image.

Conclusion

The research findings indicate that self-perception among young adults with moderate intellectual disabilities is complex and multidimensional, and its development depends on individual experiences, social relationships, and the level of support and autonomy they receive. Low self-esteem, difficulties in emotional

regulation, and limited independence constitute significant developmental barriers, whereas positive relationships, opportunities for self-determination, and social support contribute to strengthening self-image and overall functioning.

These findings are consistent with other studies, which point to a diverse picture of self-esteem among individuals with disabilities.[35] People with mild intellectual disabilities often present a positive, and sometimes inflated, self-image, while adolescents with physical disabilities more frequently experience lower assertiveness and differences in self-perception compared to their able-bodied peers.[36] This highlights the importance of social context and the type of disability in shaping self-perception.[37]

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