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"WHO AM I?" – A REFLECTIVE EXPERIENCE ON THE SENSE OF SELF OF INTELLECTUALLY CHALLENGED ADOLESCENTS WITHIN FAMILIAL RELATIONSHIPS

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Abstract: This study explored intellectually challenged adolescents' experiences of their sense of self within familial relationships. An embedded, mixed methods approach was used – semi-structured interviews were conducted with 12 adolescents, who also completed an emotional intelligence measure, the BarOn Emotional Quotient Inventory: Youth Version. The participants' scores indicated average emotional intelligence, supporting their capacity to recognize, understand, and manage emotions experienced by the self and others. The adolescents provided corroborating qualitative evidence that they recognized the influence of family relationships, and positive and negative broader social experiences (e.g. peers in school) on their sense of self. Exploration and self-reflection facilitated the formation of strong, stable selves, and creates awareness that some adolescents need supportive reinforcement to construct a positive sense of self.

***Keywords*:** Identity, adolescence, familial relationships, intellectual developmental disabilities, mixed methods.

Introduction

"Sense of self" is a general term used by many theorists in describing human development and self-theories. Theorists such as Erikson (1963/1993), Polster (2005) and Rogers (1961) prefer the term "identity", "self-concept" and "selves". Jung (1947) and Rowan and Cooper (1999) regard the self as the center of the total personality, which includes the conscious and the unconscious. The self is also seen as the core part of a person and a sense of awareness a person has of him-/herself (Cottle, 2003; Crocetti, Rubini, Luyckx, & Meeus, 2008; Yontef, 1997). There is no consensus among theorists regarding the "self", but most agree that the self is a complex psychological structure and that the primary function of the self is to integrate, organize and unify a person's behavior, experiences and future ambitions (Erikson, 1968; Freud, 1923/1974; James, 1890/2010; Mead, 1962).

Forming a self-identity has long been considered a central developmental task during adolescence and emerging adulthood. This period is marked by many physical, mental, emotional and social changes. It is referred to as the identity cohesion stage versus a confusion stage, as adolescents ask "*Who am I?*", "*What am I to become?*" and "*What is my place in society?*" (Erikson, 1968). Oswalt (2015) believes that the configuration of a self during adolescence and adulthood creates a sense of psychological well-being, a feeling of being "at home" in one's body. According to Papalia and Feldman (2012), it includes a sense of knowing where one is going. Adolescents struggle to find answers to the questions that they ask about the self, and, according to Erikson (1968), the search for a coherent identity implies the forming of a coherent conception of self, which is made up of goals, values and beliefs to which a person commits firmly.

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Gergen (2011) argues that the formation of a self does not take place in isolation, but that the self is *socially constructed and re-constructed* through realities, external social influences, and dynamic forces of the field. It involves our experiences of the world and our relationships with others (Yontef, 1997; Hutchinson, 2003). These experiences take place through social processes, such as everyday interactions between people, and conversations as they unfold (Young & Colin, 2004). The family is one such place where interactions occur. Furthermore, the family constitutes a complex structure of interconnected relationships and interdependent individuals, none of whom can be understood in isolation from the system (Anderson & Sabatelli, 2011; Baron & Byrne, 2000; Pillay, 2010).

Adolescents are part of a family system, which provides socialization experiences, and also contributes to the development of each family member's personal identity by providing information about the self (Formby & Osborn, 2010; Krekula, 2002). Becvar and Becvar (2013) and Berk (2006) point out that this network of interdependent relationships constantly evolves, and is a relational and intricate part of people's personal and social lives (see also Brah, Hickman, & Mac an Ghaill, 2004). In this sense, adolescents with intellectual and developmental disabilities appear to be no different from other developing adolescents, as they too seek answers about themselves, their abilities, social acceptance and close relationships with their families and friends.

Intellectual and development disability (IDD), previously known as mental retardation, refers to a neuro-developmental disorder that occurs before the age of 18. The terms "intellectually disabled" or "intellectually challenged" are now preferred by most English-speaking countries (American Association of Intellectual and Developmental Disabilities, 2010; World Health Organization, 2014), and these are also the terms chosen by the researcher for this study. The term "intellectual and developmental disabilities" refers to a more general and broader concept, whereas the term "intellectually challenged" is used to refer to the specific adolescents who participated in this study. The disability is characterized by an intelligence quotient (IQ) of 70 or below, with approximately two standard deviations below the population, with significant limitations in *intellectual functioning* and *adaptive behavior* (American Association of Intellectual and Developmental Disabilities, 2013). The *Diagnostic and Statistical Manual of Mental Disorders V* (*DSM-V*) classifies the disability into five categories, as mild, moderate, severe and profound, or unable to classify (APA, 2013), based on intellectual functioning measured by means of standard tests of the intelligence quotient (IQ).

Previous research on people with disabilities has found that this population often do not talk about their disabilities, but are well aware of society's reaction towards their disabilities; their perceptions and views of themselves are also often restrained by the way society constitutes them as strangers in a modern world (Gwernan-Jones, 2008; Michailakis, 2003; Reeve, 2002). Michailakis (2003, p. 209) points out that "one is not born a disabled person – one is observed to be one". Similarly, Goodley and Tregaskis (2006) report that young persons with disabilities in particular seem to be aware of their differences and their exclusion from society. However, Hughes, Russell, and Paterson (2005) and Taylor (2000) have found that some people with intellectual disabilities construct a world for themselves in which the disability is not stigmatized, and suggest that their experiences of the disability and the formation of their self depends largely on the relationships they have with family members and significant others. Gill (2001), in an overview of prior studies, suggests that people with disabilities may experience a sense of estrangement even within their families and that their sense of self-acceptance and self-formation are significantly related to how friends and family members *react t*owards their disabilities.

Gill (2001) and Watson (2002) assume that the formation of the self can be structured on shared experiences, but that the self in a person with disabilities is fixed. By contrast, Terry and Campbell (2009), as well as Woodbridge, Buys, and Miller (2011) reject this argument, claiming that the self or selves of people with disabilities are fluid, not stagnant, and continuously evolve and become within family relations. Some studies indicate that emotional autonomy is reached in adolescents' relationships and that it often includes the development of more mature emotional connections with adults and peers (Reeve, 2002; Steinberg, 2011). Only through self-exploration can adolescents discover who they are, recognize their natural abilities and uniqueness, and construct a positive sense of self, reaching identity achievement and optimal functioning.

Despite these prior studies, there is still a lack of research on how intellectually challenged adolescents experience and see their sense of self within familial relationships. Hence, the present study explored these experiences and the influence of familial relationships on the configuration of an identity – a self. Key questions raised in this study were whether intellectually challenged adolescents' emotional intelligence (EQ) is affected by their limited cognitive abilities, whether their sense of self is stagnant, and to what extent family relationships and the perceptions of others influence the configuration and perception of these adolescents' sense of self. On the basis of the literature discussed above, the following research question was formulated: What are the experiences of intellectually challenged adolescents of their sense of self within familial relationships?

Method

Participants

The sample consisted of 12 intellectually challenged adolescents between the ages of 11 and 14 (*M* =12.17, *SD* = .94), living in the Ekurhuleni Metropolitan Area, in the Northern Region of the Gauteng province in South Africa. Of the 12 participants, four were female, and eight were male. The racial distribution was Black (*n* =5) and White (*n* =7). Potential participants were identified by teachers and therapists at a school for learners with mild to moderate intellectual and learning disabilities. The participants represented broad socio-economic strata. They were raised in intact two-parent families, single-parent or divorced families, extended three-generational or skip-generational families.

Measures

Qualitative interview questions

A semi-structured interview schedule was used to elicit responses from the participants. Questions focused on how the adolescents experienced their sense of self (their identity) and their relationships with family members. The following guiding questions were used to provide a framework for each interview: Tell me about yourself. How do you see yourself? Is there anything that you want to change about yourself? Tell me how you experience (see) yourself within your family. What do you enjoy about your family? How do you think your family view/feel about you? The order in which the questions were asked depended on the conversational flow of each interview.

Quantitative questionnaire

In this study, quantitative data were used to support the qualitative data. There is no instrument that measures sense of self as a construct, so the BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i:YV) was chosen as a measure of certain components of sense of self, namely *self-awareness* and *self-perception*. The BarOn EQ-i:YV, developed by Bar-On and Parker (2000), was used to measure the social and emotional competencies of the participants. The inventory contains 60 Likert-type items anchored at 1 (*very seldom or not true of me*) and 4 (*very often true or true of me*). The items are divided into six subscales. Four subscales combine for a total measure of emotional intelligence (EQ): (a) Intrapersonal (six items – e.g., “It is easy to tell people how I feel”), (b) interpersonal (12 items – e.g., “Having friends is important”), (c) stress management (12 items – e.g., “I can stay calm when I am upset”), (d) adaptability (10 items – e.g., “I am good at solving problems”). The remaining items cover two scales: (e) general mood (14 items – e.g., “I feel sure of myself”), and (g) positive impression (six items – e.g., “I think I am the best in everything I do”). For each scale, higher scores reflect superior emotional and social abilities.

The factor structure found in the initial development and validation of the BarOn EQ-i:YV (Bar-On & Parker, 2000) has been supported in a subsequent study (Parker, Saklofske, Shaughnessy, Huang, Wood, & Eastabrook, 2005). Research has provided evidence of the discriminative power of the measure, showing that the BarOn EQ-i:YV is able to differentiate between primary and high school students with different academic achievement (for example, grade point average) levels. Higher scores for students clustered into more successful groups (Eastabrook, Duncan, & Eldridge, 2005; Parker, Creque, Barnhart, Harris, Majeski, & Hogan, 2004). Internal consistency estimates for the BarOn EQ-i:YV scales have been acceptable to strong (*a* = .65 to 90) across several studies (for example, Bar-On & Parker, 2000; Harrod & Sheer, 2005; Parker, Taylor, Eastabrook, Schell, & Wood, 2008). Acceptable test-retest reliability has also been found at an interval of three weeks for the EQ scales (*r* = .70-.89) and the general impression and positive impression and general mood scales (*r* = .60-.77) (Bar-On & Parker, 2000; Hassan & Sader, 2005).

Based on the purpose of this study, only those scales that combined for a measure of the total EQ were used. Two of the sub-scales that were important for this study were the intrapersonal and interpersonal scales, which are closely linked to self-awareness, self-perceptions, feelings and relationships with others.

Procedure

Institutional ethical approval was sought and granted to conduct the study (NWU-00060-12-A1, and formal permission was obtained from the South African Department of Education to access the relevant school. The school gave permission to access the participants. Informed consent was obtained from the participants' parents. Assent was obtained from the intellectually challenged adolescents. The participants and the participating families were fully informed of the purpose and nature of the study, the conditions of participation, the fact that participation was voluntary, that confidentiality and anonymity would be maintained, and that participants had the right to withdraw.

The BarOn EQ-i:YV was administered to the adolescents individually (one-on-one) at a school for learners with intellectual and learning disabilities. Because of these learners limited English capacity, the test (which is in English) was read out aloud to each adolescent by the test administrator. In order to accommodate the unique abilities of the adolescents, visual cues and prompts were provided when questions were presented to them. The instrument took approximately 15 to 20 minutes per person to complete. After the completion of the BarOn EQ-i:YV, semi-structured interviews were conducted with the adolescents at the school in a quiet and comfortable area at the school. Each interview took about 45 to 60 minutes. Family photographs taken earlier with the adolescents' families and genograms drawn by the adolescents were used during the interviews to stimulate dialogue between the researcher and each adolescent.

Data analysis

Qualitative data

The interview data were analyzed using a six-phase thematic analysis, as described by Boyatzis (1998) and Braun and Clark (2012), using the following thematic analysis steps: data gathered through narratives and observations were familiarized, coded and verified by two independent therapists with post-graduate research experience. They looked for themes relevant to the research question, then reviewed, identified and named the themes.

Quantitative data

EQ-i:YV raw scores were converted to standardized scores and descriptive statistics were computed for each of the relevant scales. Differences between sex and race groups on each scale were examined, using independent sample *t*-tests, and one sample *t*-tests were performed using the total sample by specifying a comparative standardized mean value (that is, 100) for each variable (see Table 1). Before proceeding with parametric testing, all hypothesis testing assumptions were tested and appropriately fulfilled. An alpha level of .05 was used for all statistical analyses. Cohen's (1992) effect size guidelines of .2 (small), .5 (medium), and .8 (large) were used to evaluate the strength of differences (or a lack thereof) between the comparisons that were made.

Results

A mixed method embedded design was selected for the study, which included both quantitative (embedded) and qualitative results. According to Creswell and Plano Clark (2011), a mixed methods design provides a more holistic picture of the research question, and enhances data triangulation, validity and the congruence of findings (cf. also Menon & Cowger, 2010). Delport and Fouché (2011) argue that the advantage of an embedded design is that two types of data collected concurrently can be compared and interpreted to determine the effectiveness of an intervention. The findings are reported in Table 1.

With regard to the quantitative analysis, the majority of the participants (67%-75%) scored within 1 standard deviation of the mean across each scale (see Table 1). There were no statistically significant differences between the participants on each of the scales based on sex or race. However, on the intrapersonal scale (negligible effect size), small to medium effect sizes were found for each of the comparisons, with the exception of race. The total sample did not display statistically significant differences from the specified standardized mean value, but large effect sizes were found on the interpersonal and general mood scales. In particular, the sample in this study seemed to score markedly lower on the interpersonal scale, and markedly higher on the general mood scale, than average members of the population.

Table 1. Descriptive and T-test statistics for EQ-i-YV scales

Variable	Sex		Race		Total		
	Female (1)	Male (2)	Black (1)	White (2)		Below 1 *SD* from *M*	Above 1 *SD* from *M*
Intrapersonal						1	3
M	100.25	105.50	104.00	103.57	103.76		
SD	5.19	14.96	7.48	15.79	12.51		
t-test	t (10) = -.67, p = .52		(10) = .06, p = .96		(11) = 1.04, p = .32^{a}		
d	.47		.03		.63		
Interpersonal						3	1
M	91.00	95.00	90.00	96.29	93.67		
SD	8.17	13.98	5.39	15.16	12.10		
t-test	t (10) = -.52, p = .61		(10) = -.88, p = .40		(11) = -1.81, p = .10^{a}		
d	.35		.55		1.09		
Stress management						1	2
M	97.25	101.88	103.80	97.86	100.33		
SD	5.74	18.57	7.95	19.21	15.29		
t-test	t (10) = -.48, p = .64		t (10) = 65, p = .53		t (11) = .08, p = .94^{a}		
d	.34		.40		.04		
Adaptability						2	2
M	94.25	99.50	93.40	100.86	97.75		
SD	11.59	19.21	8.44	20.86	16.67		
t-test	t (10) = -.50, p = .63		(10) = -.75, p = .47		t (11) = -.47, p = .65^{a}		
d	.33		.41		.28		
General Mood						0	0
M	102.50	105.50	103.00	105.57	104.50		
SD	8.58	6.87	4.58	8.87	7.23		
t-test	t (10) = -.66, p = .52		(10) = -.59, p = .57		(11) = 2.16, p = .05^{a}		
d	.39		.36		1.30		
Total EQ						2	2
M	96.00	102.50	98.60	101.57	100. 33		
SD	8.64	15.17	8.68	16.43	13. 30		
t-test	t (10) = -.78, p = .45		(10) = -.37, p =.72		t (11) = .09, p = .93^{a}		
d	.53		.23		.05		

Note. ^{a} one-sample *t*-test, *M* = mean, *SD* = standard deviation, *d* = Cohen's d.

The quantitative and qualitative findings are summarized in a joint display in Table 2.

Table 2. Joint display of quantitative and qualitative results

Variable	***N***	**Scale description**	**Adolescents' experiences and awareness on sense of self**
Intrapersonal	**12**	Emotional *self-awareness*: ability to recognize, understand one's feelings.	Self-descriptions were made with reference to several domains with positive and negative experiences.
Very high to extremely well-developed EQ (120-129).	2	Assertiveness: ability to *express feelings*, beliefs, and thoughts.	Characteristics attached to abilities and inabilities (seen as disabilities).
High to well-developed EQ (110-119).	2	Self-regard: the ability to accurately appraise oneself.	Abilities seen as capable selves and accepted by society.
Average to adequate EQ (90-109).	7	Self-actualization: realize one's potential, capabilities.	Disabilities seen as disabled selves and rejected by society.
Low to underdeveloped EQ (80-89).	0	Independence: self-directed and controlled thinking and actions.	Gender, gender roles and physical traits. Religious and cultural selves.
Very low to extremely underdeveloped EQ (70-79).	1		
Interpersonal	**12**	Empathy: ability to be aware of, understand and appreciate *feelings of others.*	Family relationships vitally important for the formation of selves:
Very high to extremely well developed EQ (120-129).	1	Social responsibility: ability to demonstrate oneself as cooperative, contributing and a constructive member of one's social group.	Majority of adolescents expressed the desire to have closer and affectionate bonds with their family members. More important than their disability.
High to well-developed EQ (110-119).	0	Interpersonal relationship: ability to establish and maintain satisfying relationships characterized by emotional closeness.	Relationships with peers, and friends: difficulties in forming and maintain relationships (Disability hinders contact-making)
Average to adequate EQ (90-109).	7		
Low to underdeveloped EQ (80-89).	3		Compared self to typically developed adolescents without disabilities Majority felt rejected by social group and larger

Very low to extremely low underdeveloped EQ (70-79).	1		community
Stress management	**12**	Stress tolerance: ability to withstand adverse events and stressful situations, without falling apart, by positively coping with stress. Impulse control: ability to resist or delay an impulse and control one's emotions.	Stress symptoms noted during the test administration and during the semi-structured interviews with adolescents. were: Anxiousness, difficulties in speech, restlessness and shyness – protecting eyes and ears. Responses by adolescents regarding their experiences after test administration were positive, but there was some stress reaction as they felt that they had not answered correctly. During semi-interviews: narratives revealed that most of the adolescents felt that they needed to perform "better" to get love and acceptance from parents.
Markedly high to atypically EQ (130+).	1		
Very high to extremely well-developed EQ (120-129).	0		
High to well-developed EQ (110-119).	1		
Average to adequate EQ (90-109).	9		
Low to underdeveloped EQ (80-89).	0		
Very low to extremely low underdeveloped EQ (70-79).	1		
Adaptability	**12**	The ability to validate one's emotions and the flexibility to adjust one's emotions, thoughts and behavior to changing situation and conditions. The ability to identify, define problems and generate and implement potentially effective solutions.	Intellectually challenged adolescents required structure and routine to feel safe and secure: Any changes in the school environment, travelling on the school bus, or to be subjected to any changes in their normal routine caused stress. Some adolescents were not able to adapt easily, resistance for the "unknown" such as testing or interviewing.
Very high to extremely well developed EQ (120-129).	2		
High to well-developed EQ (110-119).	1		
Average to adequate EQ (90-109).	4		
Low to underdeveloped EQ (80-89).	4		
Very low to extremely low underdeveloped EQ (70-79).	1		
General Mood	**12**	Optimism: ability to look on the brighter side of life and maintain a positive attitude in the face of adversity. Happiness: ability to feel satisfied with one's life, enjoy oneself and others. Strongly connected to intrapersonal wellbeing.	This scale is connected to the Intrapersonal scale. Most of these adolescents reflected an attitude of being happy and content. A positive and supportive school environment and family relationships contributed towards this finding. Male participants had higher scores than female participants. Female adolescents displayed more concern regarding their physical appearance.
Very high to extremely well developed EQ (120-129).	0		
High to well-developed EQ (110-119).	3		
Average to adequate EQ (90-109).	9		
Low to underdeveloped EQ (80-89).	0		
Very low –to extremely low underdeveloped EQ (70-79).	0		
Total EQ	**12**	The total EQ score reflects an individual's emotional and social intelligence, which consists of the ability to understand oneself and others, relating to people, adapting to changing environmental demands, and managing emotions.	
Very high to extremely well-developed EQ (120-129).	2		
High to well-developed EQ (110-119).	1		
Average to adequate EQ (90-109).	7		
Low to underdeveloped EQ (80-89).	2		
Very low to extremely low underdeveloped EQ (70-79).	0		

Discussion

The participating intellectually challenged adolescents described their selves by referencing to several self-descriptions viewed as "selves". In the discussions, the responses of the adolescent were labelled (A) for (adolescent) and numbered, indicating the particular participant's response, but protecting the participant's identity. Where adolescents responded in Afrikaans (one of the 11 official languages in South Africa), a translation is provided in square brackets.

Most of the adolescents commented on their "competent" or "talented" selves by referring to their abilities, such as the ability to draw, sing, paint, and be helpful to others (A1, A3, A11). Participants referred to their self as "kind" or "responsible", which were important traits for them to be accepted by their family and friends (A6, A10). The participants also connected the self to positive and negative experiences. They connected negative experiences to disabilities – typical comments were: "*I cannot count, read or write. I am slower*" (A1, A7, A10, A11, A12); "*I always hear about the things I cannot do and not what I can do*" (A6); *"I have difficulties in walking carrying things – slower*" (A9, a participant diagnosed with cerebral palsy). According to Polster (2005), such experiences (positive or negative) register, and may evolve and warrant a description, the naming of a self which is recognizable, and lead to inferences for likely behavior and feelings. This is a natural process of configuration that takes place through contact between a person and his/her field. The field is seen as a person's family and contact with others (McConville & Wheeler, 2001; Yontef, 1993).

Selves were attached to *gender, gender roles* and *physical appearance*. These self-descriptions and responses from intellectually challenged adolescents were much like those of adolescents without intellectual and developmental disabilities. Most of the participants referred to themselves as male or female, referring to gender roles and physical appearance. Male participants referred to the boys and men being "expected" to play sport, be "manly" and "attractive" (A7, A12). Female participants saw themselves as feminine, with features they regarded as attractive, such as blue eyes and long black hair (A3); others referred to gender-related tasks and roles such as being able to cook and clean (A1), taking care of younger siblings (A4), and having children (A2). These roles and expectations attached to roles were imposed on them by family and society. These intellectually challenged adolescents also compared themselves to adolescents without intellectual and developmental disabilities, and they were aware that they did not meet the expectations of family members and society. Typical responses were: "*I cannot do what other boys do – play sport*" (A6); "*Ek is n meisie maar sal nooit kinders hê nie*" *[I am a girl but will never have children]* (A2 – this adolescent had been sterilized); "*Ek is anders as ander seuns, ek speel met poppe. Ek wil eendag 'n haarkapper word, daarom speel ek met hul hare*" *[I am not like other boys, I play with dolls. I want to be a hairdresser that's why I play with their hair]* (A8).

Female participants recorded slightly lower scores on the Intrapersonal and the General Mood scales of the BarOn EQ-i:YV (which are closely linked) than the male participants. This suggests that the male adolescents were slightly more positive, happier and satisfied with their bodies, looks, and themselves in general. These findings were in line with the findings of the semi-structured interviews with the participating adolescents (see Table 2). Although participants, who experienced difficulty with accepting themselves, did not regard themselves as "disabled", they perceived their disability as an obstacle that prevented them from becoming more independent and from being accepted by their peers and society.

The self was strongly connected to *religion* and *culture*, a finding which supports the arguments of Erikson (1968), Fromm (1992) and Vygotsky (1986), who posit that the central task in identity formation is a consolidation of the emerging self in a **social context**, including cultural background. The participants often mentioned their cultural background and/or home language, which they regarded as an important factor in feeling a sense of belonging to or rejection from their social system or group; for example, some of them said: "*I am Italian*" (A3); "*I speak Sepedi – we come from a proud family. My grandparents live in Lesotho*" (A4); "*I was called after my grandfather – he is a great man. My mother feels ashamed of me. It is shameful in my culture to be different – like me*" (A10).

A religious sense of self provided answers to some participants as to why they were created "differently". Their perceptions of a "religious self" were influenced by the views and values of family members, who did not perceive them to be a burden, but saw them as a blessing from God. These findings are in line with those reported by Fisher and Goodley (2007), who also found that parents perceived children and adolescents with intellectual and developmental disabilities as a gift that brings goodness and mercy. The views of their parents and significant others strongly influenced how participants A1, A2 and A11 saw themselves; they referred to God as the Creator, who should not be questioned, as there must be a reason, and a purpose for their existence: "*Hulle (grootouers) sê dit is Jesus wat my so gemaak het – anders, en Jesus gebruik my om te sing*" *[They (grandparents) say it is Jesus who made me like this – different, and that Jesus is using me to sing]* (A11); "*Ek* *dink ek is special al is ek anders. Ouma sê dit is hoe Jesus my gemaak het*" (A2). *[I think I am special, despite being different. Granny says it is Jesus who made me like this]* (A2)

All the participants referred to the importance of having a family, family relations and a sense of belonging. The participants see their families as a safe haven where they can feel accepted, do fun things and be loved. Responses such as the following emphasized relationality and connectivity: "*My family is everything to me – I am nothing without my family*" (A3); "*My family is always there to help me – I'm happy to have a family*" (A6); "*Pappa kom altyd op vir my – hy is my hero. Hy laat my sy naels en toonnaels cutex – ons lag baie saam*" *[My father always defends me – he is my hero. He lets me put nail varnish on his nails and toenails – we laugh together a lot]* (A2).

However, some participants falsely internalized negative experiences and comments from family members and significant others as part of their selves, questioning their self-worth and abilities: "*I think my mother left because of me – I am slow, not normal*" (A7); "*I used to cut myself (self-mutilation), but not now. They (parents) must listen to me. My family keep secrets from me, maybe because they think I do not understand* – dumb *you know*" (A3); "*My boetie is lief vir my, maar hy noem my lelike name* – retard *en* stupid" *[My brother loves me – but he calls me bad names* – retard *and* stupid*]* (A8).

Most participants expressed a desire to be more independent, to be trusted by family members and allowed to explore new experiences, such as making friends, going on school camps and doing chores and activities without being reminded of their "disability". A typical response was "*Dit voel asof hulle my nie hoor of sien nie. Hulle wil alles vir my doen – ek wil dit vir myself doen – al is ek stadig*" *[It feels as if my family do not hear or see me. They want to do everything for me – but I want to do it for myself – despite being slow]* (A1).

A common theme mentioned by all the participants was the important role that peer relationships, friends and the larger social community plays in their functioning, and in how they regard and construct their selves. Their positive and/or negative experiences in this respect influenced how they value themselves. Their main focus was the relationships aspect, rather than the disability, in determining their self-worth and value. Strong bonds and relationships generated positive experiences, whereas rejection and exclusion were more connected to negative experiences. Some responses that reflected their positive and/or negative experiences were the following: "*Maats is belangrik vir my…, van hulle sien my raak*" *[Friends are important to me – some of them notice me]* (A1); "*I have friends who accept me and play with me. I am invited to other children's parties at church*" (A4); "*My friend makes fun of me when I told them I am in this school [referring to the school for intellectual and learning disabilities]. I don't want to tell people where I go to school. We do not have grades in my school, you know*" (A10).

Most of the participants compared themselves with adolescents without intellectual and developmental disabilities and expressed difficulty in socializing with peers or other adolescents during sport gatherings/leadership camps. Participants with noticeable physical features associated with the disability also voiced feelings of rejection because of derogatory comments made to them. Some adolescents (A9 and A11) felt ashamed to be associated with a "special school" and their family and social class. McConville and Wheeler (2001) see this as a natural process, a disembedding process. In that process, differentiation occurs from the field of family relations, towards the peer group that becomes a figural field of influence (Yontef, 1993). McConville & Wheeler, (2001) describes this developing task of adolescence as maintaining a place in the family field (a place of belonging) while also focusing on forming a "self" separate from the family. McConville and Wheeler (2001) argue that to develop a stronger sense of self, adolescents need to take ownership of the self, and explore both the intra- and interpersonal fields – what Phillippson (2009, p. 21) refers to as the "me and not me". It is only through shared realities with family and friends and experiencing love and acceptance that a fully developed self will emerge (Rogers, 1961; Schultz & Schultz, 2005). According to Cottle (2003, p. 99), this emerging self leads to an affirmed self – *"I am that I am".*

Conclusion, Limitations and Recommendations

The purpose of this study was to achieve a better understanding how intellectually challenged adolescents experience their sense of self in familial relations and how this understanding influences the construction of an identity – a self. The results from the quantitative analysis indicate that the majority of the participating intellectually challenged adolescents fell within the *average to adequate range of emotional intelligence.* This implied that most of these adolescents were able to recognize and express their emotions, show positive self-regard and an ability to understand the feelings of others. This finding contradicts the general perception that intellectually challenged adolescents, because of their limited cognitive abilities, reflect low emotional intelligence (are not in touch with their intra- and interpersonal selves), implying that intellectually challenged adolescents have stagnant identities. This study's findings do not support such assumptions.

The current study has some limitations: the findings should not be generalized across the spectrum of all adolescents with intellectual and developmental disabilities, given the small sample size, and the fact that the study focused on early adolescence as a developmental phase. It is suggested that in future, a longitudinal study be considered in which researchers track children and adolescents with intellectual and developmental disabilities from early to late adolescence. Administering the BarOn EQ-i:YV also had some practical implications, because no norms for children and adolescents with intellectual and developmental disabilities were available to enable comparisons in that cohort. This gap can be explored by researchers, who might check the internal reliability of the BarOn EQ-i:YV on the different scale items (questions) and generate norms for children and adolescents with intellectual and developmental disabilities. Despite these limitations, the study identified several important aspects which practitioners in the field of mental health should to take into consideration in rendering services to children and adolescents with intellectual and developmental disabilities.

A key element to note is the important role that familial relationships play in adolescents with intellectual and developmental disabilities' construction of their self-identity. It is thus vital for practitioners to introduce family-centered approaches based on the principles of positive psychology in rendering support. It is promising that it appears possible for intellectually challenged adolescents' emotional intelligence to be developed by supportive familial relationships and intervention programs.

It can also be concluded that intellectually challenged adolescents' selves are not fixed or stagnant, but dynamic and constantly evolving, like those of developing adolescents without intellectual and developmental disabilities. The participating adolescents understood and perceived their world (field) on the basis of shared constructions of their field, which included family and friends as role models. Role models played an important role in how these adolescents imagine their future selves. Exploration and self-reflection helped the adolescents to ground themselves, feeling less confused, and shaped their perceptions of belonging.

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