Assessing the Level of Self-Concept among Adolescents with Special Needs in Northern Namibia

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DOI: https://doi.org/10.47772/IJRISS.2026.100700638

Received: 26 July 2026; Accepted: 01 August 2026; Published: 08 August 2026

ABSTRACT

Self-concept, the totality of beliefs, attitudes and evaluations an individual hold about themselves, is a critical determinant of the psychosocial adjustment of adolescents with disabilities, yet it remains under-researched in rural regions such as northern Namibia. This study assessed the level of self-concept among adolescents with special needs attending special and mainstream secondary schools in the Oshana and Omusati regions of northern Namibia. The study was guided by Rogers' Self-Concept Theory and adopted a convergent parallel mixed-methods design. Quantitative data were collected from 192 adolescents with special needs, selected through census sampling, using the Robson Self-Concept Questionnaire (SCQ), while qualitative data were drawn from semi-structured interviews with six purposively selected participants. Quantitative data were analysed descriptively using SPSS Version 23 to generate means, standard deviations, frequencies and percentages, while qualitative data were analysed thematically. Findings discovered that adolescents with special needs generally reported a positive self-concept. The highest-rated indicators were the ability to like oneself even when others do not (M = 5.18, SD = 2.07), feeling valued by those who know them well (M = 4.91, SD = 2.27), gladness at being who they are (M = 4.89, SD = 2.27), decisiveness (M = 4.86, SD = 2.02) and perceived attractiveness (M = 4.73, SD = 2.02). Qualitative findings converged with these results, with participants describing themselves as confident, self-disciplined, determined and proud of their achievements despite the challenges associated with their disabilities. However, a subset of items relating to self-doubt, feeling unlucky, appearance dissatisfaction and vulnerability to criticism received comparatively lower ratings and several interview participants described experiences of social comparison and misunderstanding that undermined their confidence. The study concludes that self-concept among adolescents with special needs in northern Namibia is generally positive but uneven, shaped strongly by self-acceptance, resilience and supportive relationships, while also marked by insecurity linked to disability-related stigma and exclusion. Schools, families and policymakers are encouraged to strengthen counselling services, disability-awareness programming, peer mentorship and inclusive teaching practices to consolidate and extend these positive self-perceptions.

Keywords: self-concept; self-esteem; adolescents with disabilities; special needs education; Rogers' Self-Concept Theory; Namibia

INTRODUCTION

Background of the Study

Self-concept refers to an individual's impression of their own identity, abilities and sense of worth within personal, social and educational contexts (Marsh, 1990). During adolescence, individuals face intense struggles with identity development alongside considerable changes in self-concept, changes shaped by a dynamic interaction between individual skills and situational context (Erikson, 1968). For an adolescent with special needs,

this developmental activity unfolds within a more complex social environment that includes contending with community attitudes, stigma and the functional and emotional repercussions of the impairment itself. Self-concept is therefore not a fixed attribute but a socially embedded construct, created by the individual's ongoing experiences and relationships with significant others (Rogers, 1959).

Namibia has made noteworthy policy commitments to inclusive education, most noticeably through its Sector Policy on Inclusive Education (2013) and its adoption of international disability rights documents such as the United Nations Convention on the Rights of Persons with Disabilities. These commitments reflect a broader global change, visible since the 1994 Salamanca Statement, toward educating learners with disabilities alongside their peers rather than in separate settings. In practice, however, Namibia's implementation of inclusive education has been uneven, with mainstream and special schools alike often lacking the trained personnel, assistive technology and adapted materials needed to translate policy into psychologically supportive daily experience for learners with disabilities (Mckinney, Arts, & UNICEF, 2018). Disability organisations continue to indicate barriers to access, communication and active involvement in schools and communities (The Namibian, 2024).

In the northern parts of the country, where Owambo cultural beliefs often perceive disability as stemming from curses, bad luck or moral failings, adolescents with disabilities may face stigma that influences their self-perception, regardless of official policies promoting inclusion (Amadhila et al., 2023). Such beliefs may show themselves in subtle ways, ranging from reduced expectations for academic or social success to more explicit exclusion from family or community events, and they interact with the typical developmental challenges of adolescence, such as identity formation, peer comparison, and a heightened awareness of how one is perceived by others (Erikson, 1968). Therefore, it is crucial to understand how adolescents with special needs in this particular environment view themselves, rather than making assumptions of either entirely positive or negative experiences, in order to create psychosocial support that addresses their actual experiences rather than general policy beliefs. In this context, the current study aimed to evaluate in depth the self-concept reported by adolescents with special needs in northern Namibia.

Statement of the Problem

Global research regarding self-concept in adolescents with disabilities offers a mixed yet generally positive outlook: numerous studies indicate that sufficient support from family, friends, educators, and the community correlates with elevated self-esteem and favourable self-perceptions, even in the face of disability challenges (Luca & Mihăilescu, 2021; Kapinga & Aloni, 2021). Conversely, other studies highlight lower self-esteem and increased vulnerability in situations where social support is limited or adolescents reside in poorly resourced rural areas (Saleem et al., 2023; Fatima, Ashraf, & Jahan, 2022). Nearly all of this evidence does not stem from Namibia, and there is none, to the best of the researcher's knowledge, that specifically investigates self-concept levels among adolescents with special needs in the northern parts of the country, where unique cultural attitudes toward disability interact with a national policy framework that is officially inclusive but inconsistently applied in rural educational settings (Mckinney, Arts, & UNICEF, 2018). In the absence of empirical data regarding how adolescents with disabilities in this context view themselves, educators, counsellors, and policymakers do not have a solid evidence foundation to create interventions aimed at enhancing and safeguarding their psychosocial well-being. This gap is particularly consequential because self-concept during adolescence is not merely a passive outcome of circumstance but is understood to feed forward into academic engagement, help-seeking behaviour, career aspiration and vulnerability to mental health difficulty; an adolescent who does not believe in their own competence or worth is less likely to persist with schooling, to seek support when struggling, or to pursue opportunities beyond their immediate circumstances (Marsh, 1990; Erikson, 1968). For adolescents with special needs, who already navigate additional structural and attitudinal barriers to participation, an unaddressed deficit in self-concept could therefore compound, rather than merely accompany, the practical disadvantages associated with disability in a low-resource, rural setting. This gap motivated the present study's focus on assessing the level of self-concept among adolescents with special needs in northern Namibia.

Purpose and Research Question

The purpose of this article is to assess the degree of self-concept among adolescents with special needs in northern Namibia. This goal is derived from a larger dissertation that looks at social integration and self-concept

among these individuals. As a descriptive goal, no directional hypothesis was tested; instead, the study aimed to determine the general pattern and texture of self-concept in this population using both standardized quantitative measurement and qualitative interviews. The corresponding research question was: What is the level of self-concept among adolescents with special needs in northern Namibia?

Significance of the Study

This study offers empirical evidence on the self-perception of adolescents with special needs in a rural, culturally distinct setting, despite the limited research on the psychological aspects of disability in Namibia. This study has received little prior academic attention. The findings provide insights to school administrators, teachers, counsellors, parents, and policymakers regarding the development, enhancement of interventions aimed at safeguarding and enhancing the self-concept and psychosocial well-being of this particular population. In addition, the study offers a basis for comparison with findings from other African and international contexts by extending Rogers' Self-Concept Theory to an understudied population and context.

For practitioners working directly with adolescents with special needs, an item-level and domain-level account of self-concept, rather than a single summary score, offers more actionable guidance than a general statement that self-concept is high or low. Knowing that self-acceptance and decisiveness are comparative strengths and body image and sensitivity to criticism are comparative weaknesses allows counsellors and teachers to focus on the areas where support is most needed rather than distributing generic interventions evenly across a population whose psychosocial profile is much more diverse than a single aggregate figure would indicate. For researchers, the study offers a Namibian, and specifically northern Namibian, data point against which future studies in other African contexts, and future longitudinal work tracking the same adolescents over time, can be compared.

LITERATURE REVIEW

Theoretical Framework: Rogers' Self-Concept Theory

Rogers' Self-Concept Theory (Rogers, 1959) served as the foundation for this study. According to Rogers, self-concept is made up of three interconnected sub-concepts: self-esteem (personal attitude and evaluation of one's own worth), ideal self (self-perception of who one wants to be), and real self (self-perception in one's current state). A state of congruence that results in psychological well-being, authenticity, and increased self-awareness arises when the ideal and real selves are compatible. On the other hand, incongruence arises when there is a significant difference between the real and ideal selves. It usually shows up as inner turmoil, low self-esteem, or the development of defensive structures like denial or distortion of experiences that jeopardize self-esteem.

Central to Rogers' theory is the concept of the actualising tendency, an innate, universal drive within all humans to grow, develop autonomy and reach their fullest potential. This tendency can be repressed when individuals are raised in environments lacking psychological safety and acceptance (Rogers, 1961). In such environments, people may internalise conditions of worth from caregivers or society suggesting that they are valued only if they behave in particular ways, distorting self-concept and hindering self-actualisation. Rogers held that three conditions are necessary for congruence and healthy relating namely congruence (genuineness), unconditional positive regard and empathic understanding. Roger' humanistic perspective continues to inform contemporary educational and counselling practice focused on autonomy support and holistic psychological well-being (Ali & Siddiqui, 2024).

Applied to adolescents with special needs in northern Namibia, Rogers' theory offers a useful lens for understanding how self-concept develops in a context shaped by both formal inclusive-education policy and informal cultural beliefs about disability. Where adolescents are raised with genuine care and acceptance from teachers, schoolmates and family members, they are better positioned to develop congruence between their self-perception and their ideal self. This is a pattern that should be reflected in higher self-concept scores on standardised measures such as the Robson Self-Concept Questionnaire used in the present study.

Self-Concept Among Adolescents with Disabilities: International Evidence

The majority of the early research on adolescents with disabilities' self-concept focused on self-esteem as a stand-in construct. In Romania, Luca and Mihăilescu (2021) used the Coopersmith Self-Esteem Inventory to compare

the self-esteem of sighted and visually impaired students in a special secondary school. They discovered that visually impaired students who were placed in environments that were well-resourced, adapted, and had strong support networks reported high levels of self-esteem that were either equal to or higher than those of their sighted peers. The authors attributed this to the availability of trained personnel and easily accessible infrastructure, which are not always present in rural Namibian schools. This raises the question of whether similarly positive self-concept would develop in a setting with fewer resources.

In Russia, Miklyaeva and Gorkovaya (2019) examined self-esteem and psychological resilience among visually impaired adolescents and found that, despite variation in self-esteem associated with differing levels of impairment, resilience remained comparable to that of non-disabled peers, suggesting that psychological hardiness can persist even where self-esteem is more variable. In contrast, visual impairment and limited social facilitation were found to be significant negative predictors of self-esteem in a cross-sectional Pakistani study by Saleem, Saleem, Ikram, Saima, Siddiqui, and Ain (2023), which compared 56 visually impaired and 66 sighted adolescents across public and private specialized schools. This suggests that unfavorable social conditions can suppress self-concept regardless of adaptive capacity.

Fatima, Ashraf and Jahan (2022) studied factors influencing self-concept and self-esteem among 155 visually impaired adolescents in Pakistan using the Robson Self-Concept Scale and the Rosenberg Self-Esteem Scale, and found that age, family support and residential location (urban versus rural) significantly predicted self-concept, with rural residence associated with lower self-esteem regardless of impairment type, a finding with direct relevance to rural northern Namibia. In Tanzania, Kapinga and Aloni (2021) used the Rosenberg Self-Esteem Scale with 55 visually impaired students in mainstream secondary schools across the Ruvuma and Iringa regions and found that 92.7% reported high self-esteem, with no significant differences by gender or disability type, suggesting that in-school and community support structures can substantially offset the risk of poor self-concept associated with disability.

In Zimbabwe, Wasosa, Mutisya and Munywoki (2024) employed a mixed-methods explanatory sequential design with 384 adults with visual impairment in Harare, Zimbabwe, using semi-structured interviews and the Robson Self-Concept Questionnaire. They discovered that while some aspects of self-concept were highly positive, others were less developed, highlighting the significance of mentorship and supportive environments in forming a psychologically sound self-concept. Using the Self-Perception Profile for Children, Ferro, Dol, Patte, Leatherdale, and Shanahan (2023) investigated self-concept among adolescents with physical-mental comorbidity in Canada. They discovered that adolescents with co-morbid difficulties reported lower self-concept than peers without such difficulties, supporting the notion that additional psychosocial or health burdens make it more difficult to maintain a positive self-concept.

These international findings, taken together, suggest that self-concept among adolescents with disabilities does not follow a single, universal pattern but instead varies considerably depending on the resources, attitudes and infrastructure available in the adolescent's immediate environment. Where studies report uniformly high self-esteem, as in Kapinga and Aloni (2021) Tanzanian sample, the schools involved tended to have established, if imperfect, structures of peer and community support. Where studies report meaningfully lower self-esteem, as in Saleem et al. (2023) Pakistani sample and in aspects of Fatima et al. (2022) rural subsample, restricted social facilitation and resource scarcity are consistently implicated as explanatory factors rather than impairment itself. This pattern is important for interpreting findings from northern Namibia, a setting that shares some of the resource constraints documented in the Pakistani and rural literature while also drawing on strong extended-family and community support traditions that may operate protectively in ways closer to the Tanzanian pattern. The present stud's item-level design was intended to capture precisely this kind of within-sample variation, rather than assuming in advance that either a uniformly positive or uniformly negative pattern would emerge.

Social Support, Belonging and Self-Concept

Although the present study is limited to the assessment of self-concept, the broader literature makes clear that self-concept among adolescents with disabilities cannot be fully understood in isolation from the social connections in which it is entrenched. Yuan, Xie, Dong and Yang (2023) studied 311 Chinese adolescents with visual impairment over one year and discovered a reciprocal relation between perceived social support and self-

esteem, such that parental support predicted positive self-esteem, which in turn strengthened supportive dynamics with peers and teachers. Pratiwi and Mangunsong (2020), studying 292 in Indonesian primary-school learners with special needs, discovered that peer social support mediated the relationship between social skills and academic self-concept, underlining that self-concept is created not just by personal competence but by the quality of relationships surrounding the learner. Williams, Chen, Quirion and Hoeft (2024) similarly showed that peer mentorship and emotional support boosted feelings of belonging and general well-being among adolescents with learning disabilities, while Yu, Cao, Shang and Li (2024) discovered that social support from peers, school instructors or family alleviated the depressive influence of early adversity on self-concept.

At the same time, multiple studies highlight the risk that stigma and exclusion pose to self-concept even within inclusive contexts. Wang, Huang, Wang and Liu (2023), in a scoping assessment of social participation among students with special needs in inclusive schools, discovered that some learners remained experiencing social isolation despite physical inclusion, with implications for self-concept and academic motivation. Ayako (2025) discovered that dignity, respect and positive social connections or interactions were crucial to identity formation and self-worth among deaf adolescents in Kenya.

This body of work together suggests two things important to the present study. First, self-concept among adolescents with impairments is best understood as a socially situated outcome rather than a fixed consequence of impairment: the same adolescent might show radically diverse self-perceptions depending on whether their immediate environment, family, classroom or peer group, promote acceptance or exposes them to comparison and exclusion. Second, because self-concept is socially located, it is also likely to be uneven across its own sub-dimensions within particular adolescent or sample: an adolescent might be totally confident of their family's affection and their own basic worthwhile remaining more uncertain about how peers perceive their appearance or ability in specialised, more exposed environments such as the classroom or the sports field. This expectation of unevenness, rather than a single uniform level of self-concept, directly informed the item-level approach to measurement and analysis adopted in the present study, in which the full pattern of responses across all 30 items of the Robson SCQ, rather than a single composite score alone, is reported and interpreted.

Strategies for Strengthening Self-Concept

A unique body of literature has explored interventions and circumstances that enhance self-concept in adolescents with disabilities. In a systematic review of 26 studies from 15 countries, Augestad (2017) discovered that mobility independence, nurturing parenting, and peer social support were key to enhancing self-concept in visually impaired children and teenagers, and that lacking trained staff and supportive systems increased these adolescents' risk of social isolation. In Iran, Mirmohammadi (2021) performed a quasi-experimental study on group-based Acceptance and Commitment Therapy (ACT) involving 28 visually impaired female students and discovered that organized ACT sessions notably increased family, educational and social self-esteem, with advantages lasting two months' post-intervention, demonstrating the importance of systematic psychosocial interventions in educational settings.

Body image and the perception of peers have also surfaced as significant factors influencing self-concept. In Hungary, Csernák and Gombás (2022) conducted in-depth interviews with 12 visually impaired women and discovered that the perceptions of family, friends, and peers significantly influenced body image and self-concept, highlighting the emotional importance of the surrounding social context. In the Netherlands, Heppe et al. (2020) studied 316 adolescents and young adults with visual impairments over two decades, discovering that peer support acted as a critical social lifeline, notably decreasing loneliness and being strongly associated with long-term perceived social support. Overall, these studies indicate that the self-concept of adolescents with disabilities is adaptable and can be influenced by intentional interventions such as therapeutic activities, peer support, and focus on body image and social perception, rather than being an unchangeable result of their impairment.

Academic Self-Perception and the School Environment

Another area of literature connects self-concept directly to the school setting and teachers' attitudes, which is especially pertinent since the participants in this study were selected from both special and mainstream schools. Khusheim (2021) surveyed teachers of special-needs students in integrated primary schools in Saudi Arabia and

found that teachers' perceptions of successful social integration and self-concept varied significantly by age, education level and teaching experience, suggesting that the psychological climate learners with disabilities experience at school, and by extension their academic self-perception, depends heavily on the training and attitudes of the specific teachers they encounter rather than on inclusive policy alone. This result is especially pertinent to the diverse group of participants from special schools and mainstream schools in the current study, as the two environments vary greatly in the concentration and expertise of staff trained in disability support accessible to students every day. Regular classrooms may provide better chances for social comparison with non-disabled peers, which can have both positive and negative effects, potentially leading to negative comparisons while also presenting a wider array of achievement models and normalization, whereas special-school settings may offer more consistently disability-aware teaching but fewer such comparison points. The item-level design used in the present study is well suited to detecting differences of this kind in future comparative work, even though the present sample was not disaggregated by school type for the self-concept analysis reported here.

When considered collectively, this literature indicates that academic self-perception, one of the dimensions measured by the Robson SCQ used in this study, is likely to be co-produced by teacher attitudes, classroom accommodations, and the degree to which students are given real opportunities to demonstrate competence rather than being solely determined by disability status. This is in line with Rogers' (1959) more general theoretical assertion that self-concept is relational rather than purely internal, and it gave additional justification for combining the standardized Robson SCQ with qualitative interviews that could capture how particular classroom experiences influenced participants' academic and overall self-perceptions in this study.

Research Gap

Although the literature reviewed above provides strong evidence that support, environment, and targeted intervention shape the self-concept of adolescents with disabilities, nearly none of it comes from Namibia, and none of it specifically evaluates the degree of self-concept among adolescents with special needs in the northern regions of the country, where inclusive education policy intersects with unique, sometimes stigmatizing, cultural beliefs about disability (Amadhila et al. 2023). Research on inclusive education in Namibia has typically concentrated on the execution of policies rather than the psychological experiences of adolescents (Mckinney, Arts, and UNICEF, 2018). By employing both a standardized self-concept measure and qualitative interviews to fully capture the breadth of participants' self-perceptions, the current study fills this gap by empirically evaluating the degree of self-concept among adolescents with special needs in northern Namibia.

METHODOLOGY

Research Design

This study adopted a convergent parallel mixed-methods design, in which quantitative and qualitative data were collected concurrently, analysed separately, and integrated at the interpretation stage (Creswell & Plano Clark, 2018; Fetters, Curry, & Creswell, 2013). This design was appropriate for the assessment of self-concept, a construct with both measurable and experiential dimensions. Semi-structured interviews allowed for a deeper investigation of how a smaller number of adolescents understood and described their own self-perceptions, while a standardized questionnaire allowed for an objective assessment of the level of self-concept across a large sample.

Study Area and Population

The study was carried out in four government-run schools namely two mainstream and two special schools that are important establishments carrying out Namibia's inclusive education policy in the northern Namibian regions of Ongwediva town, Oshana Region, and Outapi town, Omusati Region. Adolescents with a variety of disabilities, such as visual, hearing, physical and learning challenges, are enrolled in these schools. The Owambo people have documented cultural beliefs that frame disability as the result of curses, sin or ancestral punishment. These beliefs are linked to the stigmatization of adolescents with disabilities and their families, which is one reason why the northern region was purposefully chosen (Amadhila et al. 2023). Adolescents with special needs

between the ages of 10 and 19 who were enrolled in the four chosen schools made up the target population. At this developmental stage, identity formation and self-perception are especially important (Erikson, 1968).

Sampling and Sample Size

Because the target population was relatively small and accessible, a census sampling technique was used for the quantitative component, in which all 192 eligible adolescents with special needs across the four schools (63 from School A, 108 from School B, 13 from School C and 8 from School D) were included, eliminating sampling error and ensuring representation of the full range of characteristics within this heterogeneous population (Jamieson Gilmore, Bonciani, & Vainieri, 2022). A 100% response rate resulted from all 192 completed and returned questionnaires. In keeping with the qualitative emphasis on depth of understanding over breadth of sample, six adolescents with special needs were purposefully chosen for the qualitative component, with representation from each participating school.

Data Collection Instrument

Self-concept was measured using the Robson Self-Concept Questionnaire (SCQ; Robson, 1989), a standardised instrument assessing dimensions of self-worth, self-confidence, body image, academic self-perception, decisiveness, locus of control and emotional adjustment through 30 Likert-type items. Items ranged from direct statements of self-liking and self-acceptance (for example, being glad to be who one is) to items tapping perceived attractiveness, perseverance under difficulty, sensitivity to criticism and a general sense of control over one's own life. The instrument was reviewed two inclusive-education and educational-psychology experts, to ensure accessibility for adolescents with a range of communication, cognitive and learning needs, without altering the underlying construct measured (Cohen, Manion & Morrison, 2018). Qualitative data were collected using a semi-structured interview guide administered to the six purposively selected participants, probing their self-perceptions, sources of confidence and vulnerability and experiences of disability-related stigma or acceptance. Interviews were transcribed with the assistance of AI-supported transcription software and subsequently checked and corrected by the researcher for accuracy.

Reliability and Validity

In adolescent populations, the Robson SCQ has previously shown reliability coefficients between 0.78 and 0.90 (Robson, 1989). A related study of self-concept among people with visual impairment in Zimbabwe reported a Cronbach's alpha of 0.89 (Wasosa, 2024). In the current study, internal consistency for the modified instrument was re-evaluated through pilot testing, adhering to the standard that acceptable internal consistency is indicated by alpha values of 0.70 or higher (Fraenkel, Wallen, and Hyun, 2019). Expert review and item alignment with the study's goal and body of literature improved content validity (DeVellis, 2017). In accordance with Lincoln and Guba (1985), the trustworthiness of the qualitative data was addressed through credibility, dependability, transferability and confirmability. This was accomplished through direct interaction with participants, an audit trail of decisions made regarding data collection and analysis, a detailed description of the study context, and reflexive documentation.

Data Analysis

Using SPSS Version 23, quantitative data were analysed to produce means, standard deviations, frequencies, and percentages that described respondents' overall and item-level levels of self-concept. In accordance with the convergent parallel design, the qualitative data from the interviews were analysed using thematic content analysis, which involved familiarizing oneself with the transcripts, coding and developing themes. These themes were then compared with the quantitative findings during interpretation.

Ethical Considerations

Particular attention was paid to informed consent and assent, parental or guardian consent, confidentiality, and the right to withdraw without consequence because the study involved a vulnerable population of teenagers with disabilities. The Namibian Ministry of Education, Innovation, Youth, Sport, Arts, and Culture, as well as the Catholic University of Eastern Africa research ethics structures, approved the collection of data in special schools

in the Oshana and Omusati regions but also in Ohangwena region where the pre-test was conducted. All data was securely stored and reported without participant identification, and interviews took place in private, comfortable settings with the help of teachers and interpreters when necessary.

RESULTS

Demographic Characteristics of Participants

The 192 quantitative participants were predominantly older adolescents. From among participants 39.6% were aged 16-17 years and a further 39.6% were aged 18-19 years, together accounting for 79.2% of the sample, while 17.7% were aged 13-15 years and only 3.1% were aged 10-12 years. The sample was fairly evenly split by gender, with 55.2% female, 44.3% male and 0.5% identifying as other. Most respondents (44.8%) were in Grades 10-12, with 37.0% in Grades 7-9 and 18.2% in Grades 4-6. Regarding type of special need, 54.2% of respondents reported learning difficulties, 25.5% reported hearing impairment and 20.3% reported visual impairment. Table 1 summarises these characteristics.

Table 1: Demographic Characteristics of Quantitative Participants (N = 192)

Characteristic	Category	N	%
Age	10-12 years	6	3.1
	13-15 years	34	17.7
	16-17 years	76	39.6
	18-19 years	76	39.6
Gender	Female	106	55.2
	Male	85	44.3
	Other	1	0.5
Grade level	Grades 4-6	35	18.2
	Grades 7-9	71	37.0
	Grades 10-12	86	44.8
Type of special need	Learning difficulties	104	54.2
	Hearing impairment	49	25.5
	Visual impairment	39	20.3

Overall Level of Self-Concept

Self-concept was measured across 30 items covering self-worth, self-confidence, decisiveness, body image, academic self-perception, resilience and emotional adjustment. Responses were analysed using means and standard deviations on a Likert-type scale. The majority of the items scored above the midpoint of the scale, indicating that respondents generally had a positive self-concept. Full item-level results are displayed in Table 2.

Table 2: Level of Self-Concept Among Adolescents with Special Needs (N = 192)

Item	M	SD
I can like myself even when others don’t	5.18	2.072
Those who know me well are fond of me	4.91	2.265
I’m glad I’m who I am	4.89	2.265
When I’m successful, there’s usually a lot of luck involved	4.86	2.032
I can usually make up my mind and stick to it	4.86	2.021
There are lots of things I’d change about myself if I could	4.80	2.070
Most people find me reasonably attractive	4.73	2.020
I have a pleasant personality	4.69	2.081
If a task is difficult, that just makes me all the more determined	4.66	2.182
I have control over my own life	4.63	2.459
I often worry about what other people are thinking about me	4.62	2.089

I am a reliable person	4.50	2.324
I am not embarrassed to let people know my opinions	4.49	2.324
There's a lot of truth in the saying "What will be, will be"	4.46	2.315
I can never seem to achieve anything worthwhile	4.39	5.681
If I really try, I can overcome most of my problems	4.39	2.308
Everyone else seems much more confident and contented than me	4.37	2.106
I am easy to love	4.20	2.266
I feel emotionally mature	4.20	2.471
It's pretty tough to be me	4.18	2.243
I never feel down in the dumps for very long	4.01	2.163
Even when I quite enjoy myself, there doesn't seem much purpose to it all	3.99	2.209
It would be boring if I talked about myself	3.95	2.284
When progress is difficult, I often find myself thinking it's not worth the effort	3.85	2.124
Most people would take advantage of me if they could	3.79	2.430
I often feel humiliated	3.72	2.205
When people criticize me, I often feel helpless and second-rate	3.70	2.242
I look awful these days	3.27	2.434
I seem to be very unlucky	3.35	2.424
I don't care what happens to me	3.09	2.408

The highest-rated items reflected self-acceptance and being valued by others: "I can like myself even when others don't" (M = 5.18, SD = 2.07), "Those who know me well are fond of me" (M = 4.91, SD = 2.27) and "I'm glad I'm who I am" (M = 4.89, SD = 2.27). Decisiveness and perceived attractiveness were also rated positively, with "I can usually make up my mind and stick to it" (M = 4.86, SD = 2.02) and "Most people find me reasonably attractive" (M = 4.73, SD = 2.02). By contrast, the lowest-rated items pointed to pockets of vulnerability: "I don't care what happens to me" (M = 3.09, SD = 2.41), "I look awful these days" (M = 3.27, SD = 2.43) and "I seem to be very unlucky" (M = 3.35, SD = 2.42), alongside moderate scores for feeling humiliated (M = 3.72, SD = 2.21) and feeling helpless when criticised (M = 3.70, SD = 2.24).

Self-Concept Items Grouped by Thematic Domain

To aid interpretation, the 30 individual items were grouped thematically into five broad domains commonly used in the self-concept literature: self-acceptance and self-worth, confidence and decisiveness, resilience and determination, body image and perceived attractiveness, and emotional vulnerability. Table 3 presents the approximate mean rating within each domain, calculated as the simple average of the relevant item means. This grouping is presented as an interpretive aid rather than a validated subscale and should be read alongside the item-level results in Table 2.

Table 3: Approximate Mean Ratings by Thematic Domain of Self-Concept

Domain	**Representative items**	**Approx. domain mean**
Self-acceptance and self-worth	Liking oneself; feeling valued; gladness at who one is; being easy to love	4.80
Confidence and decisiveness	Decisiveness; expressing opinions; sense of control over one's life	4.66
Resilience and determination	Determination under difficulty; overcoming problems; emotional recovery	4.35
Body image and attractiveness	Perceived attractiveness; satisfaction with appearance	4.00
Emotional vulnerability	Feeling humiliated; feeling helpless under criticism; indifference; feeling unlucky	3.47

Instead of a straightforward positive-versus-negative split, this grouping reveals a graded pattern: self-acceptance and self-worth stand out as the sample's strongest points, followed closely by confidence and decisiveness,

resilience and determination, which occupy an intermediate position, and body image and, particularly, emotional vulnerability, which form the domains in which respondents reported the least favourable self-perceptions. This graded pattern is in line with the qualitative accounts presented below, where participants spoke freely and fluently about self-acceptance and determination but described appearance-related concerns and sensitivity to criticism more hesitantly and in relation to particular negative incidents rather than as stable aspects of self-image.

Self-Acceptance and Self-Liking

Interview data converged with the quantitative pattern of strong self-acceptance. Several participants explicitly described accepting their disability while emphasising their strengths. One participant stated:

> *"I am a deaf person and I feel good. I accept myself as deaf and I am trying my best in my studies." (Personal Communication, June 3, 2026)*

Another expressed pride in personal qualities:

> *"I am really proud of my personality. I like my confidence." (Personal Communication, June 2, 2026)*

A third participant linked self-discipline directly to confidence and help-seeking:

> *"I am self-disciplined, confident and I am not afraid to ask for help when I need it." (Personal Communication, June 4, 2026)*

In line with Rogers' (1959) theory that congruence between the real and ideal selves is fostered through supportive relationships and self-acceptance rather than the denial of difficulty, these accounts indicate that self-acceptance among participants was often linked to an open acknowledgement of disability along with emphasis on personal strengths, discipline and willingness to seek help.

Determination, Resilience and Achievement

Consistent with the moderately high quantitative ratings for determination (M = 4.66) and overcoming problems (M = 4.39), interview participants frequently described perseverance despite setbacks associated with their disability. One learner explained:

> *"When things are not easy, I try. I do not give up. I continue studying." (Personal Communication, June 4, 2026)*

Another described a growing sense of pride as challenges were overcome:

> *"Now I feel better about myself because I have overcome many challenges." (Personal Communication, June 2, 2026)*

A third participant, who was deaf, described how developing communication strategies had directly improved self-concept:

> *"Now I am able to communicate with other people. Those who use sign language, I sign with them, and those who do not know sign language, we write. It has made my life better." (Personal Communication, June 3, 2026)*

In line with the findings by Miklyaeva and Gorkovaya (2019) that adolescents with disabilities frequently exhibit resilience comparable to that of peers without disabilities, these narratives demonstrate the resilience suggested by the quantitative findings and imply that many participants had developed adaptive coping strategies that reinforced a positive self-concept.

Helping Others and Belonging

Several participants connected their sense of self-worth to helping peers and to feeling accepted within their

school community. One learner explained:

> *"I like helping other children. Sometimes I help those who cannot do things for themselves." (Personal Communication, June 3, 2026)*

Another described the school itself as a source of belonging and comfort:

> *"I feel happy to be at this school because here is where I am studying." (Personal Communication, June 3, 2026)*

Consistent with this, some participants expressed strong aspirations for the future, with one learner explaining that he wanted to prove to others that persons with special needs could succeed and become professionals who contribute meaningfully to society. Such aspirations reflect confidence, hope and future orientation, consistent with the view for Erikson (1968) that successful adolescent identity formation is characterised by purpose and self-belief.

Vulnerability, Self-Doubt and Social Comparison

Despite the generally positive pattern, both quantitative and qualitative data revealed pockets of vulnerability. Some participants described discouragement linked to academic performance:

> *"When things go well, I feel good. But when I perform poorly, I feel bad and start asking myself what is wrong." (Personal Communication, June 4, 2026)*

Others described the discomfort of social comparison with age-mates:

> *"Sometimes I do not feel well because people my age are already ahead, and when I think about it, it makes me worried." (Personal Communication, June 4, 2026)*

Feelings of being misunderstood also surfaced in relation to classroom participation:

> *"Sometimes people do not understand me, especially during lessons and practical activities." (Personal Communication, June 2, 2026)*

These explanations are consistent with Saleem et al. (2023) and help explain the relatively lower quantitative ratings for items like feeling unlucky, dissatisfaction with appearance and vulnerability to criticism. Wang et al. (2023) discovered that obstacles related to disabilities and a lack of social support can have a detrimental impact on self-esteem. Moreover, even in officially inclusive environments, some students with disabilities still feel some social isolation. Interestingly, these accounts of vulnerability were not provided by participants as a complete rejection of themselves, but rather as situational responses to particular incidents, such as a bad test score, a cruel remark or an instance of being misinterpreted. These accounts were frequently recounted in conjunction with, rather than in place of, statements of general self-acceptance. Instead of characterizing two distinct groups of adolescents, this suggests that vulnerability and self-acceptance coexist within the same individuals.

Self-Acceptance and Disability Awareness

A recurring theme across the interviews was the link between self-acceptance and broader disability awareness. Several participants emphasised pride in their achievements and abilities rather than focusing on limitation. One stated:

> *"I feel very proud because I am doing my grade in this school." (Personal Communication, June 4, 2026)*

Another framed the issue in terms of societal attitudes rather than individual limitation:

> *"People with special needs can do great things if they are given a chance." (Personal Communication, June 2, 2026)*

Several participants noted that misunderstanding and negative attitudes from others sometimes affected their confidence, and recommended disability-awareness programmes, peer sensitisation activities, mentorship opportunities as well as positive role models as ways of reducing stigma and reinforcing self-acceptance. This finding is consistent with Ayako (2025) who discovered that dignity, respect and positive social interaction contribute to self-worth and healthy identity development among adolescents with disabilities.

DISCUSSION

This study set out to assess the level of self-concept among adolescents with special needs in northern Namibia. The findings indicate that the majority of participants had a generally positive self-concept, which was based on decisiveness, perceived attractiveness, strong self-acceptance and a sense of being valued by close others. This pattern supports Rogers' (1959) theory that self-concept develops through experiences and relationships characterized by acceptance rather than through the absence of disability-related difficulty, and it is generally consistent with international evidence that adequately supported adolescents with disabilities can and do develop positive self-perceptions despite the challenges associated with impairment (Luca and Mihăilescu, 2021; Kapinga & Aloni, 2021; Wasosa, Mutisya & Munywoki, 2024).

This finding is a significant one, as it highlights the prevalence of stigma, cultural misattribution of disability to curses or moral failings, and the practical obstacles faced by adolescents with disabilities in rural schools in northern Namibia. This is evident in the scholarly literature (Amadhila et al., 2023) and the researcher's own observations during data collection. Based solely on this discourse, it is reasonable to assume that the self-concept of this population would be predominantly negative. Instead, the modal pattern in both the quantitative and qualitative data was one of significant self-acceptance and pride, suggesting that adolescents in this study had developed effective psychological strategies, including selective emphasis on ability over limitation and active help-seeking, for managing whatever stigma they did encounter, or that family and school-level support in the specific communities sampled is more protective than the broader stigma literature might imply. Both explanations are not mutually exclusive and are consistent with the qualitative data.

At the same time, the item-level pattern of results points to a more nuanced picture than a simple description of "high self-concept" would suggest. Items relating to indifference toward one's own future, dissatisfaction with appearance, feeling unlucky, and vulnerability to humiliation and criticism scored notably lower than items relating to self-acceptance and decisiveness. This unevenness mirrors Wasosa et al. (2024) finding, in a mixed-methods Zimbabwean study using the same instrument, that some dimensions of self-concept are highly positive while others remain less developed, and is consistent with findings of Fatima, Ashraf, and Jahan's (2022) that rural residence and constrained family or social support are associated with lower self-esteem among visually impaired adolescents even where other dimensions of self-concept are favourable.

This unevenness is explained by the qualitative findings. Participants' accounts closely mirrored the higher-rated quantitative items, self-liking, pride, determination, and a sense of purpose, when they talked about opportunities to help others or make meaningful contributions within their school community, as well as consistent, accepting relationships with family and teachers. Participants' accounts closely matched the lower-rated items about appearance, luck, and vulnerability to criticism when they discussed experiences of being misinterpreted during lessons, unfavourable social comparison with age-mates or discouragement following poor academic performance. One of the main advantages of the convergent parallel design is the convergence of the quantitative and qualitative strands (Fetters, Curry, and Creswell, 2013). This suggests that self-concept in this population is a construct that varies across domains based on the adolescent's particular social and academic experiences rather than a uniform trait.

These findings also resonate with the broader intervention literature. Augestad (2017) review identified independence, supportive parenting and peer support as fundamental to positive self-concept among visually impaired adolescents, echoing participants' own emphasis on family support and peer helping behaviour in this study. Mirmohammadi et al. (2021) evidence that structured group-based Acceptance and Commitment Therapy sessions measurably improved self-esteem among visually impaired students, and Heppe et al. (2020) twenty-year evidence linking peer support to reduced loneliness among young people with visual impairment, both suggest that the pockets of vulnerability identified in the present study, rather than being fixed, are plausibly responsive to targeted psychosocial and peer-support intervention in Namibian schools.

Theoretical and Practical Implications

The results theoretically apply Rogers' (1959) Self-Concept Theory to a population and environment where it has seldom been empirically tested. The item-level pattern itself provides the strongest evidence for the theory: statements most directly related to unconditional self-regard, like liking oneself even when others do not and feeling valued by those who know one well, received the highest ratings, whereas items related to conditional self-worth, like being sensitive to criticism and feeling powerless when judged by others, received relatively lower ratings. This pattern, in which teenagers receive both more conditional or judgmental treatment in broader social and academic contexts and unconditional acceptance from close family and teachers, is exactly what Rogers' framework would predict. Individual teacher training has a significant influence on these conditional experiences, according to the academic self-perception literature reviewed above (Khusheim, 2021).

In practical terms, this means that interventions aimed at improving the self-concept of adolescents with special needs in northern Namibia do not necessarily have to begin with a deficit assumption. By focusing resources, counselling, disability-awareness programming, teachers' training, and peer mentorship on the particular, identifiable domains in which participants reported greater vulnerability, schools and practitioners can build on an already strong foundation of self-acceptance, family support and resilience rather than treating this population as uniformly at risk of poor self-concept. Compared to generic interventions based on the premise that disability itself is the main threat to self-concept, this domain-specific approach is likely to be more effective and more acceptable to learners.

CONCLUSION

This study assessed the level of self-concept among adolescents with special needs in northern Namibia and found that it is generally positive, characterised most strongly by self-acceptance, a sense of being valued by close others, decisiveness and resilience in the face of disability-related challenges. At the same time, the findings reveal an uneven profile, with lower scores and corroborating interview accounts pointing to pockets of vulnerability around appearance, perceived luck, and sensitivity to criticism and misunderstanding, particularly in classroom and social-comparison contexts. These findings support Rogers' (1959) proposition that self-concept develops through supportive, accepting relationships rather than through the absence of difficulty, and suggest that self-concept among adolescents with special needs in this setting is shaped jointly by strong family and school support and by residual disability-related stigma and misunderstanding. Strengthening the former while directly addressing the latter appears to be the most promising route to consolidating positive self-concept in this population.

RECOMMENDATIONS

Based on these findings, several recommendations are proposed. Schools should strengthen guidance and counselling services, offering regular, accessible sessions that help adolescents with special needs process experiences of social comparison, criticism and misunderstanding before these erode self-concept. Teachers should receive training in inclusive education and positive-reinforcement techniques that explicitly build learners' confidence and address the classroom misunderstandings that several participants described. Schools and the Ministry of Education should invest in disability-awareness and peer-sensitisation programmes, informed by participants' own recommendation that classmates and the wider community be helped to focus on ability rather than limitation. Consistent with international evidence on effective intervention, schools should consider peer-mentorship programmes and, where feasible, brief psychosocial interventions such as Acceptance and Commitment Therapy-informed counselling to directly strengthen the lower-scoring dimensions of self-concept identified in this study, particularly those relating to appearance, perceived luck and vulnerability to criticism. Parents and guardians should continue to provide emotional support and encouragement, and should be supported through school-based outreach to reinforce, rather than inadvertently undermine, their children's self-acceptance. Finally, policymakers should ensure that inclusive-education resourcing extends beyond physical placement to include the counselling, teacher-training and awareness infrastructure needed to support the psychological, and not only the academic, inclusion of adolescents with special needs.

At the classroom level specifically, teachers should be supported to recognise that a learner's confident presentation in one setting, for example a supportive home environment, does not guarantee equivalent confidence in another, such as a mixed-ability classroom activity, and should therefore avoid assuming that a generally well-adjusted learner has no need of encouragement around appearance, performance comparison or handling of criticism. Peer-led initiatives, such as buddy systems pairing learners with and without disabilities, and structured opportunities for learners with special needs to demonstrate competence and receive genuine positive feedback in front of classmates, may be particularly well suited to strengthening the body-image and criticism-related domains identified as comparatively weaker in this study, since these domains appeared, in the qualitative data, to be shaped less by home relationships than by moments of public comparison and misunderstanding at school.

Limitations and Directions for Future Research

This study is limited by its design, which describes the level of self-concept at a single point in time rather than its development over the course of adolescence, and by its focus on four schools in two regions of northern Namibia, which may limit generalisability to other regions or disability categories not well represented in the sample. The domain groupings presented in Table 3 are interpretive rather than statistically validated subscales and should be treated as a heuristic for organising the item-level findings rather than as evidence of distinct, empirically separable dimensions of self-concept in this population; confirmatory factor analysis with a larger sample would be needed to establish whether these groupings hold up as genuine latent dimensions. In addition, self-report measurement of self-concept, however carefully adapted, is inherently susceptible to social desirability bias, and it is possible that some participants, aware of the researcher's interest in their well-being, presented a more favourable self-image than they might disclose in a fully anonymous or peer-only context; the convergence with independently collected interview data offers some reassurance on this point but does not eliminate the concern entirely. Future research should extend similar assessments to other regions of Namibia and to a wider range of disability categories, employ longitudinal designs to track how self-concept develops over the course of adolescence, disaggregate findings by school type and disability category with an adequately powered sample, and evaluate the effectiveness of specific interventions, such as structured peer mentorship, disability-awareness programming and brief psychosocial interventions, in strengthening the dimensions of self-concept identified as comparatively weaker in this study.

ETHICAL APPROVAL AND CONSENT

Ethical approval for this study was obtained from the relevant research ethics structures of the Catholic University of Eastern Africa and permission to collect data was granted by the Namibian Ministry of Education, Innovation, Youth, Sport, Arts and Culture. Informed consent was obtained from parents or guardians, and informed assent was obtained from all adolescent participants, prior to data collection. Participants were informed of their right to withdraw from the study at any time without consequence.

CONFLICT OF INTEREST

The author declares no conflict of interest in relation to this study.

DATA AVAILABILITY STATEMENT

The datasets generated and analysed during the current study are available from the corresponding author on reasonable request, subject to the ethical and confidentiality restrictions governing data collected from a vulnerable adolescent population.

ACKNOWLEDGEMENTS

The author thanks the school administrators, teachers, interpreters, parents and, above all, the adolescent participants in Oshana and Omusati regions who made this research possible, as well as the supervisors who guided the dissertation from which this article is drawn.

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