

## Gifted and Intellectual Disabled Children's Social Competence Profile

Saeed Rezayi, Ph.D.\*

Department of Psychology and Education  
Tehran University

**Objective:** The present study has been carried out to compare the social competence in two group students with Intellectual Disability (ID) and Gifted. **Method:** This research was kind of descriptive research with 2 comparative groups. 100 gifted and Intellectual Disability (ID) students aged 12 to 13 years (50 Gifted & 50 ID) were selected randomly as statistical sample. For the assessment of social competence, Felner 4 dimensions social competence test (SCT) has been used. This test has 47 Items with 4 subscales. The data were analyzed by using T test. **Results:** The results revealed that social competence mean scores of gifted students were significantly higher than the mean scores of students with ID ( $P < 0.005$ ). In addition, the mean scores of girls were significantly more than boys in both groups. **Discussion:** Finding confirms that ID students have not reached to social competence, because of mind impairments (mental retardation, theory of mind and executive function) and gifted students have high level of social competence, because of high level of IQ and high processing and interpreting social ques.

**Keywords:** Gifted, Intellectual Disability, Social Competence

Intellectual disability (also referred to as mental retardation, developmental disability) is a condition which shows itself as limitations in the person's ability to learn about and solve the problems of daily life and to be independent in the activities required for daily living (Claussen, 2012). Intellectual disability or Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18 (Raisin, 2013).

Intellectual disability (intellectual developmental disorder) as a DSM-5 diagnostic term replaces "mental retardation" used in previous editions of the manuals. In addition, the parenthetical name "(intellectual developmental disorder)" is included in the text to reflect deficits in cognitive capacity beginning in the developmental period. Together, these revisions bring DSM into alignment with terminology used by the

World Health Organization's International Classification of Diseases, other professional disciplines and organizations, such as the American

Association on Intellectual and Developmental Disabilities, and the U.S. Department of Education. Intellectual disability occurs along a spectrum and is present in some form in about 3% of the population. Intellectual disability affects many aspects of the person's day to day life (Harbour & Maulik, 2013). The American Association on Intellectual and Developmental Disability (AAIDD, 2013) has mentioned that people with an intellectual disability usually have some difficulty: communicating, remembering things, understanding social rules, understanding cause and effect for everyday events, solving problems and thinking logically, social functions problems, reacting and interacting in ways that are characteristic for their age.

The high level of intellectual spectrum is giftedness. The definition of "giftedness" has been an area of controversy for several years. The definition adopted for the reauthorization of the Jacob K. Javits Gifted and Talented Students Education Act of 1988 indicated that this term is reserved for children who show high potential for performance in the following areas: intellectual, artistic, creative, leadership, or in a specific academic field. Conceptual models have been proposed including that of Renzulli (2000). This model suggests three factors necessary for giftedness: higher levels of intelligence, and creativity, and task commitment. Sternberg and Zhang (1995) defined giftedness using a pentagonal implicit theory. In this theory the person must meet these five criteria:

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\*Corresponding author: Saeed Rezayi, Department of Psychology and Education, Tehran University, Tehran. Iran.  
E-mail: rezayi.saeed10@gmail.com

excellence, rarity, productivity, demonstrability, and value. Children who were gifted were thought to have social difficulties—to have difficulty fitting in due to their high ability. Children who are gifted have significant social and emotional difficulties appear to be fading with more and more empirical evidence that they show good if not excellent social competence (Sayler and Brookshire, 2010). However, it has also been found that children who are exceptionally or profoundly gifted experience more difficulty with peers than those who are moderately gifted. As the child's ability moves farther from the norm, more social problems as well as difficulty in emotional adjustment appear (Semrud-Clikeman, 2007). While this is a minority of children in the general population, it is important to recognize that the diagnosis of giftedness is not homogeneous but is rather heterogeneous in nature of degree. For the vast majority of gifted children, social skills are present and the challenge is to match social development with intellectual development particularly given the propensity toward asynchronous development (Semrud-Clikeman, 2007).

Social competence is an ability to take another's perspective concerning a situation and to learn from past experience and apply that learning to the ever-changing social landscape (Semrud-Clikeman, 2007). Social competence is the foundation upon which expectations for future interactions with others are built and upon which children develop perceptions of their own behavior (Shah & Morgan, 2010). Social experiences are connected to emotional competence and present with appropriate emotional function (Schultz., 2005). The concept of social competence frequently encompasses additional constructs such as social skills, social communication, and interpersonal communication. Social skills assume that these are behaviors that are repeatable and goal-directed (Spitzberg, 2003). Social interaction assumes that the goal can be accomplished through interaction with another person using language and nonverbal communication. These skills are also thought to be goal-directed. In addition to behaviors, social competence requires correct perception of the social interaction (LaFreniere & Dumas, 2012). This perception also encompasses motivation and knowledge on how to perform the skill. Without appropriate perception the motivation and ability to do the skill will not result in socially appropriate actions (Kopp et al., 2009). Social experience rests on the foundation of parent-child and peer relationships and is important in the later development of prosocial behaviors. Attachment of an infant to the mother is important for the development of later social competence (Speltz et al., 1999; van IJzendoorn, 2011). This attachment helps the infant to learn that the world is predictable and trustworthy. The foundation of the attachment bond allows the child to venture out from his/her mother to try new experiences

and new interactions. Dodge (1990) conceptualizes social competence as an interaction between the environment and a set of biologically determined abilities. These biologically determined abilities may partially account for social difficulties frequently experienced by children with developmental disorders. There is sufficient empirical evidence that links social competence to mental and physical health (Spitzberg, 2003). It has been linked to disorders such as anxiety, cardiovascular disease, juvenile delinquency, and substance abuse, to name a few (Renwick & Emler, 2013). Voeller (1994) hypothesizes some clusters of problematic behavior that often lead to impairment in social competence. One of those diagnostic clusters consists of children who do not perceive their environment appropriately and who interpret interpersonal interactions inaccurately. These children have difficulty reading social cues, facial expressions, and body gestures.

As discussed in earlier chapters, social competence is comprised of the ability to interact with peers and establish friendships. Children who have difficulty interacting with others often have fewer opportunities for developing the requisite skills needed to function successfully and socially. Children with mental handicaps often experience difficulty establishing peer relationships and friendships due to problems with cognitive and language delays as well as frequent problems with motor skills. Children with mental handicaps generally show problems in establishing a relationship with a peer by the age of 4 and 5 (Guralnick et al., 2003). Particular difficulties are present in their ability to initiate social activities as well as to play cooperatively. Additional problems are present in children are diagnosed with mental disability show significant impairment in social interaction including problems with double interaction and nonverbal understanding and difficulties with social reciprocity (Baroon-Cohen, 2009).

Previously children who were gifted were thought to have social difficulties to have difficulty fitting in due to their high ability. Gross (2008) reviewed the literature and found evidence that the children who were the highest in IQ had the most significant social difficulties and adjustment. Additional studies have looked at the degree of giftedness with those with very extremely high IQs showing more difficulty with social acceptance than those with moderately high abilities. McCallister et al. (2006) suggest that children who are gifted are fairly heterogeneous and that research indicating good social and emotional development may not be accurate for the total population of children who are gifted. Gifted children who are moderately gifted (IQ 130–160) may differ from those who are exceptionally gifted (IQ 160–179) or profoundly gifted (IQ 180). There is not a great deal of study with these children as by definition they are rare. However, McCallister et al. (2006) indicate that the literature finds no emotional/social difficulties for

children who are gifted and yet clinically there are many reports of children with these very difficulties.

**Method**

**Participants**

Statistical population of this research was all of the students aged 12 to 13 years with gifted and Intellectual Disability (ID) students were studying in the schools in the Tehran city. 100 students (50 gifted and 50 ID (N= 100)) randomly were recruited from a larger community as sample for the current study.

**Measures**

For the assessment of social competence, Felner(1981) 4 dimensions social competence test (SCT) has been used. This test has 47 Items with 4 subscales. The reliability of this scale was estimated 0.88 and its validity has reported 0.99 and also confirmed by specialists user. Because of reading impairments, the social competence test was completed by parents or teachers for all of the participants. The gathered data was analyzed by using T test. The results have shown that all hypothesis of this research were accepted significantly (Table 2).



Figure1. Factors affecting social competence of people with mental handicap (Virtual Medical Centre, 2009)

That means results revealed that social competence mean scores of gifted students were significantly higher than the mean scores of students with ID in  $P < 0.0005$  (Table 1). In addition, the mean scores of girls were significantly more than boys in both groups.

**Results**

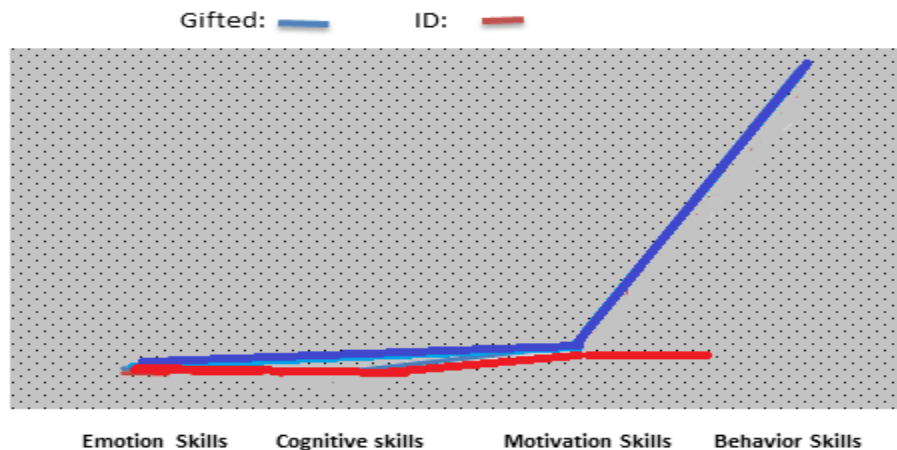
**Table 1**

*Mean and standard deviation of Participant (ID and gifted) in Independent Variable*

Social Competence	Participants	Mean	S.D
Behavioral Skills	ID	111	19/34
	Gifted	142	21/73
Motivational Skills	ID	12	14/04
	Gifted	55	16/54
Cognitive Skills	ID	6	2/51
	Gifted	66	23/81
Emotional Skills	ID	24	13/69
	Gifted	85	22/39

Table 1; demonstrates mean and standard deviation of participants in the social competence subscales. As

you see, mean scores of gifted students, higher than students with ID in all of social skills variables.



**Figure 2:** Overall performance participants (Gifted and ID) in Social Competence Subscales

**Table 2***T-Test Results of two groups (ID and gifted) in Social Competence Subscales*

<b>Social Competence</b>	<b>F</b>	<b>Sig</b>	<b>t -test</b>	<b>df</b>	<b>Sig-2</b>
Behavioral Skills	11/09	0/019	-12/21	98	0/000
Motivational Skills	14/83	0/09	-4/18	98	0/000
Cognitive Skills	12/22	0/001	-5/53	98	0/000
Emotional Skills	5/388	0/100	-2/011	98	0/033
Social Competence Skill(Sum)	33/89	0/002	-13/32	98	0/000

Table summarizes the results T-test to determine the relationships between social competence variables. Table shows that groups' performance in social competence subscales. As seen The F-ratio for the all subscales was statistically significant ( $p < 0.05$ ) and for main (social competence skills) was statistically significant in ( $p < 0.000$ ). The results have shown that all of the students with ID significantly were in poor condition in all social competence skills.

### Discussion

The aim of this study was compare the social competence in two group students with ID and gifted and finally to investigate their deferent in social capability and social communication in social contexts. The results showed that social competence mean scores of gifted students were significantly higher than the mean scores of students with ID (Fig, 2). As can be seen in table 2, all of students with ID significantly had poor condition in all social competence skills. Behavioral Skills ( $p < 0.000$ ), Motivational Skills ( $p < 0.000$ ) Cognitive Skills ( $p < 0.000$ ), Emotional Skills ( $p < 0.033$ ) and sum scores in social competence skills ( $p < 0.000$ ). It seems that ID group in some social skills as; motivational and cognitional skills are poor than behavioral and emotional skills.

The majority of psychologists suggest that, social interacting or more social competence, is the most important feature of the development. Social competence is the long-life capability which makes child to have mature and adjusted behaviors with peers and others in social settings (Capps, et al., 2010). Reviews of the literature indicate that children who are diagnosed with ID show significant impairment in social interaction likes; nonverbal understanding, difficulties in double interaction, social reciprocity, make or initiation communication, delays in spoken, play-both with peers and individually and also difficulties in understanding other person mental state and how people differ in beliefs, desires, and needs (Shattuck,2011). An additional area of interest for social competence is the difficulty children with ID have with sharing their feelings with others. Dawson et al (2005) found difference between children with ID and children with typically developments in affect sharing coordinating smiles between the mother and

child. Emotional recognition in children with mental disability is another area that is particularly interesting and important for social competence (Chudley et al.,2010) Many studies showed that, reading, imitation and interpretation of the facial expression is more problematic in this children (Henry et al.,2012). Theory of mind hypothesis is frequently used to describe the social problems found in children with ID (Baron-Cohen et al., 2010). According to Baron-Cohen et al (2010) and others, ID children problems are fundamental problem (theory of mind) and directly related to brain structure and neurodevelopment while children with gifted do not have any fundamental problems that their ID peers have. But their problem is just functional (rapid data processing and social training.) and limited to their parenting styles and developing context values (Ozonoff et al., 1991; Razza & Blair, 2009).

This study as other studies had some limitations related to test completion by IDs parents or teachers because of their disability in reading test items it likely have bias ideas. Finally, this study suggests that ID student because of social impairments to be omitted social competence training program more than others peers, especially in emotional and cognitive skills. Also based on significant important of social competence in social living and academic achievement, it is recommended the social skills course or training program can be administered and set in academic schedule.

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