

Emotional consequences related to a  
discrepancy between the self-  
concept and the ideal self-concept  
of school going adolescents in  
Mpumalanga

by  
Nadia du Plessis



**Emotional consequences related to a discrepancy between the self-concept and the ideal self-concept of school going adolescents in Mpumalanga.**

by

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submitted in accordance with the requirements for  
the degree of

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Supervisor: Prof. G Bester

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*"The greatest discovery of my generation is that a human being can alter  
life by altering his attitudes of mind"*

*William James*

*"I cannot think of a single psychological problem – from anxiety to depression, to under-  
achievement at school or at work, to fear of intimacy, happiness or success, to alcohol or drug  
abuse, to spouse battering or child molestation, to co-dependency and sexual disorders, to passivity  
and chronic aimlessness, to suicide and crimes of violence – that is not traceable, at least in part, to  
the problem of deficient self-esteem".*

*Nathaniel Branden*

## Declaration

Student number: **3646 111 3**

I declare that **Emotional consequences related to a discrepancy between the self-concept and the ideal self-concept of school going adolescents in Mpumalanga** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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SIGNATURE  
(Mrs)

8 January 2016  
DATE

## **Dedication**

To Luhann, my loving husband, who has offered unwavering support and encouragement during my journey, and my two wonderful children, Kaylie and Reynhardt who granted me the time to complete this work.

To God, who has been my eternal rock and source of strength.....

## **Acknowledgements**

Special thanks to my supervisor, Prof. G Bester for his continuous support, patience and guidance.

Appreciation is extended to Mrs. Lyn Voigt for the editing of the dissertation.

Thank you to my wonderful parents, you are the reason of what I become today.

# **EMOTIONAL CONSEQUENCES RELATED TO A DISCREPANCY BETWEEN THE SELF-CONCEPT AND THE IDEAL SELF-CONCEPT OF SCHOOL GOING ADOLESCENTS IN MPUMALANGA**

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## Summary

The aim of the research was to establish the emotional experiences of adolescents who experience a discrepancy between their self-concept and ideal self-concept.

An empirical investigation was carried out in order to establish the relationship that exists between the self-concept and the ideal self-concept of adolescents and certain emotions they experience. The investigation further identified the emotions that are prominent in the case of a discrepancy between the self-concept and the ideal self-concept. A Self-concept, Ideal Self-concept and Emotional Profile Index Questionnaire were completed by 250 adolescents. Trust and sociability showed the strongest positive correlations and depression, distrust and aggression the strongest negative correlations with aspects of the self-concept. In most instances no relationship existed between the ideal self-concept of adolescents and the emotions they experience. In terms of a discrepancy between the self-concept and the ideal self-concept, results indicated that trust was the most prominent positive emotion and depression, aggression and distrust the most prominent negative emotions.

### Keywords

Self-concept, Ideal Self-concept, Adolescents, Emotions, Discrepancy, Trust, Aggression, Depression, Distrust, Interpersonal Relationships

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## Chapter 1.

### Problem Statement and Research Problem

#### 1.1 Awareness of the Problem

Carl Rogers stated that upon attentively listening to his clients in therapy sessions, he realised that they discussed their problems and struggles in life from a subjective point of view. Statements such as “I wonder who I really am”; “I wish I could be like.....” and “I do not feel like my true self anymore” brought this question of the “self” to his attention (Möller 1993:242). Many educators have become aware of this confusion and uncertainty among the majority of young adolescents in a school situation.

In order to comprehend the notion of the “self” it is essential to investigate the aspects that constitute the “self”. Two of the most important aspects of the “self” are the self-concept and the ideal self-concept.

The self-concept is an individual function as an evaluator of who one thinks one is and what opinion one holds of oneself. Among Baron and Byrne (2003), Woolfolk (2007), Weiten, et al (2009), and Mercer (2011), the consensus is that the self-concept refers to self-knowledge in which a deeper enquiry into the self is made. It is, however, important that the conditions in which the individual finds him- or herself support the growth and development of the self-concept. The possibility of a negative self-concept can be expected when harmful influences affect various domains of the self-concept. These domains include physical, cognitive and social factors.

Another aspect of the self is the ideal self-concept. The ideal self-concept is a description of the person that he or she would like to be or the way in which an individual would like to see him- or herself (Kline 2011:88). The ideal self-concept is based on one’s hopes and wishes, a reflection of the way one would like to see oneself. A sense of equilibrium exists within an individual only when he or she has a positive self-concept and a corresponding ideal self-concept.

An incongruence or inconsistency between the self-concept and ideal self-concept of an individual occurs when the individual’s ideal self-concept is inconsistent with that which is actually present and happening in the life and experiences of that individual. Hence, congruence exists when the ideal self-concept corresponds with the actual life happenings and experiences of the individual. Ideally, an individual’s ideal self-concept reflects who and what he or she would like to be, not extraordinarily exceeding the bounds of reality, but stretching further than that which has been experienced physically and emotionally.

The adolescent years are marked as a difficult and somewhat overwhelming phase. Adolescence is defined according to the physiological, cognitive and sociological changes that occur in an individual's life at a certain time. According to Gullotta, Adams and Markstrom (2000:14-16), the physiological indicators of the onset of adolescence is initiated when the reproductive organs and secondary sex characteristics, such as body hair and breast development, begins to change during late childhood. Cognitive changes into the adolescent phase include the ability to reason, using strategies to solve problems, independent thinking processes and metacognition. Adolescence from a sociological viewpoint includes societal recognition. This refers to individuals on the verge of entering the adult world. Sociological changes and acceptance is, however, an open debate as many cultures and countries have their own rites of passage or rituals in which they allow children to enter adolescence at different stages.

In terms of the physiological, cognitive and sociological indicators, various transitions occur that the adolescent has to adapt to. Those include fitting in at a new school; raging hormones; "mood swings"; bodily changes; establishing new relationships and finding an appropriate peer group to befriend. The physical changes that occur (growth spurts, hormonal changes, sexual development and changes in body shape) make this a particularly stressful time for some adolescents as they can be either late or early developers. Girls developing prematurely and boys who develop at a much later stage often feel excluded from their peer groups. This leads to lower self-concept levels in these adolescents (Smith 2012:37).

The transition from childhood into adolescence is characterised by a definite change in the emotional state of the adolescent. According to Larson (2001:258), research on the emotions of adolescents is limited. Larson does state, however, that owing to experiences and genetic differences, some adolescents are more emotional than others and some experience positive or negative emotions more frequently than others do. Boys are also more likely to act out emotions, whereas girls are more likely to internalise emotions. It is also evident that along with maturity and aging come the understanding of emotions and how to cope with emotional situations.

Adolescents have to deal with their surroundings, social judgement, peer pressure, relationships, and consequences of previous experiences on a daily basis. These aspects all have an impact on their emotional state, the way they define themselves, and how "the self" is shaped during the adolescent years. This leads the researcher to the matter of "self-concept", and the question: How is the "I", in terms of the self-concept, determined?

The "self" consists of various aspects. These aspects of the self include the physical, cognitive and social image an individual holds regarding the self. The self-concept and the ideal self-concept (which stems from the self) develop either negatively or positively based on how an individual

evaluates him- or herself in terms of these aspects. Prior to the onset of adolescence, children describe their physical appearances and actions. During adolescence, psychological characteristics and social relationships are added to their self-description, as these elements play a role and contribute to who they think they are. As cognitive maturity accompanies children into the adolescent phase, they become increasingly aware of “the disparity between the ideal self and the real self” (Rathus 2008:552).

Perry and Marsh (2000:62) include an emotional element in their explanation and describe the discrepancy between the real self and the ideal self as follows: “The closer the ideal self is to the real self, the more likely the person is to be in harmony and well adjusted. Conversely, when the real self does not meet the qualities of the ideal self and the ideal self is the primary source of comparison and appraisal, difficulties in individual behaviours and emotions may arise”. According to Eysenck (1994:75), cheerful and contented people tend to have a smaller discrepancy between their ideal self and their self-concept than is the case with those who are relatively unhappy and discontented.

Carver and Scheier (2001:162) report that positive, rather than negative emotions are found in the case of individuals striving towards achieving their idealised representations of themselves. These individuals tend to shy away from behaviour and values that do not coincide with their real self-concept. Failing to achieve the ideal representation of oneself leads to the occurrence of negative emotions such as sadness, depression and low self-concept (Sylvia & Eddington 2012:432). Bizman and Yinon in Mackie and Smith (2003:16) confirm that, in theory, people aim at balancing their real self-concept with their ideal self-concept. Psychological discomfort arises in the presence of a cognitive dissonance between actual experiences and feelings and the way an individual would like to be, in other words, his or her ideal self-concept. The discrepancy between the actual self-concept and the ideal self-concept may result in feelings of failure, as the ideal self-concept and its accompanying attributes have not been achieved. The result of this is disappointment, sadness and dissatisfaction.

In the event of such a discrepancy occurring within an individual, it is evident that the self-concept versus ideal self-concept domains are unrealistically portrayed given the individual and his or her circumstances. For example, a person who experiences very low self-concept levels but high ideal self-concept levels will struggle with day-to-day performance in terms of various domains such as academics and social or peer group interaction as well as dealings with the self (Mruk 2006:132).

The terms “self-concept” and “ideal self-concept” have featured for decades in psychology. However, far less research has been conducted on the ideal self-concept of individuals than on the self-concept. Ample definitions are provided for the terms “self-concept” and “ideal self-concept” but

there is limited empirical support regarding the relationship between the self-concept and ideal self-concept of the individual.

Previous assessment methods such as the Q-Sort, semantic differential games and adjective checklists, used singularly, do not provide clear and concise scientific answers to this research question as each one has certain limitations. The limitations include the fact that these methods cannot shed light on any aspects of the self that the individual is not consciously aware of and the test results may be distorted as an individual may provide the answers he or she believes would be preferred. Furthermore, the above-mentioned test methods are designed to assess the value of a single self-concept, whereas the possibility that people may possess a number of different self-concepts is not taken into account (Eysenck 1994:76). Owing to the lack of a single, sufficient and appropriate test to measure the discrepancy between the self-concept and the ideal self-concept, the researcher anticipated that by combining a self-concept test, ideal self-concept test and emotional profile of each individual, conclusive findings could be obtained regarding the emotional consequences of a discrepancy between the real self-concept and ideal self-concept.

## **1.2 Formal Problem Statement**

The growth and the development of the self-concept and ideal self-concept of individuals rely greatly on the influences and environment in which they find themselves. These influences affect among other aspects, the social, physical and cognitive domains of the self-concept and the ideal self-concept. The way in which the environment of an individual influences the self-concept and the ideal self-concept may result in a discrepancy between them. Such a discrepancy is characterised by unrealistic views concerning the life world of an individual which do not correspond with his or her life experiences.

Certain emotions may be present if a discrepancy between the self-concept and the ideal self-concept of an individual occurs. In order to understand this phenomenon, it is important to establish exactly which emotions are present and to what extent they occur. It is also important to know whether the emotions experienced vary with regard to the various aspects of the self-concept, such as the physical, cognitive and social aspects of the self-concept.

Therefore, the following questions, which may be considered as the formal statement of the problem of this investigation, are posed:

- Is there a relationship between the self-concept of adolescents and certain emotions?
- Is there a relationship between the ideal self-concept of adolescents and certain emotions?

- Which emotions are prominent if a discrepancy exists between the self-concept and the ideal self-concept of adolescents?

### **1.3 Aim of the Research**

The general aim of this study was to establish the emotional experiences of adolescents who experience a discrepancy between their self-concept and ideal self-concept.

In light of this aim, a literature study was carried out in order to

- clarify terms such as “self-concept”, “self-esteem”, “self-image”, and “ideal self-concept”, which are present in many manuscripts, textbooks and journals and are used interchangeably;
- explore theoretical perspectives pertaining to the self-concept and ideal self-concept;
- investigate the various factors that can influence the self-concept and ideal self-concept;
- discuss the impact of gender, early and late maturity with regard to pubertal development, body image, facial appearance, sport and physical abilities, and physical disability on the self-concept and ideal self-concept;
- examine the effect of self-concept development in terms of cognitive abilities, academic self-concept and achievement and the relationship between intelligence and self-concept with regard to learning ability and achievement;
- investigate the impact of social factors such as the parent-child relationship, peer group relationships, conformity, peer pressure and heterosexual relationships on the self-concept and ideal self-concept development of the adolescent;
- discuss the most prominent emotions (depression, anxiety, aggression and stress) experienced by adolescents.

An empirical investigation was carried out in order to establish

- the relationship that exists between the self-concept of adolescents and certain emotions;
- the relationship that exists between the ideal self-concept of adolescents and certain emotions;
- the emotions that are prominent in the case of a discrepancy between the self-concept and the ideal self-concept of adolescents.

## 1.4 Research Programme

The dissertation consists of six chapters:

- Chapter 2: Literature review  
The focus of this literature study was on the self-concept and ideal self-concept. An in-depth clarification of the terms, “self-concept”, “self-esteem”, “self-image” and “ideal self-concept” is provided. Theories on self-concept development proffered by key figures such as William James, Erik Erikson, Carl Rogers and Richard Shavelson are discussed in detail. In a discussion of the self-concept and ideal self-concept, it is important to ascertain the factors that influence the development of the self-concept and ideal self-concept of adolescents. A broad discussion on the three most influential factors in this regard: namely, physical, cognitive and social factors follows.
- Chapter 3: Literature review  
In compliance with the research topic, the most prominent emotions experienced during the adolescent phase are discussed. According to the EPI (Emotional Profile Index), depression, anxiety, aggression and stress are highlighted as the four most prominent emotions experienced by adolescents. Each of these four emotions is defined, followed by their main characteristics and the main causes of the emotions during the adolescent phase. In conclusion, previous research conducted on these emotions is discussed.
- Chapter 4: Research design and methodology  
Chapter four details the design of the empirical investigation. The way in which the sample was selected is discussed followed by a discussion of the measuring instruments which were used to collect data. The research procedure and the ethical considerations are also explained in this chapter.
- Chapter 5: Discussion of empirical investigation results  
The hypothesis and the results are explained.
- Chapter 6: Summary and recommendations  
A summary and the recommendations with regard to the literature study and empirical investigation are presented in this chapter. Limitations of the study are discussed and recommendations for future research are made.

## **Chapter 2.**

### **Self-concept and Ideal Self-concept**

#### **2.1 Introduction**

The notion of self-concept is something that confronts individuals on a daily basis. Every individual holds an opinion of him- or herself, has emotions concerning the self, carries judgment and beliefs, and harbours aspirations and desires about the person he or she is and wants to be. The aim of this study is to ascertain the emotions that arise when a discrepancy between the self-concept and the ideal self-concept occurs.

Various terms are used in the literature to explain and describe the different attitudes individuals hold towards themselves. It is important that terms such as “self-concept”, “self-esteem”, “self-image” and the “ideal self-concept” be clarified so as to prevent them from being used interchangeably.

In order to gain deeper insight into the functioning of the self-concept and ideal self-concept, various theories, from as early as those of William James to more recent theories such as those of Carl Rogers and Richard Shavelson were researched and incorporated into the study. This chapter also focuses on development associated with the self-concept and how physical, social and cognitive factors can influence the state of the self-concept and ideal-self-concept.

#### **2.2 Description and Clarification of Terms**

In order to accurately apply the terms “self-concept”, “self-esteem”, “self-image” and “ideal self-concept” in this study, it is important to clarify each term. In several research articles, manuscripts and textbooks, the terms “self-concept”, “self-esteem” and “self-image” have been used interchangeably. This leads to confusion and uncertainty regarding the use of these concepts. The above-mentioned terms describe different attitudes that individuals hold about themselves and should, therefore, be treated as separate concepts. Selected definitions and a comparison of the different concepts will enhance a better understanding and insight into what each term encompasses.

##### **2.2.1 Self-concept**

Baumeister (1999) in Ghaderi (2006:73) observes that when researchers set out to study self-concept, they usually end up studying self-esteem. Ghaderi (2006:73) states that the reason for this phenomenon is most probably due to the importance of self-esteem, difficulties experienced in measuring self-concept and the various definitions of the two concepts that have presented themselves in research.

The following definitions serve to illustrate that various authors and scientists hold different viewpoints regarding the concept of self:

- Self-concept can be defined as an individual's view of her- or himself, which may or may not be realistic or even perceived similarly by other persons (Sternberg 2001:365).
- The self-concept is an organised collection of beliefs and self-perceptions about oneself and operates as a basic schema (Baron & Byrne 2003:162).
- "The self-concept is an organised collection of beliefs about the self. These beliefs, also called self-schemas, shape social perception, are developed from past experience, and are concerned with one's personality traits, abilities, physical features, values, goals, and social roles" (Weiten et al 2009:177).
- Self-concept according to Woolfolk (2007:85) refers to individuals' knowledge and beliefs about themselves – their ideas, feelings, attitudes, and expectations.
- "Self-concept refers not only to what one believes about oneself and one's abilities in a certain domain in cognitive terms but also to how one evaluates these beliefs and consequently how one feels about oneself in evaluative, affective terms in the domain" (Mercer 2011:2).
- Self-concept, according to Charlton and David (2001:1090), is best defined as the sum total of an individual's mental and physical characteristics and his or her evaluation of them.

The consensus among these authors, however, is that "self-concept" refers to self-knowledge, in which a deeper enquiry into the self is made. The self-concept of a person refers to the judgment one has about oneself, one's beliefs and how one's self-concept act as determinant of one's abilities in different domains. As the individual discovers and attempts to master these different domains, a schema of the self eventually develops. This schema can be either positive or negative, depending on how an individual understands and processes experiences.

Change in the structure of the self-concept is likely to occur throughout the individual's life cycle. The environment and new experiences can lead to an altered self-concept. Hormuth (2010:1) asserts that relocation, new friendships and entrance into a new life stage (to mention only a few) can be responsible for the modification of the self-concept. Other factors that can influence the self-concept are feedback from others, discrepancies between the actual, ideal, and ought-to-be selves, social context, and cultural values (Weiten, et al 2009:178-182).

The self-concept is, therefore, by no means an independent entity untouched by our surroundings, but a multi-faceted structure made up of several aspects that influence the self-concept as a whole. Some of the factors influencing the development of the self-concept are physical appearance, cognitive competency and family and peer group influences. A detailed discussion of these factors follows later in the chapter.

### 2.2.2 Self-esteem

“Self-esteem” refers to how individuals think, feel and evaluate themselves. It also refers to how an individual thinks about the way he or she looks, his or her abilities, the state of relationships with others, and hopes for the future. Ridley (2004:8) states that people are not born with self-esteem, but that it develops as they grow older. The development of self-esteem comprises many factors such as physical attractiveness, acceptance by peers, parental support, media influences and academic ability (Plotnik & Kouyoumdjian 2010:416). As with self-concept, providing a precise and consistent definition for self-esteem is a complex task, but most definitions share the common theme of self-evaluation (Midgette 2008:40).

William James, acknowledged as one of the pioneers in psychology and the development thereof, first introduced the concept of self-esteem in the 1890's. In his definition, James presents self-esteem as a ratio involving one's successes versus one's pretensions. An individual's self-esteem level is determinable according to the number of successes versus failures experienced in certain domains. Pretension is the denominator and the numerator of one's success (Lavergne 2007:20).

In his investigation of the concept of “self”, James divided the self into three parts: namely, the “Material me”, the “Social me” and the “Spiritual me”. The ‘Material me’ refers to all the things that visibly define an individual: a car, a house, the body and all material possessions others can look at and add value to. All these material aspects are viewed as an extension of the individual. The “Social me” relates to recognition and acceptance from others. The social self varies as much as the different people an individual meet on a daily basis. This “self” silently wishes to be positively received by others. The “Spiritual me” refers to the emotions and the feelings one holds about oneself. This aspect refers to the relationship the individual has with his or her innermost thoughts, dreams, desires and feelings (Mongelluzzo 2011:5).

According to James's definition and explanation of the self and self-esteem, it is clear that individuals determine their self-worth based on expectations and their beliefs of how others value them (Joseph 1994:5). Cooley adds to this when he states that the understanding of the self is determined by perceptions of others' judgments (Guindon 2010:6). The environment and the opinions of significant role players in an individual's life, therefore, appear to mirror what an individual believes himself to be. From this, Cooley developed the theory of the “Looking glass self”. The “Looking glass self” refers to the way in which a person's sense of self is derived from the perceptions of others (Kendall 2011:100).

Stanley Coopersmith (1981), a behavioural psychologist, focuses on parents as the most important role players in the shaping and development of a child's self-esteem. He makes a connection between children with parents who have a high self-esteem, and children with parents who have a

low self-esteem. Coopersmith's research indicates that parents who tend to have a high self-esteem, are more inclined to raise children that have a high self-esteem. These parents are warm, caring, and nurturing towards their children and show high levels of acceptance. Parents with a low self-esteem are more likely to raise their children to have a low self-esteem. These parents are apt to enforce harsher punishment on their children or lean towards excessive permissiveness. Coopersmith (1981) defines self-esteem as a construct or an acquired trait and that individuals learn how worthy they are from their parents (Hill 2007:33). Coopersmith adds that self-esteem refers to an evaluation, which an individual makes of him- or herself. It expresses an attitude of approval or disapproval, and indicates the extent to which individuals believe themselves to be capable, significant, successful, and worthy (Branden 1992:15).

Morris Rosenberg (1953) in Mruk (2006:82) postulates that a high self-esteem indicates the presence of a sense of self-worth, self-respect and a feeling that one is "good enough" and valuable as a person. On the other hand, low self-esteem implies the presence of self-rejection, self-dissatisfaction, and self-contempt. The person displays a lack of respect for the self (Mruk 2006:82). Working from Cooley's analysis of the "self", Rosenberg argues that the self-esteem "is powerfully influenced by the social world – by the person's imagination of the appraisals of others" (Hewitt 1998:40).

### 2.2.3 Self-image

Self-image can be seen as the "total subjective perception of oneself, including an image of one's body and impressions of one's personality, capabilities, and so on" (Coon 1994:471). According to Weiten et al (2009:184), four self-image categories can be identified. These include one's social self-image, emotional self-image, academic self-image, and physical self-image. The social self-image refers to relationships with peers, family and significant others. One's emotional self-image is directed at emotional expressions such as love, anger and happiness towards the self. Academic self-image implies that which is related to academic achievement. Physical self-image is associated with physical appearance, for example, facial features, weight, skin colour etc.

Self-image, according to Maslow (1954) in Butler-Bowdon (2003:201), develops through the beliefs individuals hold about themselves, born of how others view them and of positive and negative past experiences. It is important that an individual's experiences and the way he or she relates these experiences to the self-image be congruent. If an individual excels in sport, his or her self-image should mirror the fact that he or she is an athlete and an above average achiever in this domain. Should the individual consider him- or herself a low-ranking athlete regardless of achievements, incongruence in the self-image is displayed. There is then a discrepancy in the relationship between the self-image and the individual's experiences (Coon & Mitterer 2010:411).

#### 2.2.4 Ideal self-concept

An individual's ideal self-concept is a more private matter and is generally not public knowledge. The ideal self-concept or possible self describes the person that one would like to be or the way in which one would ideally see oneself (Kline 2011:88). For example, a person who is leading an unhealthy lifestyle would like to be more concerned with matters pertaining to the achievement of a healthier lifestyle.

According to Rogerian theory, the ideal self-concept is based on one's hopes and wishes and these factors serve as a reflection of the way one would like to see oneself. In some instances, these hopes and wishes contradict the reality of the real self-concept. Rogers states that a substantial discrepancy between the real self-concept and the ideal self-concept could lead to personality problems (Plotnik & Kouyoumdjian 2010:444). It is thus imperative that one's self-concept and ideal self-concept measure up and that a healthy balance be instituted between the two.

#### 2.2.5 Summary

Although one precise definition or explanation cannot be proffered for each of these terms, it is important to gain a theoretical understanding of each term in order to prevent confusion and inconsistent usage of the terms. The following table briefly highlights the differences among the four terms concerned.

<b>Self-concept</b>	Knowledge of the self One's own evaluation of one's abilities in different domains It forms a structure incorporating beliefs regarding the self, traits and values
<b>Self-esteem</b>	How individuals think, feel and evaluate themselves Self-approval One's regard, respect or favourable opinion of oneself Self-esteem is connected to one's successes and failures Can be divided into the Material me, Social me, Spiritual me Others act as a mirror image enabling an individual to compile a portrait of the "self"
<b>Self-image</b>	Positive or negative perceptions about oneself

	<p>built on past experiences</p> <p>Social, emotional, academic, and physical self-image</p> <p>Self-worth is based on how the individual is valued by others</p>
<b>Ideal self-concept</b>	<p>The person that one would like to be</p> <p>An individual's hopes and wishes regarding the "self"</p>

### 2.3 Theories on Self-concept Development

In the field of science, theories are the starting points from which individuals create their viewpoints, arguments and research. From one theory, another can be created, developed or proven wrong. William James started theorising on the notion of the "self" in the late 1890's. Later individuals used James's theory as a base for their own theories. Theorists such as Maslow and Rogers converted James's functionalist "self" into a humanistic "self". Other important contributions to the theme of "self" were made by Cooley and Mead, Erikson, Allport and more recently, Shavelson. The following theorists and their approaches are discussed in this section in order to explain their contribution to the idea of the "self", the self-concept and the development thereof:

- William James and his theory on the self
- Charles Cooley and George Mead's symbolic interactionism
- Erik Erikson's theory of personality and identity development
- Gordon Allport's trait-based approach
- Abraham Maslow's holistic-dynamic approach
- Carl Rogers's person centred / phenomenological approach
- Richard Shavelson's experimental psychology

#### 2.3.1 William James

William James (1890) was a pioneer in the field of self-concept theory and development. In his theory, he focused mainly on the following three aspects:

1. The "I" (self, as knower or active agent)

The "me" (self, as that which is known according to the content of experiences)

2. The multifaceted, hierarchical nature of the self-concept

3. The definition of self-concept as the ratio of success versus pretensions

James divided the self into the 'I' (the known self), and the empirical 'me', (the self in its environment, the experiences the self has been exposed to as well as the actual qualities that

define the self). “The ‘me’ in James’s theory refers to a person’s self-concept, all that a person knows about the self through own observations or through feedback from others” (Aron & Anderson 2000:5). Thus the “me” is a more objective view of the self, whereas the “I” leans towards the self-as-subject or a subjective self. This subjective sense of the self includes the “I” as an “integrated experience of agency, continuity, distinctness and reflection constituting the self that initiates, organises and interprets experience” (Aron & Anderson 2000:6).

A second important aspect of the theory of self-concept is the notion of hierarchy. The objective self or “me” comprises of three levels or domains organised in a hierarchical structure. These include a “social self”, a “material self”, and a “spiritual self” (Riding & Rayner 2001:26). On the subject of the “social self”, James (1892) in McCall (2006:6) states that the self cannot be seen as a single entity but rather as a composition of multiple units: a person’s social identity depends on the reaction he or she receives from those time is spent with. In other words, each friend or colleague, for example, forms a definition or description of that person, creating a picture in their own mind resulting in many social selves. The more sociable the person is, the more contact will take place with different people in more areas, resulting in more social selves developing. The “social me” is thus the image an individual carries in the minds of others. The “material self” comprises of all that relates to the “body” of a person, such as clothing and accessories, family, home and wealth (Czerwionka 1976:202). Last, “the ‘spiritual self’, considered concretely and not religiously, comprises the entire stream of consciousness with all its faculties, dispositions and activities and all that it reveals over a lifetime experienced as a dynamic unity” (Czerwionka 1976: 202). Jones (2007:91) describes the “spiritual self” as the result of looking inwardly at oneself and being able to think about oneself subjectively.

The third aspect of James’s theory involves the definition of self-concept. He considers the self-concept as the ratio of success versus pretensions. In simplified terms, James states that an individual’s self-concept is dependent on how successful the individual is in accomplishing certain tasks. If a person is unable to master a skill in an area which is not particularly important, the person’s self-concept is not jeopardised. However, should a person desire to complete a task successfully but fail to do so, the self-concept suffers adversely (Woolfolk 2007:88). An individual’s accomplishments and aspirations thus play an integral part in the daily forming and maintenance of the self-concept.

### 2.3.2 Charles Cooley and George Mead

Both Cooley and Mead argue that the defining concept constituting an individual is the “self”. Mead concentrates on the “self” as part of an individual’s personality, while Cooley focuses on the “Looking glass self”, which is based on the principle that we see ourselves as we think others see us.

Following in the footsteps of William James, Mead agrees that the self can be divided into the “I” (self as subject) and the “me” (self as object). The “I” alludes to the self, free of others’ opinions and attitudes, whereas the “me” is influenced by social context and the perspectives of others. Mead argues that by comprehending others’ reactions to the self, one can reach a better understanding of oneself. New perspectives on the self are encountered through relationships with other people and this changes the self by adding to and altering the “me”. The self is, therefore, not a predetermined and set entity but continues to evolve and change throughout an adult’s life as different reflections of and views on the self are encountered (Wood, Littleton & Oates 2002:15).

By imagining oneself in the role of another and trying to understand his or her points of view, individuals meet on mutual ground through the exchange of symbols. Humans attach meaning to actions and, therefore, can interpret an individual’s actions in order to find underlying intentions or meaning. This interactive process based on symbolic interactionism, stresses the importance of social interaction and the presence of symbols used in the interaction process. Symbolic interactionists state that the self-concept develops through the internalisation of relations with parents, siblings, teachers and peers (Wood, Littleton & Oates 2002:14). The process of communication is consequently the determining factor in the development of the self-concept and ultimately results in the relationship between the self-concept and the ideal self-concept.

Cooley, in turn, proposes the concept of the “Looking glass self” in order to explicate the development of the sense of “self”. He maintains that the individuals one interacts with serve as a mirror, reflecting an image of the “self”. The objective of the “Looking glass self” theory is to show that an individual’s self-concept is influenced to a vast extent by what he or she believes others think of him or her (Riding & Rayner 2001:134). People gain their self-concept by looking at themselves through the eyes of those with whom they interact. In his work *Human Nature and the Social Order (1902)*, Cooley explains the “Looking glass self” theory as follows:

1. An individual forms a picture of his or her appearance, traits and personalities and imagines how he or she appears to others
2. The reactions received from others assist in the interpretation of how others visualise or judge them
3. According to these reactions, the individual then develops his or her own self-concept. If he or she thinks the evaluation is favourable, the self-concept will be enhanced. If he or she thinks the evaluation is unfavourable, the self-concept will diminish (Kendall 2011:100).

Being in contact with numerous individuals on a daily basis, one is constantly presented with the opportunity to evaluate the self. This evaluation or assessment is often incorrectly perceived as a true reflection of the self.

### 2.3.3 Erik Erikson

Erik Erikson's developmental theory focuses on the psychosocial development of children, relating to their personal, emotional and social growth. With regard to the emotional development of children, he refers to the way children develop self-esteem, self-concept and an identity. Erikson's theory is based on the belief that all people have the same kinds of needs (Harmon & Jones 2005:71). Based on this presumption that personal development takes place in response to these needs, he identifies eight different crisis stages that an individual will face and which will in turn pose as opportunities for development. Erikson has been named an "ego psychologist" because he believes that in each stage of a person's life, he or she must successfully manage his or her social relations in order to adapt effectively and show a normal pattern of development (Shaffer 2009:41).

Having relationships with others is one of the "needs" an individual has. In each of the eight developmental stages, relationships play an integral part in the forming and mastering of these levels. According to Erikson, the demand on individuals at these different stages is communicated through **the radius of significant relationships**. In the early stages, such as the infant and toddler stages, the primary relationship is one with the parents and siblings. During childhood, adolescence and early adulthood, relationships take on a different structure in terms of variety, depth and intensity with peers, friends and significant others. During later adulthood and old age, relationships are formed once again with a more intimate group, such as with one's children and close family (Newman & Newman 2009:72). It is of utmost importance that healthy emotional relationships be achieved in the infant phase as this sets the stage for development in future relationships.

Each of the eight aforementioned stages poses a developmental task, which the individual has to overcome. According to Erikson, the formative process of a person's personality is determined by the way that a person deals with and finds a solution to manage each crisis. This pertains to personality, in general, and especially in how that person perceives him- or herself (Sternberg 2001:363). Each task is conflicting in nature and the individual, based on their maturity and development in each stage, must successfully resolve the crisis in every phase in order to be prepared to handle the crisis posed in the next. As each of the eight stages of man poses a challenge, each challenge can be assessed on a continuous basis of success. The picture of the child is formed by noted personality traits that can be continuously determined from positive to negative or success and/or failure. In a sound and well-balanced personality formation, a child needs to have these traits at the positive side of the on-going assessment, balanced by a small number of traits found at the negative end (Fraser & Gestwicki 2002:22).

Erikson also proposes that if the crisis pertaining to each phase is not negotiated and satisfactorily mastered (depending on environmental influences), the individual might have trouble in overcoming the following phases. Erikson is, however, also of the opinion that a stage is never complete but

remains throughout life (Sharf 2008:40). Erikson identifies the following eight stages (Image 1.1) of psychosocial development which are discussed in detail:



**Figure 1.1** Eight stages of psychosocial development according to Erikson (<http://zan13.wordpress.com>)

### **Trust versus mistrust**

The first stage lays the foundation for infants' sense of security and trust as they are completely dependent on others for nurturing and meeting their needs. Infants whose needs are met are more likely to develop trust in others than those whose needs are not met. The development of a sense of trust leads the way to establishing a secure attachment to the caregivers (Pastorino & Doyle-Portillo 2010:347). Should infants not be at the receiving end of this level of care, an atmosphere of mistrust is created, leaving them feeling isolated and unloved. This fundamental stage determines later psychological development.

### **Autonomy versus shame and doubt**

During the second phase, as the child leans towards a greater degree of independence, a new demand for self-control (including control of bodily functions) arises and this allows the child the first opportunity to experience autonomy and shame. The parents' reaction to the child's behaviour will contribute to a basic right of self-government or confidence, or negatively cause the child embarrassment and feelings of uncertainty (Cohen 2011:152). In the case of toilet training, the child must successfully master control over his or her bodily functions in order to have overcome this challenge. This leads to a sense of autonomy and pride in the self. Upon failure of this task, a sense of doubt and shame arises in the child's level of competency.

### **Initiative versus guilt**

The third phase revolves around the child's ever-growing level of independence. The youngster at this stage, if allowed, is ready to plan and execute new tasks. Initiative and inventiveness, together with a sense of purpose, develop when the child is allowed to explore and discover on his or her own. A child's natural instinct is to explore the surroundings. Should this lead to malevolent experiences, the child will develop feelings of inadequacy and not develop a positive outlook. Guilt then will permeate the child's emotions (Adler-Tapia 2012:24). In the presence of neglectful, uninvolved or abusive parents who depend to a large extent on harsh discipline and blame, instead of nurturing, the development of the child's initiative will be impeded. This will result in the child being hesitant to form friendships and participate in activities with peers, and carry a sense of guilt about actions that are planned and executed (DeRobertis 2008:91).

### **Industry versus inferiority**

In Erikson's fourth stage, **industry versus inferiority**, the child is in need of recognition for his or her achievements and industry. In this stage, children become eager co-workers in the production process and learning from their cultural industry forms an integral part of their development. Developing a sense of adequacy is the key to a healthy balance between achievement and a decision to put in more effort to achieve the desired outcome. A sense of inadequacy and inferiority is experienced when skills or tasks are unsuccessfully handled, unrecognised, unmotivated and deemed as non-contributory to the industry. "Parents and teachers who support, reward and praise children are encouraging industry. Those who rebuff, deride or ignore children's efforts are strengthening feelings of inferiority" (Gines 1998:25).

### **Identity versus role confusion**

During the adolescent phase, Erikson proposes that there is a conflict of **identity formation versus role confusion**. Identity refers to distinctive traits and qualities by which a person is known. To attain a sense of identity, the adolescent needs to join the many facets of understanding that make

up the self-image into a consistent sense of self (Sigelman & Rider 2009:358). This may seem an unattainable goal and certainly accounts for the numerous hours adolescents spend on gaining a sense of an identity. Erikson is of the opinion that society allows adolescents a “moratorium period” during their senior school years, allowing them to experiment with different roles in order to find the pieces that would complete a large part of the puzzle which is their sense of identity. He is, however, concerned that society is sending the youth on a complicated journey to establish their identity by offering young people many beliefs and inspiring them to believe that they can achieve anything or be anything (Sigelman & Rider 2009:358).

Failure to achieve mastery in this stage leads to uncertainty and confusion. The individual is unsure about his or her standing in society, which leads to an identity crisis. When pressured or forced to assume an identity, the individual may act in rebellion and form a negative identity in opposition to the person he or she really is. In the presence of a positive and supportive environment, the individual develops a sense of being a part of society, he or she feels accepted for who they are and embraces the notion of fidelity in life (Bernardo 2009:191). According to Kroger (2007:9), in the identity versus role confusion phase, the main purpose of the adolescent is to develop further the decisions of previous stages which become the foundation for experiences that he or she as an adult will face for the rest of his or her life.

### **Intimacy versus isolation**

In the sixth stage, the young adult is on a quest to find intimacy. When intimacy evades the individual, a sense of isolation is experienced. It is during this time in an individual’s life that the ability to form intimate relationships without the anxiety and fear of rejection or abandonment arises (Eliopoulos 2010:123). Intimacy is not limited to the sexual element of a relationship, but entails the notion of love, mutuality, sharing, belonging, inclusivity and affection. It rests upon the idea of worth, of being valuable, competent and important to others (Newman & Newman 2009:468). The key to success in this phase is the ability to reveal oneself truthfully to another, to demonstrate trust and display a keen sense of identity. The individual who is unable to connect intimately with another human being often experiences isolation and a lack of social integration.

### **Generativity versus stagnation**

The middle-aged adult experiences the developmental crisis of **generativity versus stagnation**. Generativity involves a concern with and interest in establishing and guiding the next generation whereas stagnation indicates a lack of psychological movement or growth (Zastrow & Kirst-Ashman 2010:444). At this stage in life, the adult faces the task of passing down knowledge, skills, experiences and ideas in order to improve the lives and the quality thereof of the upcoming generation. For example, in most cases an adult in this phase would be the young adult’s superior in the work or office setting. The younger age group accepts these skills and knowledge in order to

pass them down to the generation succeeding them, once they reach this level of maturity. A level of competency is achieved in this phase when the adults have given of themselves to their children and others, leaving behind their expertise, progress or development in certain domains or fields they were involved in. Thus, the radius of significant relationships in this phase spreads much wider and further than the self.

Stagnation, on the other hand, refers to the self-centredness of individuals seeking to increase their enjoyment to the detriment of others. These people are in this state of inactivity and without interest because they are only aware of their own needs and find no fulfilment in helping or aiding others (Zastrow & Kirst-Ashman 2010:444). According to Dulmus (2008:241) in Thyer “the inability to care for others sufficiently or to include them significantly in one’s concerns results in the negative ego quality of reactivity”. Whereas “care” is the development of a “new” ego quality in this phase, self-absorption infiltrates the individual’s life upon failure to resolve the conflict between generativity and stagnation in this stage.

### **Integrity versus despair**

The last conflict an individual has to face in late adulthood is **integrity versus despair**. At this stage, the adult’s thought patterns evolve around making sense of life, thinking about the future of one’s children and family as well as of the reality of death. According to Carducci (2009:193), ego integrity occurs when the adult can reflect on the past seven stages with contentment about events, the positive role he or she has played in others’ lives, and is at peace for having lived a fulfilled life. When the elderly person reflects on his or her life with feelings that there are things left undone, he or she can be overcome with despair. This also brings about feelings of bitterness and anger.

Erikson’s exposition of developmental stages across the lifespan of an individual presents itself as a valuable guideline, as it demonstrates the comprehensive approach to human development and assists the psychologist in identifying the stages which have not been mastered and that could possibly contribute to a low self-concept or identity diffusion.

#### **2.3.4 Gordon Allport**

Gordon Allport is deemed to be one of the key benefactors of modern self-concept theory. Similar to Maslow’s self-actualisation theory, Allport’s theory concentrates on the “propriative striving” of the individual, from the actual self to the ideal self. Contrary to the beliefs of some of his counterparts, who consider that interaction with the environment, previous experiences or the subconscious influences the self-concept, Allport is convinced that there is more that motivates and influences a person. He believes in the uniqueness of individuals because of the traits and qualities they acquire and develop during the different phases in life. These traits are seen as structures within a person, influencing behaviour and accounting for the individual’s psychological reasoning and thinking

(Meyer 1997:439). The internal processes and structures in personality according to Allport refer to a person's physique, intelligence, temperament, reflexes, drives, habits, skills, beliefs, intentions, attitudes, values and traits (Ryckman 2008:267).

As a psychologist with a more humanist orientation, Allport used the term "proprie functioning" to indicate the different functions that affect the "self" or the core of the personality. Allport's proprium describes seven predictable properties that evolve over a period of time as the individual matures from infancy to adulthood and builds a sense of self-awareness (Engler 2009:267). For Allport, "the proprium includes all aspects of the individual's personality that are considered 'personally' his or her own. In a general sense, the proprium helps the person define a sense of self" (Carducci 2009:263). According to Meyer (1997:436) in Meyer, Moore and Viljoen, proprie functioning includes the ability of individuals to act in accordance with their own choices and beliefs, and to make choices uninfluenced by biological urges or the environment. The proprium, as defined by Allport, is distinguished through seven different functions which develop through seven phases up to the stage of adulthood. Allport's seven proprial functions are as follows:

1. Sense of body
2. Self-identity
3. Self-esteem
4. Self-extension
5. Self-image
6. Rational coping
7. Proprie striving

### **1. Sense of body**

In the first one to two years of an infant's life, a sense of existence and awareness of the body develops. As a result of kinaesthetic experiences such as bumping into objects or touching different items, the infant reaches the initial milestone in the development of the first proprie function. As the infant gradually develops, so the bodily experiences in terms of body functions, abilities and body image, develop (Meyer 1997:65).

### **2. Self-identity**

Self-identity, generally, also develops during the first eighteen months of life. The term "self-identity" refers to the way one sees oneself in terms of a mirror reflection. The child recognises him or herself when looking in the mirror and also at this stage learns to respond to his or her name when called (Dumont 2010:207).

### **3. Self-esteem**

The self-esteem as proprium function develops during the second and third years of life. At this stage in life, children progress steadily on a learning curve and have already experienced some of what life has to offer. During this daily exploration, they experience pride once they master a new skill or humiliation when they fail to perform a task (Ryckman 2008:273).

### **4. Self-extension**

As children grow up, they develop a sense of regard for possessions and value objects of importance which belong to them. An extension of the self includes knowing who one is and being able to define what one considers to be important in life. According to Allport, as people age, they associate with various groups, and develop a sense of belonging in a neighbourhood, country and with material possessions such as clothing and home (Allport 1955:45).

### **5. Self-image**

Self-image as proprium function emerges between the ages of four and six and closely relates to the “Looking glass self” theory as proposed by Cooley. The self-image, which involves a sense of competence when a task is mastered or feelings of failure when a task is rendered unsuccessful, is affected by normal daily activity and can develop and get stronger or break down, according to the level of strength of the self-concept.

### **6. Rational coping**

Rational coping can be detected during the elementary school years. At this stage in the child’s life, rational coping should have developed to such a degree as to allow the child to address problems, rather than escape from difficult situations. The skills children develop to handle problematic situations involve building friendships and forming alliances, using various affiliative skills as well as consulting with adults (Dumont 2010:208).

### **7. Propriate striving**

The last proprium function settles during young adulthood. The “striving” indicates the yearning towards growth, development and attainment of new goals. Allport, like Erikson, considers identity as the major obstacle that adolescents have to overcome. In this phase, life objectives, occupation and career goals, feelings, aspirations, values and critical decision making are some of the aspects to strive towards and overcome in order to reach one’s goals (Ewen 1998:115).

The proprium functions are all additives to the make-up of the personality and the forming of the self-concept. They are by no means static, but rather involve growth and change throughout life.

### 2.3.5 Abraham Maslow

Abraham Maslow's focus in psychology is based on the belief that people are not controlled by mechanical, unconscious or environmentally determined forces. He focuses on human potential, believing that humans, driven by motivation, strive to achieve the highest levels they are capable of reaching. As in many other theories (Allport, Erikson, Freud, Jung), Maslow divides the individual's life course into stages, explaining how one moves through these stages in different patterns and phases. In congruence with other theorists, Maslow supports the fact that positive progress is built on positive and successful achievements in stages leading up to the present (Miller 2009:41).

Abraham Maslow developed a self-concept theory according to a hierarchy of needs, which include physiological needs, safety, love, esteem, and self-actualisation. According to Maslow, one only moves to a next level in the hierarchy once lower levels have been satisfied.

The most basic needs at the bottom of the hierarchy are the physiological needs. Every human being needs to eat, sleep and drink. A lack of these essential needs can dominate an individual's life to such an extent that the ultimate daily motivation is to find food, water and shelter.

The second need in Maslow's hierarchy is that of safety. According to Carducci (2009:231), each human being needs and, therefore, attempts to create an environment to live in that has stability and consistency, free from fear or danger.

The need to be loved and to belong is the most important need that a person has to satisfy. This need for love and belonging includes enduring intimacy, friendship and acceptance (Videbeck 2010:52).

Self-esteem ranks fourth in the hierarchy of needs. Maslow divides the fourth element: namely, self-esteem into two groups: first, he focuses on that which the individual has accomplished by him- or herself, which leads to a sense of independence, confidence, achievement and competence. Second, he mentions the regard or respect received from others, which leads to a sense of social status, importance and worthiness. If the need for self-esteem has been fulfilled, people feel worthy, needed, stronger and more competent in what they do. In contrast, unfulfilled self-esteem needs lead to feelings of hopelessness, weakness and inferiority (Moore 1997:464-465).

Lastly, self-actualised individuals are those who have reached the pinnacle in the hierarchy of needs. Both their physiological and psychological needs are met and they can focus on reaching their ultimate goals, that which the ideal self desires. Some characteristics one might find in such individuals are the acceptance of themselves, nature and others. They tend to perceive reality accurately, have a strong ethical sense, tend to be autonomous, are more concerned with problem solving and deeply care and identify with others (Corey & Corey 2010:18). Individuals who have

reached a level of complete self-actualisation in their life are individuals who have experienced love, who accept themselves for who they are and accept what the world brings to them. These individuals do not see problems or challenges in relation to themselves but solve problems objectively. They rely on their own beliefs and values and know that others' opinions do not form or define them (Sternberg 2001:491).

### 2.3.6 Carl Rogers

Carl Rogers is widely acknowledged as the father of humanistic therapy and he describes the development of personality from a holistic perspective. As a psychotherapist, Rogers aims to develop a therapy with the “goal of raising self-esteem and decreasing the discrepancy between the self and the ideal self” (Baron & Byrne 2003:175).

Rogers produced a framework in order to explain the structure of personality. The concept of self, ideal self, self-regard, and self-concept form part of this structure and lead to the ideas, perceptions, concepts, and values that characterise an individual (Sibaya & Nicholas 2008:226). As a “self” theorist, he places self-concept centrally in his attempt to understand the dimensions in personality development. According to Zastrow and Kirst-Ashman (2010:102), Rogers defines the term self-concept as “the organised, consistent, conceptual gestalt composed of perceptions of the characteristics of the ‘I’ and ‘me’ and the perceptions of the relationships between the ‘I’ and ‘me’ to others and to various aspects of life, together with the values attached to these perceptions”. The “I” refers to the self that takes action and makes decisions and the “me” is that which is thought about and seen, liked and disliked, all within the self-concept (Brain & Mukherji 2005:147).

Regarding the development of the self-concept in children, Rogers states that parents greatly influence this process as the self-concept takes shape according to the parental views of what is acceptable and admirable. Children are more likely to take on qualities that are highly valued by the parents in order to gain approval from them (Thorne & Sanders 2012:32). According to Charlesworth (2010:15), in both Rogers’s and Maslow’s theories, children strive towards achieving a positive self-concept (through love, nurturing and positive interaction with parents and peers) in order to reach self-actualisation in adulthood.

In his theory, Rogers does not disregard the ideal self-concept as a component of the personality structure; however, he warns that one should be aware of the distinction between the self-concept and the ideal self-concept. He states that the self-concept is the identity felt at a certain time, while the ideal self is the identity the individual yearns for. Understandably then, contented people present a smaller discrepancy between their ideal self and real self-concept as people who are proportionally discontented (Eysenck 1994:75). This congruence between a positive self-concept and correlating ideal self-concept implies that one has secured or come close to self-actualisation.

For Rogers, it is important that one be true to oneself in every facet of life, regardless of others' opinions. Because of a healthy self-concept (the result of experiencing unconditional positive regard and acceptance), individuals tend to be more optimistic towards life.

### 2.3.7 **Richard Shavelson**

Shavelson introduces a multidimensional, multifaceted perspective on the self and self-concept development which he bases on a hierarchical model. In this model, Shavelson (Marsh 2008:447) constitutes that in order to understand the "self" and its complexity better, it is necessary to evaluate the "self" according to different contexts and domains. Shavelson's hierarchical organisation divides self-concept into academic and non-academic components. The enhancement of a scholar's self-concept is seen and valued as a goal in education and academic achievement often deems itself as an indicator of an individual's self-concept levels. Shavelson (Shavelson & Bolus 1982:1) asserts that the construct of the self-concept can be further explained by the following seven critical features:

1. It is organised and structured
2. It is multifaceted
3. It is hierarchical with perceptions of behaviour at base level, and moves to inferences regarding the self in academic and non-academic areas, reaching general self-concept at the top
4. The general self-concept is stable, but in specific situations seems to be less stable
5. The self-concept becomes more and more multifaceted as the individual develops from infancy to adulthood
6. It holds a descriptive and evaluative dimension for each individual
7. It can be differentiated from other constructs such as academic achievement.

According to Shavelson (Marsh 2008:449), the academic self-concept is influenced by achievement in general school subjects whereas non-academic self-concept is influenced by physical, social and emotional components. Academic self-concept can refer to achievement in language, arts or science, whereas non-academic self-concept refers to one's social self-concept which includes perceptions regarding the family, peers or significant others. As individuals grow older, transformation in their academic and non-academic self-concepts takes place according to domain and context shifts (Pajares & Schunk 2005:103).

## **2.4 Factors that can Influence Self-concept Development**

Research continuously shows that low self-concept is the cause of many behavioural problems and poor academic achievement. As a great concern, parents, mental health professionals and educators strive to comprehend the self-concept of adolescents (Mucherah, Finch & Keaikitse 2012:78). In the following paragraphs, the factors that are known to influence the development of the self-concept and ideal self-concept in children and adolescents are discussed.

Emotional distress in the adolescent contributes to variances between the actual self and the ideal self. It has been noted that the extent of the variance is important (Ferguson, Haven & Laursen 2010:1486). Ferguson et al conducted a study on 212 students in a public school in Jamaica in which learners had to describe their actual and ideal selves in terms of their friendships, dating, schoolwork, family, sports and religion. It was found that discrepancies between the ideal self and the actual self were linked to depression, low self-esteem and poor academic achievement with stronger ratings noted in older students than in younger individuals. The different areas Ferguson asked the learners to evaluate themselves in suggests that a discrepancy between the actual and ideal self-concept has the potential to make a significant impact on an individual's life, affecting large parts of the functioning and being of the person.

Important influences guiding an individual's self-assessment and the self-idealizations are contextual experiences and the opinions of significant others such as parents, peers and role models. The individual is more susceptible to these influences during the transition into puberty and, therefore, the focus is on the young adolescent.

This study focuses mainly on the impact of physical, cognitive, and social factors on the ideal self-concept and real self-concept of young adolescents in order to determine the emotional consequences these factors have on the individual.

### **2.4.1 Physical Factors**

#### **2.4.1.1 Gender**

Although some ambiguity exists among researchers as to whether males and females differ in global self-concept, self-concept is part of both the male and female identity. Most research indicates that physical attributes and academic performance are the two main domains influencing self-concept. Mercer (2011:81) states that variances occur in different areas in self-concept between the male and female adolescent. Females usually score higher in the verbal area, and males show higher scores in mathematics, appearance and athletics.

According to Wylie (1979) in Marsh (2008:454), there seems to be a small difference between the self-concept of younger boys and girls. In the testing of 9 121 respondents, Kling et al (1999:477)

found that with regard to global self-concept, the differences favouring males are relatively small. The study also shows that the peak time for various factors to impact on the self-concept of both males and females, is late adolescence. Marsh (2008:454) conducted a study on 763 children, aged 8 to 15, from Western and non-Western societies. When compared with Western societies, variances between girls and boys, favouring boys, are smaller for physical self-concept and body image in non-Western societies. A study focusing on gender differences concerning domain-specific dimensions of self-concept in young children favours males in the area of physical self-concept, and females in the area of academic self-concept, specifically reading (Bracken 2009:98).

Concerning adolescents, Dusek and Flaherty (1981) in Zaharopoulos and Hodge (1991:13) consider that adolescent males show a higher self-concept in an academic and leadership context than females who show a higher self-concept in a social context. Although this study reveals self-concept differences from a multidimensional perspective, there are few gender differences in the global self-concept of adolescents.

Mercer (2011:81) explains that gender related differences in terms of academic self-concept originate from society's set pattern of development and exposure to socialisation processes. It may occur that socialisation patterns fail to encourage girls to succeed in the area of mathematics and boys to develop their language abilities and fluency.

A finding by Marsh (2008:454) on androgyny research shows that both masculinity and femininity contribute to the self-concept of an individual with androgynous genes. The masculine side presents itself in characteristics such as self-confidence, assertiveness and a sense of agency, while the feminine side presents itself in areas that are more stereotypically feminine. According to the research, it seems that the masculine and feminine aspect in a person with androgynous genes varies substantially according to the different aspects and situations presented to the self-concept.

#### ***2.4.1.2 Early and late maturation and pubertal development***

The notion of early and late maturation can be either detrimental or beneficial to a child, depending on the gender. Boys who develop early enjoy great social acceptance and superiority over their peers and are deemed to be more attractive, self-assured, socially competent and possessing of enhanced abilities in sport. Early maturation in boys leads to a higher self-concept, regardless of the negative effects of early maturation including the increased risk of early substance abuse and behavioural problems in the form of bullying and displaying of aggression. Boys who develop later tend to be more anxious, less sure of themselves, struggle to adapt or adjust to new situations and show behavioural problems, which in turn leads to a lower self-concept. On the other hand, girls experiencing early maturation do not enjoy the same glory as early-maturing boys. Girls, as it is, are

already exposed to some teasing and ridicule because of their development preceding boys' development by two years. Therefore, a girl developing even earlier than her peers might experience this as a negative occurrence in her life and it may have a negative impact on the self-concept. Girls who develop later are less disadvantaged than late-maturing boys, in the sense that, although they may experience a degree of anxiety and uncertainty, they appear to outperform others in school (Sigelman & Rider 2009:146).

According to Parker (2010:1), young adolescents face a multitude of changes that may influence how they see themselves, such as sudden bodily changes, emotional development and adjusting to new schools in addition to the onset of the adolescent phase. Parker conducted a study on 78 young adolescents across multiple data points in their middle school years. Results show that learners initially experience positive changes in five or six domain-specific aspects (such as behaviour, popularity, emotions and social aspects) of their self-concept, but a decline takes place in these self-concept domains as maturity takes place in the senior school years (Parker 2010:6-8).

Research conducted on 5595 early-maturing girls, established a relationship between maturity status and physical activity which had implications for the physical self-concept of the group (Cumming et al 2011:465-466). Early-maturing girls, in contrast to early-maturing boys, experience lower self-concept levels and tend to evade most physical activities.

Research from a study conducted by Wichstrom (1998:118) in Skoe and Von der Lippe reveals that late pubertal development affects the self-concept of both boys and girls negatively whereas boys and girls who develop at the "expected" age share an equally higher self-concept.

Williams and Currie (2000:129) conducted a study on a group of adolescent girls in order to establish the relationship between self-concept, pubertal timing and body image. They concluded that early maturation associated with lower body image ratings (body size and physical appearance) are related to lower self-concept levels. In terms of later pubertal development (concerning body size and poorer perceived appearance) girls tend to show a lower sense of self-concept. According to Sigelman and Rider (2009:146), an early-maturing girl may struggle with the fact that she is larger and more developed than her peers and may be subjected to ridicule and teasing for some time. Early maturation is thus experienced as a negative event in a girl's life which in turn leads to lower self-concept. According to research done by Dubas, Graber and Petersen (1991) in Sigelman and Rider (2009:146), late-maturation in girls does not affect the self-concept as much and that these girls sometimes are found to outperform their peers. In the case of early pubertal development in boys, they tend to be socially more competent, feel attractive and self-assured which contributes to a stronger self-concept. In comparison, late-maturation has a more negative impact on boys. They

seem to be unsure of themselves, are more anxious and experience more adjustment and behaviour problems, which in turn leads to lower self-concept (Sigelman & Ryder 2009:146).

### **2.4.1.3 Body image**

In 1890, William James stated the importance of body image as one of the fundamental features in the formation and construction of the self-concept (Girodo & De la Guardia 2006:82). Body image as defined by Schilder (1935) in Rejeski and Thompson (2007:336) refers to the picture of our body which we form in our mind. Body image in general, tends to be a gender related issue, affecting women substantially more than men. Women overestimate their body size and weight and, therefore, express the desire to weigh less than their actual weight (Rejeski & Thompson 2007:336).

Girls, at an early age are given and are expected to play with dolls. A number of girls (162) between the ages of 5 and 8 years were exposed to Barbie dolls, Emme dolls (US size 16) while a baseline control group received no dolls. The Barbie doll was identified as the body image that young girls relate to. The girls exposed to the Barbie dolls reported a greater desire for a thinner body shape and displayed lower levels of body-esteem compared to girls in the other groups. Dittmar, Halliwell and Ive (2006:291) conclude in this study that in the event that dolls no longer inspire older girls to achieve the “perfect body”, younger girls may still be at risk of desiring an unrealistic body image. The result of this idealised body image may sadly end up in eating disorders and severe weight fluctuations.

Koff, Rierdan and Stubbs (1990:56) conducted a study on 169 young adolescents regarding body weight and self-concept. Their findings confirm that females show more differentiated body images and males more global body images. They also established that males are more positive about their bodies than females. No obvious gender differences were found with regard to the correlation between body image and self-concept. However, it was noted that all correlations in the study for males were higher than those for females (Koff et al 1990:68).

Body weight tends to be a much talked about subject among females and can often lead to eating disorders such as anorexia, obesity or bulimia. Landa and Bybee (2007:92) compared a group of women in their twenties to a group of women in their thirties in order to determine whether eating pathology reduces as ageing takes place and how it affects the real self and the ideal self. They concluded that eating disorders are related, with greater variances between the real self and the ideal self although the discrepancy was lower in the group of older women.

Conclusions in a study conducted by Tasca et al (2006:155) support the idea that the greater the discrepancy between the real and the ideal self, the greater the risk of distress and emotional problems. The results also indicate that body dissatisfaction is associated with lower self-concept.

#### **2.4.1.4 Appearance and facial appearance**

People are, often subconsciously, judged and treated positively or negatively according to their physical appearance. Heads turn when a beautiful woman crosses the street; people whisper when someone with deformed facial features enters a room; they stare at an overweight person or one who is extremely underweight. These reactions from society are internalised by the individual and become part of their beliefs and views about themselves. According to Nancy (2009:1), postmodern society has replaced nineteenth century concerns about character, work, honour, reputation and morals with concerns about appearance. The self is in recent times being increasingly defined by appearance or appearance schemas. This aesthetic evaluation of the self, in reaction to the vast changes in society, has a prolific impact on the self-concept. This impact needs to be addressed during the onset of puberty in order to prevent an overwhelming inner struggle in the adolescent years.

Young (2007:11-12) describes the structure of appearance schemas which refer to psychological structures that people use to process self-related information about their appearance. Appearance schemas in some individuals may develop more than in others owing to the physical self playing a more integral part in the individual's life. The more positive the judgment is around the appearance schema, the more positive the self-concept. If there are negative evaluations in the appearance schema, the self-concept tends to be lower.

In a study conducted on 320 children to determine the relationship between body perception and self-concept, Lau, Cheung and Ransdell (2008:509) established that the physical self and appearance correlate with the self-concept. Cunningham et al (2010:278-280) discovered among young adolescent males who perceived themselves as less attractive, a sense of inferiority, victimisation and low self-concept. Middle school males who considered themselves attractive or part of a group viewed as attractive, were found either to bully others, or to have friends in the group who bullied others and were more prone to take part in a display of "sexual showdown".

Malina, Bouchard and Bar-Or (2004:544) found in children, aged 8-15 years that physical appearance is the first factor to impact negatively on the child's self-concept and consequently social acceptance. Other competencies such as scholastic achievement and athletic abilities, however important, contribute less to the level of self-concept.

Facial appearance can have a definite impact on the self-concept of individuals. From the way people stare, gaze, or keep longer eye contact than usual, the individual with deformed or unusual facial features notices the change in a first greeting or welcoming situation. Hearst (2004:228) describes the importance of "first appearances" and that visual information is usually the first

information received and stays throughout social interaction. As has been established previously in this chapter, self-concept strongly relates to the way in which individuals perceive themselves through interaction with others. Although the “attractiveness” of facial features of individuals is a completely subjective judgment, it seems that in society more attractive individuals receive more positive feedback, allowing these “attractive” individuals to preserve a positive self-concept. Individuals whose facial appearances are disfigured or “less attractive” may experience less positive interaction with others which in turn leaves these individuals with less positive self-concepts (Hearst 2004:228). Taylor (1997:410), for example, mentions that no difference was found between the global self-concept of teenagers with cleft conditions and those without these conditions, but there was a domain related difference in terms of self-concept and physical appearance. Because of a sense of being less attractive, these young adolescents experienced low self-concept levels.

Social demands and the world of advertising place a large amount of emphasis on body image, especially on facial features, as can be deduced from the constant information in the media on the latest technology in skin care, surgery, cosmetic procedures and products that claim to enhance and beautify individuals. A recent study linked depression, loss of self-concept and unhealthy eating habits to individuals preoccupied with enhancing their outer appearance in order to conform to the “norms” set by society (Pentina, Taylor & Voelker 2009:149).

#### **2.4.1.5 Sport and physical abilities**

According to Zaharopoulos and Hodge (1991:12), some sport advocates suggest that sport-participation is a good indicator of a positive self-concept. However, their research, based on Shavelson’s (1976) multidimensional model, indicates that there is quite a significant difference between the physical self-concept of athletes and non-athletes, but no difference in global self-concept between these two groups. According to research, the general assumption that sport participation enhances self-concept is a myth. There are, however, research findings that confirm that sport may affect a particular area or domain of the self-concept.

Research by Lubans, Morgan and McCormack (2011:249) indicates that boys reveal notably higher levels of perceived muscular force, athletic ability, psychological well-being, handsomeness and physical egoism than girls. Mak and Day (2010:1731) monitored physical activity among 5692 secondary school students over a period of five years in order to determine whether physical activity remains important throughout adolescence into adulthood. After the five year period, results conclude that the prominence of boys and girls taking part in sporting activities and their subsequent levels of fitness, diminish notably in both genders. Thus, owing to a decline of physical activity during the adolescent phase, Lubans et al (2011:237) are resolute on the matter that physical activity, in the form of school sport, should be an educational and public health priority. Saltarelli

(2009:116) considers psychological and mental health, which includes self-concept, to be of great importance in children's and adolescents' lives. He also emphasises the positive relationship that has been found between physical activity and self-concept.

#### **2.4.1.6 Physical disability**

One could easily assume that having a physical disability would be quite detrimental to one's self-concept. Surprisingly, however, according to a substantial amount of research done by Bryan and Herjanic (1980), Minde (1978), Strax (1988), Crocker and Major (1989), Murch and Cohen (1989) and Campbell (1987) in Bryan (2006:84), the evidence shows that disabilities do not equate to low self-concept and that there is no difference between the self-concept of disabled and able-bodied individuals. The disabled individual uses phrases like "I am unemployed, but with some training and rehabilitation I can be employable". Although the self-concept of disabled people may be dissociated from reality, Bryan (2006:82) believes that their self-concept comes forth as an attitude towards life which is part of their everyday coping mechanism. A study conducted by Llewellyn and Chung (1997) in Carless and Fox (2003:76) reported that differences in self-concept and self-worth between able-bodied and physically disabled individuals seem to be marginal to non-existent. The study which focused on children with spina bifida, reported higher self-concept levels among these children than the levels of the healthy controls in the sample.

Although the disabled individual does not necessarily possess a low self-concept, test results indicate that his or her siblings are inclined to exert signs of low self-concept. A study was conducted on 75 siblings of disabled children in New England to determine their self-concept, quality of life and family functioning. The study revealed that the siblings of disabled children show significantly higher rates of psychopathology and experience a poorer quality of life than their disabled brother or sister (Barnett & Hunter 2012:269). Barnett and Hunter (2012:270) found that siblings display regression with regard to self-concept, global self-worth, athletic competence and behavioural conduct.

Ittyerah and Kumar (2007:82) conducted research on the actual and ideal self-concept in disabled children, adolescents and adults in terms of their body image, skills and abilities, life experiences and social interaction. Results indicate that adults and adolescents are less confident than younger children. There is no difference between the genders regarding the relationship between the actual and ideal self. The confident judgment of the self is an outcome of factors that are internal to the individuals, such as mature thought processes and maintaining of self-respect (Ittyerah & Kumar 2007:111).

According to research conducted on the self-concept levels of disabled individuals, it can be deduced that in spite of their disabilities, they demonstrate a healthy self-concept and have the ability to overcome life's obstacles with dignity.

## 2.4.2 Cognitive Factors

### 2.4.2.1 Cognitive abilities as a predictor of self-concept development

Cognitive ability refers to various mental functions individuals possess. Such abilities apply to verbal and mental abilities, reasoning, short and long term memory, problem solving, etc. General cognitive ability can be defined as “a very general mental capability that involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience” (Berry 2007:3).

In general, intelligent children's overall self-concept levels are more highly developed than those of their peers of average intelligence. In terms of children with lower intelligence scores and learning disabilities, most studies indicate that these children tend to have problems in the areas of social, emotional and academic performance (Benson & Haith 2010:338). Rourke and Fuerst's (1991:31) study shows, however, that learners with a learning disability do not experience reduced self-concept levels. Pickar and Tori (1986) in Rourke and Fuerst (1991:32) conducted a study on adolescents in order to compare the self-concept levels of learning disabled children with those of normal school children. Test results showed few differences in self-concept levels between the normal and learning disabled groups.

### 2.4.2.2 Academic self-concept and achievement

Herbert Marsh's research has contributed greatly to a better understanding of the relationship between self-concept and academic achievement. In his study, Marsh worked from a multidimensional perspective. He divided general self-concept into an academic self-concept and non-academic self-concept (by non-academic self-concept, Marsh refers to social, emotional and physical self-concept). These two categories, in turn, are divided into subsequent domains, which all form part of the individual's self-concept structure (Marsh 2008:450).

Recently, Dambudzo and Schulze (2013:413) conducted a study in order to determine the relationship between self-concept and academic achievement in secondary school learners. The study involved 1281 learners. Results show that both male and female learners' self-concept levels correlate significantly with academic achievement. The highest correlation is between the cognitive self-concept and academic achievement for both genders. Dambudzo and Schulze state that the self-concept as a personality variable, without a doubt serves as a predictor for academic achievement.

A study conducted by Byrne (2002) in Marsh (2008:451) concludes that self-concept positively correlates with achievement, but that achievement correlates more strongly with academic self-concept than with the global self-concept. In his own study, building on those of Byrne, Marsh found that self-concept correlates positively with academic achievement, but a low correlation is noticed between self-concept in achievement and self-concept pertaining to non-academic components (Marsh 2008:451). These findings have significant implications for educators and policy makers. His study indicates that educators have an important role to play in enforcing and enhancing the self-concept and academic achievement of adolescents. “Improved academic self-concepts will lead to better achievement and improved achievement will lead to better academic self-concepts” (Marsh 2002:5).

In a study investigating the relationship between ability, academic achievement, social comparison, perceived level of difficulty, academic self-concept, and future goals, Wilson (2009:1) found that academic performance holds definite implications for learners’ future educational aspirations owing to the positive or negative impact that academic experience can have on learners.

#### **2.4.2.2.1 Intelligence Quotient (IQ) and self-concept as predictor variables of learning ability and achievement**

An IQ (Intelligence Quotient) score refers to the measured potential of individuals in categories such as their verbal and non-verbal abilities, reasoning, memory, number abilities, etc. It is generally accepted that when an individual scores high in an IQ test, he or she shows high levels of learning ability. Individuals who score low in an IQ test may experience learning disabilities. According to Marsh and Craven’s (1997:148) research, a strong positive correlation of 0,46 was found between IQ and academic self-concept compared to 0,14 between IQ and general self-concept. From the results of the study it was concluded that self-concept correlates positively with achievement and that achievement correlates more strongly with academic self-concept than with general self-concept.

Teachers might often be at fault when they overestimate or underestimate students’ performance and abilities based on their perceived intelligence. This leads to a decrease in the academic self-concept of individuals. Students who are underestimated perform under the notion that they are unable to achieve better, which leads to a decrease in their self-concept and they may experience performance anxiety. Urhahne et al (2011:177) conducted a study in order to examine the consequences of the underestimation and overestimation of students’ mathematical performance potential. Test results concluded that even though underestimated students displayed the same levels of test performance, learning motivation, and level of aspiration as overestimated students, lower success expectancy, lower academic self-concept, and more test anxiety were present for

underestimated students. It can thus be deduced that even if an individual tests relatively high on an IQ test, being underestimated can lead to low academic self-concept, which in turn leads to poor learning ability and performance.

Kershner (1990:368) conducted a study to test whether intelligence and self-concept were significant predictors of learning ability in disabled learners. According to the results, intelligence had no relationship with the learning ability of the children, but self-concept predicted patterns of successful achievement in spelling, arithmetic and written language, although not in visual word recognition. In a study conducted by Harter (1986) in Crabtree (2003:267), it was established that learning disabled children in mainstream schools perceive their scholastic ability equal to that of academically able children.

### 2.4.3 Social Factors

Social relations such as parent-child relationships, peer relationships and relationships with the opposite gender play an integral part in the development of the adolescent. Relationships within the boundaries of peers and family make adolescents aware of social status, membership, social labels, social stereotypes and personal identity. In terms of the parent-child relationship, it is important to note that the quality of the relationship between the adolescent and the parents serves as a determinant of the adolescent's self-concept. The self-concept level in turn affects the adolescents' integration into his or her social world (Clark 2008:82). The importance of sound parent-child relationships thus stands first in line in securing positive self-concept levels in children, which in turn ensures positive socialisation.

Because of a multi-directional factor (influence which can be either healthy or harmfully directed), the close friends adolescents are engrossed with have significant influence on whether they experience positive or negative self-concepts. Berndt's (2000:55) research shows that peers influence others negatively more than they influence them in a positive way. Those individuals with dire attitudes and negative characteristics are more influential than those individuals with positive characteristics. Thweatt (2008:11) confirms that the peer group influences an individual's self-concept.

Upon entering a social group, individuals are no longer accepted unconditionally, but have to prove themselves to the group in order to earn their position. They are judged according to their character, skills, qualities and talents (Duminy, Dreyer & Steyn 1996:106). Individuals who, for example, find themselves in a peer group that values academic performance and acceptable behaviour, will flourish on the positive input in terms of their self-concept, self-worth and self-confidence. When the peer group values negative qualities and characteristics or has a negative outlook on academic performance and responsibility, a negative influence is transferred onto individuals in the group.

This kind of peer influence leads to low academic performance, low self-worth, negativity from significant others and an overall low and negative self-concept.

#### **2.4.3.1 Parent-child relationship**

According to Srivastava (2005:199), several factors concerning the parent-child relationship, determine whether children will have a low or high self-concept. Aspects such as punishment methods, the rejection of the child if certain criteria have not been met, excessive authority or unconcerned, passive behaviour from parents are but a few factors to mention. According to research, adolescents who have parents that demonstrate unconditional love and acceptance and take care of their children, show higher self-concept levels. Adolescents whose parents show signs of low symbolic reward in terms of love and caring, tend to have lower self-concept levels (Srivastava 2005:199).

A group of 509 adolescents and their parents took part in a study to investigate the actual and ideal personality of adolescents according to their self-report and parental expectations of them. Both the adolescents and their parents completed the same Adolescent Personality Scale Questionnaire. Assessment scores from the parents' questionnaires indicated that they scored their children's actual personality notably lower than their ideal personality. The adolescents' report on their ideal personality differed significantly from those of the parental ratings in the domains of extraversion, talents, behavioural styles, relationships with others, ways of life and emotional matters (Hu & Wang 2009:603). The results concluded that the actual personality of adolescents did not meet up with parents' expectations. Parents scored their children higher on their ideal personality compared to their actual personality. It can be deduced from the areas in which the scores differed (extraversion, talents, kindness, human relations and emotionality) that anxiety, emotional distress and pressure to perform in various domains, lead to the diminishing of the adolescent's self-concept. The latter factors contribute to adolescents' struggle to attain their goals and to reach their ideal self-concept.

Mathur (2001:65) is in agreement with the fact that various parental child-rearing styles, for example, the way in which they punish or reward their children's behaviour, significantly affect the self-concept of children and adolescents. Children may develop negative personality characteristics along with low self-concept if parents come across as detached, indifferent, neglecting, rejecting, over-protective, indulgent and possessive. In contrast to this parenting style, one finds parents who are more liberal, cooperative, accepting, sufficiently protective and controlling to a certain degree. These adults come forth as self-confident, emotionally stable, self-reliant and resilient parents. Children, whose parents follow the above-mentioned parenting style, tend to show higher self-concept levels.

### **2.4.3.2 Peer group relationship**

Peer group influence emerges primarily in the middle school years, reaches peak stage at the beginning of high school, and slowly diminishes towards the end of high school (Wentzel, Baker & Russel 2009:543). It is, therefore, important to understand the dynamics of this relationship as it greatly affects the academic and social well-being of the adolescent. Relationships with peers are a major contributor to the development of the self-concept of the school-going child. As a defining contributor, peer group attachment influences the way in which adolescents perceive themselves. Another important role played by peer relationships is the fact that children's independence from parents stems from this attachment. This element of social development provides the adolescent with enough security to risk parental conflict brought about when establishing independence (Ricci & Kyle 2009:859).

A study conducted on 228 senior high school students in order to establish the relationship between peer attachment and self-concept, conceded that securely attached adolescents report fewer mental health problems and a more positive self-concept than those who report insecure attachment (Nishikawa, Hagglof & Sundbom 2010:335). Being attached to a peer group thus indicates that an individual will experience greater psychological well-being and higher levels of self-concept.

#### **2.4.3.2.1 Conformity**

As social beings, people interact with one another and influence those around them in various ways. One of the ways people are influenced by others is through conformity. When individuals adopt others' behaviour and opinions, they conform to a group or a person (Jarvis & Russell 2008:157). Conformity "occurs when one modifies one's behaviour in response to real or imagined pressure from others" (Bordens & Horowitz 2002:281). In various studies researchers aimed to establish why some individuals conform, and if there are personality attributes that predispose some people to conform more than others. Research done by Costanzo (1970), Stang (1972) and Strickland and Crowne (1962) in Fiske et al (2009:1180) has shown that those who tend to conform have lower self-concept, a greater need for social support and approval, a greater need for self-control, high anxiety and tend to feel insecure. They also experience feelings of inferiority and low status when they find themselves in a group situation. As described by O'Brien (2009:25), conformity presents itself once the need to belong arises. Threats to the self-concept drive individuals to seek affiliation.

In a study conducted by Richard et al (2010:194) on high school students, it was found that a "delinquent identity" is attached to students that peers perceive as delinquent. In order to alter the negative appraisal, these adolescents attach themselves to drug-using peer groups in order to conform to the "delinquent label" which is evaluated more highly. Although negative self-concept

drives the actions of these students, the social support and approval the group offers, makes it worth their while.

Although conformity is not gender related, research shows that women do tend to conform slightly more than men, but that an overall strong sense of self, relates to lower rates of conformity in all individuals (Breckler, Olson & Wiggins 2006:317).

#### **2.4.3.2.2 Peer pressure**

One of the characteristics of peer pressure is that it manifests in behaviour. Adolescents with a low self-concept are more prone to adopt unhealthy behaviour while those with a high self-concept adopt healthy behaviour. Regis (1988) in Blakely and Timmons (2008:185) argues that adolescents with a low self-concept are more likely to give in to peer pressure and develop risky behaviour. Tedeschi and Norman (1983) in Blakely and Timmons (2008:185) indicate in their research that adolescents with a low self-concept adopt unhealthy behaviour in order to fit in with their peers and in doing so, enhance their self-concept. Concerning development, Wentzel et al (2009:240) state that the role which peers fulfil during the adolescent phase occurs at the most critical time in which academic and social growth also take place. An increasing interest in peers develops at this stage and greatly influences the psychological and emotional dependence for support and guidance. He also mentions that positive emotional attachment to peers promotes healthy and positive feelings towards the self and contributes to a healthy self-concept.

Forney, Crutsinger and Forney (2006:24, 43) conducted a study on delinquent risk behaviour in the form of shoplifting using 14 to 18-year-old adolescents. Parents' and peers' effects and influences on the self-concept and self-worth were explored. According to the results, more than half of the students reported their involvement in shoplifting. The outcome of the study indicates that peer social acceptance is a strong positive predictor of self-worth for adolescents with shoplifting involvement. The strongest predictor of self-worth for adolescents with no shoplifting involvement was parent-child relationships.

Peer pressure is not always negative. Individuals may be part of a group structure that focuses on positive, optimistic attitudes and constructive outcomes in their activities. A group structure has the opportunity to influence others in a positive manner, for example, to develop a new skill, enhance current skills or even to help an individual in quitting bad habits. Depending on their confidence, self-concept and self-worth, individuals may be strong enough to resist negative peer pressure, and instead follow positive peer group practices.

### **2.4.3.3 Heterosexual relationships and self-concept development**

As the youngster evolves and enters the adolescent phase, relationships mature and the emotional and physical aspects thereof long for more exploration. Where once parental relationships and attachments were the most important structures, they now become situational and other “more important” relationships form. Knowledge of adolescent romance has to be acquired and along this learning curve, some critical learning experiences will be undergone, some positive, some negative, which will add positive or negative conceptions to the self-concept. Since relationships carry emotional attachments, Wilson-Shockley (1995) in Brown et al (1999:5) report that adolescent girls attribute 34% of their strong emotions to a relationship, whereas adolescent boys contribute only 25% of their emotions to a romantic situation. Research conducted by Neeman, Hubbard and Masten (1995) in Brown et al (1999:5) concludes that romantic involvement is associated with social competence and a positive self-concept. They do, however, warn that adolescents who are involved in romantic relationships from a very early age are more prone to psychological and behavioural difficulties as well as lower levels of academic achievement (all factors leading to low self-concept) than those who refrain from romantic relationships until a more appropriate age. Research conducted by Simmons (1979) in Giordano (2003:272) also mentions the possible harm that can be done to the self-concept when early maturing girls enter the dating game.

## **2.5 Conclusion**

Owing to the nature of the self-concept and ideal self-concept, it is inevitable that external and internal forces will have an impact on the development of these two entities. In some cases, these influences lead to a discrepancy between the self-concept and ideal self-concept. Since self-concept and ideal self-concept form the central focus of this study, it is important to establish the various relationships prevalent within the self-concept and ideal self-concept of individuals.

The first concern that manifests in the literature is the interchangeable use of terms, such as self-concept, self-esteem and self-image. One of the challenges in self-concept research is to eliminate the vagueness and transposable use of these terms. No single definition is given for the self-concept, self-esteem or self-image (Crozier, 1997; Fairclough, 2008; Johnson, 1995; McClellan, 2007; Pomerantz, Hughes & Thompson, 2007). Although many definitions for these terms (self-concept, self-esteem, self-image) are prevalent in the literature, it is imperative that the terms applicable to this study not be used interchangeably in order to ensure validity and to provide pure test results.

Second, although much research is available on the self-concept and self-concept development of adolescents, the literature clearly indicates that there is a void in the area of research pertaining to the ideal self-concept. All available research on the self-concept of adolescents indicates that

various factors influence and play a role in their self-concept development. It is, however, not clear whether the same factors and the same level of impact are experienced in the forming of the ideal self-concept. The impact of these various influences on the self-concept and ideal self-concept implies that a discrepancy may develop between the ideal self-concept and self-concept of certain adolescents. The occurrence of a discrepancy between the self-concept and ideal self-concept in adolescents may result in possible emotional reactions. Owing to a lack of research and information on the relationship between the self-concept and ideal self-concept, pertaining to a discrepancy and the emotional involvement thereof, it is not clear exactly which emotions are involved and in which areas of the “self” it manifests. It is also not clear, in the case of a discrepancy, whether the same emotions are experienced in the various domains of the “self”, or whether different emotions are evident in terms of the physical, cognitive, social and moral self, as well as in the case of identity and self-actualisation.

An investigation into the most prominent emotions experienced by adolescents and the impact of these emotions on the self-concept and ideal self-concept forms the subject of the following chapter.

## **Chapter 3.**

### **Prominent Emotions Emerging during the Adolescent Phase**

#### **3.1 Introduction**

The adolescent phase is often characterised as a phase accompanied by severe emotional disturbances. Chaube (2002:41) states that not only do stress, strain, and physical changes attribute to adolescents' emotionality, but that the social environment also plays an integral part in adolescents' emotional states. Social environmental issues in adolescents' lives lead to worry, fear, anxiety, and aggression. As not all adolescents experience emotions with the same intensity, there is a fair number of adolescents who enjoy their puberty years with moderate emotional discomfort.

This chapter sheds light on the most prominent emotions experienced by adolescents during the adolescent phase and the impact these emotions have on their lives. The four most prominent emotions affecting adolescents discussed in this chapter are depression, anxiety, aggression and stress. The emotions are clearly defined and an exploration into the main characteristics of each of these emotions is undertaken. The main causes of each of these emotions in the adolescent are also discussed. The relationship between these emotions and the self-concept and ideal self-concept is analysed in the light of previous research findings.

#### **3.2 Prominent Emotions during the Adolescent Phase**

Changes in the adolescent are a prominent characteristic during this phase. Adolescence is a time of crucial decision-making and countless experiential opportunities, sexual maturation, cognitive development and a growing sense of autonomy. These factors produce dramatic changes in the emotions of the individual (Petersen, Silbereisen & Sorensen 1996:3).

Adolescence is accompanied by various emotions. According to Larson (2001:258), the emotions adolescents experience refer to a more enduring poignant state, where in most cases, there is no clear cause for the emotions experienced. Although boys and girls are likely to experience the same scope of emotions in adolescence, boys are more inclined to act out their emotions, whereas girls tend to internalise them. Upon reaching puberty, young individuals reach a point when they begin to understand emotions better. They are able to identify their emotions and realise that emotions have a psychological impact on people. Larson's (2001:258) research also indicates that on average, adolescents experience negative emotions more often than younger children prior to adolescence. The extremity of adolescents' negative and positive emotions also tends to be either higher or much lower than those experienced by adults.

Regarding the causes of these emotions, Larson suggests that daily stress, sadness, worry, anger, and depression are mainly responsible for emotional turmoil (Larson 2001:259). Agochiya

(2010:283) states that because adolescents are in a unique transitional phase of their life, they are more exposed to emotional stressors and disturbances.

Alegre and Benson (2011:13) express concerns regarding justice, education and public health levels in terms of the increasing emotional externalising and internalising behaviour shown by adolescents. The externalising of aggression and stress as well as the internalising effects of depression, anxiety and again, stress, represents a major emergent public concern.

Santrock (2008) identifies among other aspects, the importance of puberty, cognitive development, self-concept, emotions, and gender as role players in the development of the adolescent. He further identifies stress, anxiety, depression, and aggression as major influential factors in the adolescent phase. Gouws et al (2000) emphasise the physical, cognitive and social development of the adolescent. Concerning behaviour and emotions eminent from these domains are aggression, alcohol abuse, academic under achievement, and specific emotional disturbances such as anxiety, stress and depression. Steinberg (2008) mentions the importance of healthy cognitive and social development in the adolescent, as well as the consequences of poor identity forming. Neglect in the proper development of these areas in the adolescent can lead to psychosocial problems in the form of antisocial behaviour, violence, depression and stress.

According to the above-mentioned sources, it appears that stress, anxiety, depression and aggression are the most common problematic emotions prevalent in the lives of adolescents. Each of these emotions is discussed in more detail in the chapter.

### 3.2.1 **Depression**

Depression is a common, yet serious, incapacitating disorder. According to scientists, two major types of depression can be diagnosed: namely, major depressive disorder that causes people to experience recurrent episodes lasting approximately two weeks, and Dysthymia, a less intense but more chronic form of depression. The duration of Dysthymia is usually two years for adults and one year for children. If one takes the symptoms into account (discussed in the following paragraphs), the outlook on life and the emotional wellbeing of persons with major depressive disorder or Dysthymia's differ significantly from those of the individuals who experience a "bad day" every now and then. Although some individuals may from time to time experience an all-time low, or withdraw socially, certain criteria must be met in order for an individual to be diagnosed with a depressive disorder (Ingram, Miranda & Segal 1998:29-30). Children diagnosed with a depressive disorder experience much the same emotions and similar features as adults diagnosed with it. Parents and schools are becoming increasingly concerned about this disorder because of the suicidal thoughts and attempts it may generate in addition to the impact that depression has on learning.

### **3.2.1.1 Definition and main characteristics of depression**

Depression is a mental state of mind that affects millions of people all over the world. Although the nature and etiology of depression are open to wide scrutiny and divided opinion, most scientists believe that depression or melancholia is a psychogenic disorder. As early as the fourth century BC, scientists such as Hippocrates, Aretaeus and Plutarch recognised depression as a disease characterised by a disturbed mood, self-castigations, death wishes and physical symptoms presenting themselves in the form of agitation, loss of appetite and weight, sleeplessness and delusions of having committed unpardonable sins (Beck & Alford 2009:7).

In general, the consensus on a definition of depression includes the following:

1. A specific alteration in mood: sadness, loneliness, apathy
2. A negative self-concept associated with self-reproaches and self-blame
3. Regressive and self-punitive wishes such as the desire to escape, die or hide
4. Vegetative changes such as anorexia, insomnia, loss of libido
5. Retardation and agitation as part of changes in activity levels (Beck & Alford 2009:8).

On a social level, depressed people tend to shy away from interaction and rather keep to themselves. Owing to a lack of reciprocity and low social active behaviour, people tend to avoid communication and interaction with depressed individuals. Conversations in many instances also have a severe negative connotation with low verbal output (Elgrin 2008:27).

The prevalence of depression in children and adolescents is rising at an alarming rate. The age of onset for depression in children and adolescents is declining to such an extent that as much as 9% of the 14-year-old population have experienced some form of severe depression. Between the ages of 15 and 18, research indicates that approximately 14% of adolescents report lifetime prevalence rates of major depressive disorder (Abela & Hankin 2008:3). A depressive disorder in children is responsible for the decline in children's learning and academic performance, but is also associated with negative peer evaluation, poor self-esteem, hopelessness, negative teacher evaluation, conduct disorder, social withdrawal, tearfulness, school refusal, poor concentration, distractibility and learning difficulties (Dwivedi & Varma 1997:1).

Among children and young adolescents, boys and girls show even rates of depression. Upon reaching adulthood, however, women tend to show higher prevalence rates of depression than men. Studies conducted in the United States of America conclude that the lifetime prevalence of major depression is 10.6% for individuals over the age of 60, 19.8% for individuals aged between 30 and 44, and 15.4% for individuals in the age group 18 to 29. Not only does this research show high percentages of depression in younger individuals, but it also shows diminishing gender differences with regard to depression on a worldwide scale. As both genders enter the same workforce and are

subjected to the same life conditions, male and female, therefore, experience the same stressors and environmental risks (Pilowsky & Keyes 2013:220).

### **3.2.1.2 Main causes of depression in the adolescent**

Until recently, it was believed that children and adolescents did not experience depression the same way adults experienced this disorder. Diagnosing depression in adolescents has proven to be a complicated task owing to the universal nature of teenagers' rollercoaster emotions and other aspects (intense sadness, irritability, anger, destructive rages) that characterise the adolescent phase.

Both hereditary and environmental factors are acknowledged as role players in the onset of depression in children and adolescents. Hereditary factors imply that depression and other psychiatric disorders run in an individual's family. This predisposes children to inherit such disorders from family members. The argument for predisposed children to develop depressive disorders is strengthened when environmental factors such as neglect, abuse, stress, poor and inconsistent parenting, rejection and recurrent experiences of failure occur in these children's lives (Veeraraghavan 2006:42).

Although both genders are vulnerable to depressive disorders, Zahn-Waxler, Crick, Shirtcliff and Woods (2006:108) propose because of the level of increased hormones during puberty, such as oxytocin (which is associated with reproduction and care-giving), girls are more at risk of entering a depressive state. The nature of this depressive state can also be assigned to difficult transitioning into young adulthood, vulnerability, insecure attachments, stressful life events, developing new relationships, etc.

### **3.2.1.3 Research conducted on depression and the self-concept**

Whitcomb and Merrell (2013:320) are of the opinion that because some adolescents internalise many of their problems (anxiety, fears, bullying, physical development issues, struggles with social interaction etc), they often exhibit a depressive condition and a lower self-concept. The directionality of this relationship, however, is not clear. Does a low self-concept lead to depression, or does depression lead to a low self-concept?

Sulz and Krizan in Marsh, Craven and McInerney (2005:85) conducted a study consisting of three hundred students in order to establish the relationship between self-concept and depression. The results show a very high positive correlation of 0,82 between self-concept and depression.

Research conducted in the late 1980's by Markus and Wurf (1987:301) suggests that a discrepancy between the actual and the ideal self-concept in many individuals results in depression. A study

conducted by Alfeld-Liro and Sigelman (1998:219) in a sample of 287 students, confirms that a large discrepancy between the real and ideal self-concept of adolescents is strongly linked to depression. The study also concludes that female students show higher levels of depression with lower real self-concept levels than male students do.

### 3.2.2 Anxiety

Anxiety in general can have a debilitating impact on individuals' lives. Most individuals experience some form of anxiety in the course of their lives, but this is considered normal under the circumstances. According to Lowe and Raad (2008:39) anxiety is also known to be a survival mechanism, motivating an individual to take action – fight, freeze or flee – in threatening situations. Anxiety, however, is considered a problem once a person struggles to function normally during the day and experiences sleeplessness at night. When an individual reacts inappropriately to what would normally be expected in certain situations, it is then likely that the individual is suffering from some form of anxiety disorder (Lowe & Raad 2008:39).

#### 3.2.2.1 Definition and main characteristics of anxiety

In order to grasp the concept of anxiety, it is first necessary to understand the difference between anxiety, as a normal response, and anxiety as a disordered response. A large majority of the population experiences anxiety at some time or the other, whereas a small portion of the population suffers from disordered anxiety. In order to classify anxiety as a disorder, the frequency, intensity, severity, breadth and the impact of the disorder on social, occupational or other areas of functioning need to be taken into account (DiTomasso & Gosch 2002:3-4).

Many theorists proffer different definitions for the various types of anxiety. The common threads among the anxiety theories are:

- A tense emotional state accompanied by a variety of symptoms such as chest pain, palpitations and shortness of breath
- Uneasiness of the mind over an anticipated illness
- Abnormal apprehension
- Self-doubt as to the nature of a threat
- Unrealistic beliefs about the reality of threats
- Lapses or weaknesses of coping potential (DiTomasso et al 2009:104).

According to the DSM–IV and the ICD 10, there are many different cognitive, emotional, behavioural, physiological and perceptual factors responsible for anxiety within a person. In order to cope with severe symptoms of anxiety, individuals often try to escape by avoiding all stressful situations. The result of this avoidance is in many cases depression and or substance abuse.

According to Peters (2005:40), Separation Anxiety Disorder and Specific Phobia are more commonly diagnosed in children, and Panic Disorder and Social Phobia, in adolescents. Gender differences in childhood are less significant than in adolescence. Girls reaching puberty are more likely to experience anxiety than boys are.

### **3.2.2.2 Main causes of anxiety in the adolescent**

Causes of anxiety vary from biological and psychological to social and family factors. According to Foa and Wasmer (2006:3), from a biological and psychological perspective, Social Anxiety Disorder, Generalised Anxiety Disorder (GAD), Obsessive Compulsive Disorder (OCD), and Post-Traumatic Stress Disorder are the anxiety disorders that most commonly occur during the adolescent phase. Social Anxiety Disorder is the most prevalent among adolescents, as the onset of this disorder in general starts around late childhood or early adolescence. Generalised Anxiety Disorder affects at least 2% of the adolescent population, followed by Obsessive Compulsive Disorder. Adolescents are more at risk than any other age group to experience Post Traumatic Stress Disorder, as many traumatic events can present themselves during this troublesome phase.

Whereas some individuals develop anxiety disorders, most people experience normal, everyday anxiety in various circumstances. General anxiety experienced by younger children includes separation from parents, being shy in new situations, being anxious about public speaking and social acceptance. During the adolescent phase the focus of anxiety shifts to academic performance and personal and social competence. Adolescents are less concerned about concrete threats, but shift their focus from external threats to internal concerns. The main causes of anxiety in adolescents are focused on social relationships, especially acceptance of the peer group, dating competence, the future, moral issues, and career choices (Wagner 2002:17-18).

### **3.2.2.3 Research conducted on anxiety and the self-concept**

Crano and Crano (2000:163-169) divided learners into low self-concept and high self-concept groups based upon the results they accumulated from the Eagly self-concept test. Both of the groups were manipulated and had to perform various tests. According to their findings, a negative correlation exists between anxiety and self-concept. Individuals with a low self-concept are much more anxious than those respondents with high self-concept, especially when the social factor is introduced into the groups.

Sowislo's (2012:213) research concludes that the relationship between low self-concept and anxiety is relatively balanced among all ages. Low self-concept predicts anxiety as much as anxiety predicts a low self-concept. In another study focusing on self-concept and anxiety within a sport and exercising environment, results show that exercising increases the self-concept and reduces

anxiety. Inactivity increases anxiety and reduces the measured self-concept (Dadjouyan, Moradi & Farhangi 2012:1339). McDaniel and Grice (2005:21-25) conducted a study on 125 adolescents in order to establish the relationship between anxiety and the self-concept / ideal self-concept discrepancy. Analysis of the trait scores indicated that on average, most students' self-discrepancy scores did not vary much in the areas of agreeableness, intellect and conscientiousness. Anxiety scores for these students were low and did not vary significantly in terms of actual and ideal self-concept. In terms of psychological well-being, high actual – ideal discrepancies on Extraversion and Conscientiousness predict greater levels of anxiety and lower scores for self-concept.

### 3.2.3 Aggression

Aggression in children and adolescents is one of the main concerns of parents and teachers in society. Violent mass media presentations, lack of discipline at home, witnessing violence in the family and physical and emotional abuse, are a few of the aspects that are responsible for the aggression that can be seen in the youth today. Aggression in youth is, however, not a new concern, as much research has been conducted over the past 80 years, which has explored aggression and aggressive behaviour from a psychological perspective.

The most common form of aggression found among adolescents involves aggression against school property and classmates, as well as aggression towards teachers and peers. Aggression towards peers is the most prevalent among adolescents. Lopez et al (2008:434) classify adolescent aggression into three categories:

1. Overt aggression (direct and manifested violence e.g. hitting and pushing)
2. Relational aggression (harming others through manipulation e.g. spreading rumours or excluding someone from the peer group)
3. Instrumental aggression (aggressors enforce an act of violence in order to achieve a goal immediately e.g. hitting a peer to get money from him or her)

According to Lopez et al (2008:434) the main factors underlying aggression in adolescents can be traced directly back to the family and school context. These two areas are the most important social contexts influencing all areas of adolescents' development.

#### **3.2.3.1 Definition and main characteristics of aggression**

Many fields of study, such as law (the criminal justice system), clinical psychology and psychiatry include their own terminology in the definitions they present to explain aggression.

In terms of adolescent behaviour, Farrington (2009:686) defines aggression as “behaviour that is intended to, and actually does, harm another person. Physical versus verbal aggression, reactive versus pro-active aggression, and hostile versus instrumental aggression” are among the most

common types of aggression youths experience. A definition of aggression typically includes physical, verbal or psychological attack intended to intimidate, cause fear, or physically harm another individual.

Estevez and Gongora (2009:145) state that there are a few key factors to keep in mind when dealing with adolescents who portray aggression. In contrast to their peers, adolescents who display aggressive behaviour struggle to control their emotions such as empathy, compassion or love. They also experience some difficulty in displaying guilt feelings, and punishment does not have a profound effect on them. Aggressive adolescents display a fair amount of egocentrism and seek their own interests when in social situations. Studies conducted in Canada indicate that the onset for displays of aggressive behaviour in general is between the ages of 12 and 14 (Cottrell 2001).

### **3.2.3.2 Main causes of aggression in the adolescent**

Shechtman (2009:7) states that the convergence of several risk factors such as biological traits, lack of parenting, familial factors, a rejecting peer group, contextual factors related to poverty, stressful life events, and school related stressors, leads to situations in which children can become aggressors. According to Elliott (2013:46), various stressors in an adolescent's life – when the stressors operate in conjunction with one other – increase the adolescent's chance of experiencing depression. Depression, in turn, is one of the major role players in anger and aggression.

Elliott (2013:2) states that children experience aggression as a result of the frustration caused by not getting their own way, unfair treatment or when an injustice is experienced. Adolescents' anger and aggression centre more on individuals than on a cause. Aggression is in most cases connected to siblings, peers, teachers, and parents. Elliott's (2013:33) research indicates that adolescents who are exposed to uninvolved, rejecting, or harsh parenting styles are more prone to aggressive behaviour. He also states that genetic and environmental factors are of equal importance in terms of displayed aggressive behaviour. Furthermore, single parents, divorced parents, blended families, maternal depression, as well as alcohol and substance abuse all lead to increased levels of aggression in children.

In terms of the most prominent risk factors in adolescent aggressive behaviour, Elliott (2013:35) identifies the following six stressors:

- Individual characteristics
- Home environment
- Relationships with peers
- School failure
- Media violence

- Community / social factors

### **3.2.3.3 Research conducted on aggression and the self-concept**

Ybrandt (2008:1) conducted research on 277 adolescents aged 15 to 16 in order to establish the relationship between self-concept and behaviour, and how the self-concept influences behaviour. Research concluded that a positive self-concept is the most significant protector against internal and external problematic behaviour. A strong relationship was obtained between a negative self-concept and external problem behaviour, triggered by internal problem behaviour such as anxiety and depression, resulting in aggression.

Taylor, Davis-Kean and Malanchuk (2007:131) state that individuals who show a negative self-concept in a specific domain (for instance social interaction) tend to act aggressively when in that specific situation. A poor self-concept leads to an aversive emotional state, which in turn leads to increased levels of aggression. From a sample of 842 middle school learners, Taylor, Davis-Kean and Malanchuk (2007:137) recorded data on learners' self-concept in order to establish which self-concept domains would be the most significant predictors of aggressive behaviour at school. They found that from the various self-concept predictors in their study, academic self-concept was the most significant predictor of aggression in schools. Students with less positive perceptions of their academic abilities showed higher levels of aggression than individuals with a more positive academic perception. Research results also support the notion that a low scholastic self-concept is associated with a greater likelihood of displays of physical violence at school.

Owing to the scarcity of research conducted on the relationship between aggression and the ideal self-concept, no research findings can be reported at present.

### **3.2.4 Stress**

Stress, according to the Oxford dictionary (Simpson & Weiner 1989), refers to “a state of mental or emotional strain or tension resulting from adverse or demanding circumstances”. People often describe stress as a feeling of being overwhelmed, tired, run-down, and constantly worried. Stress is a biological and psychological reaction experienced in situations in which individuals feel that they do not have the necessary resources to deal and cope with their circumstances. Stressors (stimuli) such as the death of a loved one, losing a job, divorce, and examinations are factors that cause stress in an individual's life (Snooks 2009:170).

Not all stress is bad. Psychologists in practice distinguish between “good” stress and “bad” stress. “Good” stress occurs when individuals find themselves in an energetic state of optimal functioning and able to cope with challenges. “Bad” stress refers to a state of panic and feelings of being overwhelmed and incapable of handling challenges. Children are affected much the same way as

adults. Various stimuli can cause stress in children's and adolescents' lives in the same way that adults experience stress in their lives (Seaward 2000:4).

#### **3.2.4.1 Definition and main characteristics of stress**

Owing to its broad scope, a definition of stress is usually based on the context in which it is used. Researchers define stress with regard to the focus of their research, such as an environmental, psychosocial or psychobiological focus. For the purpose of this study, an environmental and psychosocial approach applies.

According to Grant in Compas and Reeslund (2009:569), stress is best described in terms of "stressors that emphasize objective environmental events or chronic conditions that threaten adolescents' physical and/or psychological health or well being". Compas and Wagner (1991:81) define psychosocial stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being".

Adolescents experience more stress as they advance in terms of their capacity and challenges presented during the adolescent phase. The levels of stress experienced depend on their ability to cope with the challenges. Factors such as risk taking and resilience are also taken into account when an individual's coping skills are considered.

Stress manifests itself in many ways, but is in general characterised by the following:

- Physiological issues such as headaches, indigestion, sleep difficulties, restlessness and fatigue
- Emotional issues such as excessive crying, edginess, nervousness, feelings of being overwhelmed, anger and impatience
- Cognitive issues such as memory loss, forgetfulness, constant worry, loss of humour, trouble thinking clearly, and difficulty in making decisions
- Behavioural issues such as isolation, lack of intimacy, excessive smoking, intolerance, compulsive eating and resentment (Carpenito-Moyet 2008:664)

#### **3.2.4.2 Main causes of stress in the adolescent**

Harmon (2010:4) states that the number one cause of stress in adolescents' lives is an over commitment on their daily schedule. Apart from an extremely full schedule, other causes such as the daily news (negativity), expectations of peers and parents, family feuds, feelings of guilt concerning wrong actions, demands and limits placed on the self, and appearance or weight are factors causing stress which lead to physical, mental and emotional problems.

According to Hart and Hart-Weber (2005:7), aspects such as peer pressure, low self-concept, illness, sudden loss of a significant individual, fragmentation of families, and facing an identity crisis are experiences that cause huge amounts of stress in adolescents. Those individuals who grow up in negative environments and those with a genetic predisposition for stress and depression are especially at risk and vulnerable in stressful situations.

Although stress is a normal reaction to various situations in which individuals worry or feel overwhelmed, and in which fear, anxiety and frustration are experienced, stress in excess can cause severe problems. Stress can, however, be divided into two categories, “good stress” and “bad stress”. Psychologists refer to “good stress” as eustress. This form of stress not only helps individuals to focus and enhance intrinsic motivation, but also elevates their self-concept levels as it creates a sense of fulfilment. “Bad stress”, on the other hand, is referred to as distress. This type of stress is more commonly known for its negative connotation and is detrimental to an individual’s performance (Adams 2007:99).

### **3.2.4.3 Research conducted on stress and the self-concept**

Orth, Robins and Meier (2009:312) conducted research on 359 individuals in order to establish the relationship between self-concept, stressful events and depression. Candidates who had to deal with stressful events and showed low self-concept levels predicted subsequent depression. Depression in turn predicted a propensity for stress.

Self-concept clarity, according to Ritchie et al (2011:495), refers to “the extent to which self-beliefs are clearly and confidently defined”. As self-concept clarity is closely related to indices of psychological distress and well-being, Ritchie et al (2011:499) conducted a study to establish the relationship between the impact of stressful events on the self-concept, and adversely the manner in which psychological stress influenced the well-being by impacting negatively on self-concept clarity. Results concluded that self-concept clarity accounts for a significant portion of the shared variance between stress and life satisfaction. The better an individual’s understanding of who he or she is in terms of his or her self-concept, the more likely he or she is to handle stress effectively and enjoy life satisfaction.

Martin et al (2009:103) state that all is well when life situations are handled with a sense of humour. The results from a study focusing on the effect of humour on self-concept, coping with stress and positive affects indicate that greater levels of humour strongly correlate with a more positive self-concept when considered in terms of actual and ideal self-concept discrepancies. For individuals with higher self-concept levels, greater positive effects were measured in terms of positive and negative life events as well as more positive affect in terms of cognitive appraisals in the face of stress.

### 3.3 Conclusion

This chapter dealt with the most prominent emotions (depression, anxiety, aggression, and stress) that according to the literature are experienced during adolescence.

Available research concludes that emotions such as depression, aggression, stress and anxiety relate negatively with an individual's self-concept. It is also evident from research results that individuals with a low self-concept tend to be depressed, experience anxiety often, display problematic behaviour in terms of aggression, and struggle to cope with stressful situations. Furthermore, it is evident that individuals with a high self-concept experience far less anxiety. The behaviour of these individuals is more controlled which means that they experience less aggression and inner turmoil.

Owing to a lack of research results, the relationship between the four mentioned emotions and the ideal self-concept cannot be clearly determined. It cannot be assumed that these four emotions have a negative relationship with the ideal self-concept. A definite prediction can also not be made on how strong the relationship will be. Consequently, uncertainty also exists concerning the impact of a discrepancy between the self-concept and ideal self-concept on these identified emotional states of the adolescent. It is finally, also yet to be established which of these emotions are the most important in a discrepancy of this nature. A void, which needs to be filled, exists in the field on the emotional consequences caused by a discrepancy between the self-concept and the ideal self-concept in adolescents. It is, therefore, subsequently, the aim of this empirical investigation to determine what the emotional consequences in this instance entail.

The manner in which the empirical research is planned and executed is explained in the following chapter.

## Chapter 4.

### Empirical Investigation

#### 4.1 Introduction

In this chapter the way in which the empirical investigation was conducted is described. As mentioned previously in Chapter 1, the purpose of the empirical investigation was:

- To determine the relationship between the self-concept and the most prominent emotions experienced by adolescents;
- To determine the relationship between the self-concept, ideal self-concept and the most prominent emotions that transpire in the adolescent phase;
- To determine which emotions are prominent in the case of a discrepancy between the self-concept and ideal self-concept of adolescents.

In order to attain the research aim as mentioned above, various hypotheses are stated with reference to the various relationships that exist between the self-concept, ideal self-concept and emotions. Furthermore, the sampling method is discussed in order to provide information with regard to the respondents' gender, grades, and language. The procedure to obtain ethical clearance is explained as part of the fulfilment of the required ethical standards and procedures.

The development and utilisation of the measuring instruments is discussed in this chapter. In order to gain more insight as to which emotions arise when a discrepancy between the self-concept and ideal self-concept occurs, a self-concept test, an ideal self-concept test and an Emotional Profile Index questionnaire are incorporated. The structure of the tests as well as all the items in the tests is discussed separately.

Last, the research procedures pertaining to the administration of the tests during the empirical investigation are discussed.

#### 4.2 Hypotheses

The following three hypotheses were formulated from the literature study.

##### 4.2.1 Hypothesis 1

*There is a significant relationship between the self-concept of adolescents and the emotions that they experience.*

## **Rationale**

Adolescence is known as a period in which extreme emotional turmoil is experienced. Various academic and non-academic factors have an impact on the adolescent's life resulting in certain emotional outcomes. According to Coleman (2011:60), the emotional states of an adolescent are less stable than the social or physical states and are naturally more situation-specific in terms of how the emotional state is affected.

It is also significant to keep the changes and development of the self-concept of the adolescent in mind. The self-concept is a cognitive structure which the adolescents create with reference to the way in which they see themselves. This structure is altered upon the fluctuation of the self-concept which in turn influences the emotional states (Cummings et al 2003:353).

According to Oosterwegel and Oppenheimer's research (1993:131), a discrepancy within the self-concept of an adolescent exerts negative emotional effects. Their research indicates that the emotional effects caused by fluctuations in the self-concept are experienced more intensely by extroverts than introverts.

### **4.2.2 Hypothesis 2**

*There is a significant relationship between the ideal self-concept of adolescents and the emotions that they experience.*

## **Rationale**

Apart from the self-concept, the growing cognitive maturity of an adolescent also allows for the establishment of an ideal self-concept. As children mature and enter the adolescent phase, they become increasingly aware of their ideal self-concept (especially in terms of the physical self) which in turn stimulates various emotions (Rathus 2012:227).

According to Bender et al (1997:223), the key to a healthy ideal self-concept is that the image of the ideal self be realistic and consist of emotionally healthy goals which should be re-evaluated on a continuous basis. Continuous re-evaluation will assure a small margin of inconsistency. If a discrepancy between the real self-concept and the ideal self-concept of an individual becomes too big, the general well-being of the individual will be negatively affected. For example, if an individual's ideal self-concept aims to believe that he or she is academically worthy, but he or she continually fails tests, the margin for disappointment grows, which ultimately leads to an emotional upset.

### 4.2.3 Hypothesis 3

*The emotions of adolescents who experience a discrepancy between their self-concept and ideal self-concept differ significantly from those of adolescents who do not experience such a discrepancy.*

#### **Rationale**

Results of a study conducted by Shazia and Ganai (2014:54) on the real self-concept and ideal self-concept of 70 male and 70 female students indicate a high correlation between the real self-concept and ideal self-concept. Students who displayed high scores pertaining to their real self-concept showed much lower discrepancy scores and were relatively free from any emotional or mental ill-health symptoms.

Oosterwegel and Oppenheimer (2013:131) concur that the occurrence of discrepancies between the self-concept and ideal self-concept results in a definite negative influence on the emotional functioning of an individual. Their research also indicates that a discrepancy will rather occur between the self-concept and ideal self-concept than a discrepancy between the various aspects (social, physical, cognitive self) within the self-concept. Once the individual is aware of the discrepancy between the self-concept and ideal self-concept, and makes an effort to narrow the discrepancy down, the emotional state of the individual changes noticeably and seems more positive.

Upon further research, very little information is found concerning the ideal self-concept, real self-concept and the emotions adolescents experience owing to a discrepancy.

## **4.3 Research Design**

The discussion on the research design includes a description of the sample, the measuring instruments used as well as the research procedure followed during the investigation.

### 4.3.1 Sample

Prior to the onset of a research study, it is required that the researcher obtain ethical clearance and permission from the various participating institutions. In this case, it was necessary to obtain permission from the school as well as from the Department of Education, to utilise the learners as respondents for this research. A letter requesting permission to conduct this research was presented to the school board as well as to the circuit manager at the Department of Education, Mpumalanga. Once permission was granted in writing, an application was submitted to an ethics review and clearance panel that gave the final permission to continue with the research.

(See Ethical Clearance certificate attached as Appendix A)

Because the research involved minors, it was necessary for them as well as for their parents / guardians to complete and sign an Informed Consent and Informed Assent form. The details of the research were explained on the form and the rights of the respondents were also stipulated, should they wish to excuse themselves from the selected group. Confidentiality matters and ethical concerns were also clearly delineated in the forms.

Informed Consent (Parent) and Informed Assent (Learner) forms were handed out to respondents two weeks prior to the test date in order for them to return the signed documents in time.

High school learners in the Mpumalanga district were selected to take part. Three high schools were available in the area, from which one school was chosen at random to take part in the study. The selected high school functions as an Afrikaans medium school and, therefore, all the questionnaires were made available in Afrikaans for learners to complete. All the questionnaires were already made available in Afrikaans prior to this investigation.

In the process of deciding which grades should take part in the investigation, it was taken into consideration that grade 8 learners had only recently completed primary school and were still too young to take part in an investigation which primarily focused on emotions prevalent in the adolescent. The grade 12 learners were also excluded from the investigation because of time constraints and the demands of their academic programme.

It was established that each grade had five classes. Through random selection, two classes per grade (grades 9, 10, 11) were selected to form part of the investigation. In order to obtain results pertaining to the emotions and a possible discrepancy between the self-concept and ideal self-concept for both genders, boys and girls were equally chosen through a process of random selection to take part in the survey.

The following table indicates the number of learners and the gender from each grade that took part in the study.

**Table 4.1**

**Number of learners and the gender of learners in each grade**

	<b>Grade 9</b>	<b>Grade 10</b>	<b>Grade 11</b>	<b>Total</b>
<b>Boys</b>	65	22	34	121
<b>Girls</b>	66	33	30	129
<b>Total</b>	131	55	64	250

The average ages of the respondents were 15, 64 years with a standard deviation of 1,028.

### 4.3.2 Measuring instruments

In order to test the hypotheses, the self-concept, ideal self-concept and the emotions of the respondents had to be measured. A self-concept and ideal self-concept test developed by Bester (2005) were incorporated as well as an Emotional Profile Index, developed by Plutchik and Kellerman (1970).

#### 4.3.2.1 Self-concept questionnaire

The questionnaire was developed in order to determine various aspects of the self-concept of an individual. The test measures the physical, cognitive, social, moral, identity and self-actualisation aspects pertaining to the self. The questionnaire consists of one hundred items in which learners must allocate a number between one and six based on how they evaluate themselves.

**This is exactly me 6 5 4 3 2 1 This is definitely not me**

It is important that the respondents' answers reflect how they evaluate themselves and not how they think others evaluate them.

The following serves as an example of the items measuring each of the aspects of the self-concept questionnaire.

#### **Physical self (appearance and body)**

- I feel unsure about my appearance
- I am often in doubt whether I look good

#### **Cognitive self (academic / intellectual)**

- I doubt myself when I make mistakes
- My school performance is acceptable to me

#### **Social self (peer groups / influence)**

- I make an effort to engage in new friendships
- I often think of excuses in order to avoid people

#### **Moral self (ethics / values)**

- It bothers me when I...
- When something is too difficult to do, I'd rather leave it

#### **Identity**

- Life is meaningful for me
- Sometimes I feel as if I do not know myself

## Self-actualisation

- I am scared to engage in new experiences
- I find joy in even the simplest things

## Reliability of the self-concept questionnaire

The questionnaire was preliminary standardised with a sample of 278 high school learners and the reliability coefficients were obtained using the Cronbach Alpha formula. These coefficients appear in Table 4.2.

**Table 4.2**

**The Cronbach Alpha reliability coefficients for the various aspects of the self-concept**

Factor	Reliability coefficient
Physical self	0,83
Cognitive self	0,70
Social self	0,82
Moral self	0,81
Identity	0,84
Self-actualisation	0,85

For all psychological tests a reliability coefficient of 0,7 and higher is deemed acceptable (McMillan & Schumacher 2001:245). The reliability coefficients as shown in Table 4.2 indicate that the self-concept questionnaire measuring the self-concept of an individual can be considered as reliable.

### **4.3.2.2 Ideal self-concept questionnaire**

Each person has an ideal picture of the way he or she would like to be or like to look; this refers to the ideal self. Some individuals would like to have the ideal body or figure, whereas others would like to be better at sport or be a more popular person among his or her peers.

The Ideal self-concept questionnaire consists of several word pairs that are descriptive of an individual's ideals and personal preferences. In each of the word pairs, the respondents must choose the word that best describes their ideal preference.

**The following ideal descriptions are given in the questionnaire:**

**Attractive**

A person with attractive facial features and a good-looking body

### **Sporty**

A person who performs well in a variety of sport activities

- Both of these descriptions intend to measure an individual's physical self.

### **Achiever**

A person who is an above average academic achiever

### **Comprehend**

A person who is very alert and grasps concepts quickly

- Both of these descriptions intend to measure an individual's cognitive self.

### **Adaptable**

A person who gets along with other people easily

### **Popular**

A person who is popular among his or her friends

- Both of these descriptions intend to measure an individual's social self.

### **Principled**

A person who adheres and keeps to principles

### **Sensitive and competent judge**

A person who is able to make the correct decisions regarding what must be done in certain situations.

- Both of these descriptions intend to measure an individual's moral self.

### **Identity**

A person who knows him or herself

### **Self-assurance**

A person who accepts him or herself and has confidence in the self

- Both of these descriptions intend to measure an individual's identity.

### **Actualising of full potential**

A person who develops and utilises his or her full potential

### **Self fulfilment**

A person who makes the best of every day and opportunity

- Both of these descriptions intend to measure an individual's self-actualisation.

Each item of the questionnaire consists of two descriptive words from these discussed above, for example, achiever and acceptable. The respondent then selects the word that best describes his or her ideal preference. The questionnaire consists of sixty word pairs which ultimately describe the ideal self of the person answering the questionnaire.

### **Reliability of the Ideal self-concept questionnaire**

The questionnaire was standardised with a sample of 278 learners and the reliability coefficients were obtained using the Kuder-Richardson formula. Table 4.3 indicates these reliability coefficients.

**Table 4.3**

#### **The Kuder-Richardson reliability coefficients for the various factors**

<b>Factor</b>	<b>Reliability coefficient</b>
A. Physical self	0,84
B. Cognitive self	0,70
C. Social self	0,75
D. Moral self	0,73
E. Identity	0,68
F. Self-actualisation	0,77

The reliability coefficients as shown in Table 4.3 indicate that the ideal self-concept questionnaire can be considered reliable.

#### **4.3.2.3 Emotions Profile Index**

The EPI (Emotions Profile Index) is a test designed by Plutchik and Kellerman (1970) in order to measure certain emotional traits and emotional conflicts within an individual. The EPI is based on Plutchik's theory emanating from eight basic emotional dimensions. The aim of the EPI is to establish the importance that each of these eight emotions holds in an individual's life.

The test consists of word pairs that are descriptive of different types of emotions, for example: shy, morose or sombre.

The following words are used to describe emotional states in the Emotional Profile Index:

- **Adventurous** – Someone who often engages in new activities in order to experience excitement
- **Affable** – A person who often displays love, affection and warmth towards others

- **Morose** – Someone who carries anger and wrath within him- or herself, but does not easily reveal these emotions
- **Cautious** – Someone who is normally very careful due to being afraid of what might happen to him or her
- **Sombre** – Someone who is melancholic, heavy-hearted, and mopes about life situations
- **Impulsive** – A person who normally acts on the spur of the moment without considering the consequences of his or her actions
- **Obedient** – Someone who normally does what is required of him or her without objection
- **Quarrelsome** – A person who often starts or engages in arguments
- **Touchiness** – Someone who is extremely sensitive and gets angry very easily
- **Self-consciousness** – An individual who normally worries about what others think of him or her
- **Shy** – An individual who normally feels shy in the presence of others and in new situations
- **Social** – Someone who is friendly and enjoys social interaction with others

In each item of the questionnaire, two of the above-mentioned emotional states are paired up, allowing the individual to choose the one that fits him or her best. The candidate must, for example, choose between:

1. Shy
  2. Impulsive
- 
1. Obedient
  2. Adventurous
- 
1. Adventurous
  2. Social

The EPI consists of sixty-two pairs of emotional states. The individual has to choose which emotional state fits him or her best in each pair. A total is then calculated for each of the eight emotional states by adding the number of times each state is selected. These emotional states are given in Table 4.4 followed by an explanation of what each state measures.

**Table 4.4****The emotional 'states' that correlate with each of the dimensions**

1. Trustfulness	Self-acceptance
2. Timidity	Fear / anxiety
3. Depression	Sadness
4. Distrustfulness	Rejection / disgust / critical
5. Aggression	Anger
6. Gregariousness	Joy
7. Self-control	Expectation / organised
8. Dyscontrol	Impulsiveness / need for new experiences

**Reliability of the EPI**

In order to establish the reliability of the EPI, coefficients were obtained using the split-half formula. These coefficients are indicated in Table 4.5.

**Table 4.5****The split-half reliability coefficients for the various emotions**

Factor	Reliability coefficient	Factor	Reliability coefficient
Trustfulness	0.89	Aggression	0.77
Timidity	0.80	Gregariousness	0.90
Depression	0.71	Control	0.78
Distrustfulness	0.61	Dyscontrol	0.75

The reliability coefficients as shown in Table 4.5 indicate that Plutchik and Kellerman's questionnaire measuring the emotional profiles of individuals can be deemed as reliable.

**4.4 Research Method**

All the respondents gathered at a central venue and all three tests were conducted on the same day. Learners were allowed to enjoy a break of twenty minutes after completion of the self-concept test. After twenty minutes they returned to complete the ideal self-concept test and the Emotional

Profile Index questionnaire. The tests were conducted under strict supervision to maintain order and a serene environment. The questionnaires along with a form requiring the personal details of the participants were presented to candidates in a folder. Candidates were assured that there were no time constraints and they could work at their own pace.

Once the questionnaires were handed out to all the respondents, each of the test procedures was explained to the learners. Respondents then had an opportunity to ask questions. They were also invited to ask for assistance during the session if they were unsure about the procedures.

Once the learners completed all three questionnaires, they were free to exit the room. Data gathered from the questionnaires were checked, and prepared for data capturing.

The results obtained from the questionnaires are discussed in Chapter 5.

## Chapter 5.

### Results of the Empirical Investigation

#### 5.1 Introduction

The aim of the empirical investigation is to answer the following questions:

- What relationship exists between the self-concept of adolescents and certain emotions?
- What relationship exists between the ideal self-concept of adolescents and certain emotions?
- Which emotions are prominent in the case of a discrepancy between the self-concept and the ideal self-concept of adolescents?

In order to answer these questions, three hypotheses (which were discussed in chapter 4, section 4.2) were set. In order to test the hypotheses, appropriate measuring instruments were selected to obtain valid data. The self-concept questionnaire measured the physical, cognitive, social, and moral self, as well as identity formation of adolescents and self-actualisation. The intention of the self-concept questionnaire was to gather each respondent's evaluation of him or herself.

The ideal self-concept questionnaire intended to gather data related to the ideal person that each of the respondents would like to be. The questionnaire consisted of various descriptive words from which the respondents had to choose which ones they would most like to associate themselves with. The results obtained from the questionnaire served as an indication of each respondent's ideal self-concept.

The Emotional Profile Index was incorporated to measure certain emotional traits and conflicts within the lives of adolescents. Test results indicated which emotions (trustful, timidity, depression, distrustfulness, aggression, gregariousness, self-control, dyscontrol) were experienced more often.

The data acquired from these questionnaires are discussed accordingly.

#### 5.2 Testing of the Hypotheses

##### 5.2.1 Hypothesis 1

According to Hypothesis 1 (in paragraph 4.2.1.) the following null hypothesis is formulated:

*There is no significant relationship between the self-concept of adolescents and the emotions they experience.*

This null hypothesis is set for every aspect of the self-concept, namely:

- Physical self
- Cognitive self
- Social self
- Value self
- Identity
- Self-actualisation

In order to test the null hypothesis, the correlation coefficients between each aspect of the self-concept and the different emotions were calculated. The results appear in Table 5.2.1.1.

**Table 5.2.1.1**

**Correlation coefficients between the various aspects of the self-concept and the emotions that the learner experience**

N= 250	Trust	Dyscontrol	Timidity	Depression	Distrust	Control	Aggression	Social
<b>Self-concept aspects</b>								
Physical	0,26	0,18	0,02**	-0,12*	-0,25	-0,07**	-0,18	0,20
Cognitive	0,34	0,09**	0,23	-0,32	-0,25	0,03**	-0,33	0,20
Social	0,40	0,22	-0,00**	-0,27	-0,29	-0,16*	-0,25	0,37
Value	0,34	0,09**	0,17	-0,23	-0,26	-0,04**	-0,27	0,21
Identity	0,27	0,18	0,07**	-0,25	-0,20	-0,01**	-0,23	0,22
Self-actualisation	0,35	0,15*	0,10**	-0,23	-0,30	-0,09**	-0,25	0,28

\*p<0,05      \*\*p>0,05

**For all the other correlation coefficients p<0,01**

The results as seen in Table 5.2.1.1 are discussed below according to the six self-concept aspects displayed in the table.

## Physical self

With regards to the physical self the null hypothesis can be rejected for all the emotions except for timid and control. These correlations were not significant ( $r = 0,02$ ;  $p > 0,05$ ) and ( $r = -0,07$ ;  $p > 0,05$ ). For the depression factor the null hypothesis can be rejected at the 5% level of significance ( $r = -0,12$ ;  $p < 0,05$ ).

The physical self correlated positively with trust, dyscontrol, and social factors ( $r = 0,26$  for trust;  $r = 0,18$  for dyscontrol;  $r = 0,20$  for social factors).

Distrust and aggression correlated negatively with the physical self ( $r = -0,25$  for distrust and  $r = -0,18$  for aggression). Self-criticism, being over-sensitive, anxiety and aggressive behaviour indicated a negative relationship with the physical self.

Trust had the highest positive correlation ( $r = 0,26$ ) with the physical self, which shows that a healthy physical self-concept come with high levels of trust and acceptance. A strong negative correlation was found between distrust and the physical self. The assumption could be made that high levels of distrust relates to a lower physical self-concept.

Literature supports the notion that children with a positive physical self-concept tend to be happier and are more likely to show trust in themselves as well as in others. They show high levels of self-confidence and handle criticism better. Those individuals with a low physical self-concept tend to be sad, more depressed, criticise themselves often and refrain from taking part in activities. They will rather watch from the sideline than be involved in any activities (Zastrow & Kirst-Ashman 2007:115).

## Cognitive self

In terms of the cognitive self, the null hypothesis could be rejected for all the aspects except for the relationships between the cognitive self and dyscontrol as well as control. These correlations appeared insignificant ( $r = 0,09$ ;  $p > 0,05$ ) and ( $r = 0,03$ ;  $p > 0,05$ ).

Trust, timidity and social factors correlated positively with the cognitive self ( $r = 0,34$  for trust;  $r = 0,23$  for timid;  $r = 0,20$  for social). A positive cognitive self-concept is likely to be associated with a high level of trust and good social skills in relationships, however the likelihood of timidity could be prevalent as well.

Depression, distrust and aggression revealed a negative correlation with the cognitive self ( $r = -0,32$  for depression;  $r = -0,25$  for distrust;  $r = -0,33$  for aggression). The strongest negative correlation was found between the cognitive self and aggression. This score indicated that the higher the cognitive self-concept of an individual, the lower the level of aggression displayed. In terms of

depression, an individual with a high cognitive self-concept is likely to experience lower levels of depression.

According to Orlans and Levy (2006:31) resilience (supported by cognitive development) is established in children when good protective factors are put in place. These protective factors include qualities of the mind and character such as sociability and the development of cognitive skills. Children who receive support in these areas tend to be happier, display better coping skills, a healthy self-concept, high levels of trust, enjoys social interaction and exhibit greater success in their schoolwork.

Children on the opposite side of this spectrum, display different emotions than those stated above. When the cognitive development of children are compromised and neglected, Orlans and Levy (2006:31) point out that these children's emotional state manifests in aggression, impulsivity, depression, anger and fear. As these children become adolescents, they tend to see danger around every corner, distrust others, shows a lack of social skills and fail repeatedly in their schoolwork.

### **Social self**

The null hypothesis in terms of the social self can be rejected for all the emotions except for timidity. The correlation between the social self and timidity is not significant ( $r = -0,00$ ;  $p > 0,05$ ). The control factor can be rejected at the 5% level of significance ( $r = -0,16$ ;  $p < 0,05$ ).

Trust, dyscontrol, and social aspects correlated positively with the social self ( $r = 0,40$  for trust;  $r = 0,22$  for dyscontrol;  $r = 0,37$  for social). Trust is stronger in relationships where a person is inclined to display positive social behaviour and extroversion. However, the correlation measured between dyscontrol and the social self indicates that factors such as impulsiveness and carelessness relates negatively with the social self and relationships with others.

Depression, distrust and aggression revealed a negative correlation with the social self ( $r = -0,27$  for depression;  $r = -0,29$  for distrust;  $r = -0,25$  for aggression). The small variance in scores between these correlations indicates that an individual with a low social self-concept might experience depression, feel dissatisfied with life, can be over-sensitive and can appear hostile towards others.

According to Beddoe and Giant (2013:32) individuals who are socially in accordance with others are able to make secure attachments, display high self-concept and sociability levels, are trusting and accepting of others and have a positive outlook on life. Those individuals who on the other hand display poor social skills, also present low self-concept levels, are fearful to attach to others, have a negative perception of themselves and the world, and have a pessimistic outlook on life.

## **Value self**

In terms of the value self, the null hypothesis could be rejected for all the aspects except for dyscontrol and control ( $r = 0,09$ ;  $p > 0,05$  for dyscontrol) and ( $r = -0,04$ ;  $p > 0,05$  for control). These correlations were not significant.

Trust, timidity and social aspects correlated positively with the value self ( $r = 0,34$  for trust;  $r = 0,17$  for timid;  $r = 0,21$  for social). The highest correlation was found between the value self and trust. Individuals who revealed higher scores between the value self and trust tends to accept life as it is, make decisions based on their morals and beliefs, and are jovial, yet stable in social situations. As they tend to be good followers, they may appear timid and wary of what others think or say of them.

A negative correlation was found between the value self and depression, distrust and aggression ( $r = -0,23$  for depression,  $r = -0,26$  for distrust;  $r = -0,27$  for aggression). The lower individuals' value self, the higher the possibility that they might experience depression and be very critical towards themselves. These individuals often tend to display fiendish behaviour and openly say whatever they carry in their hearts without any concern for social rules.

It appears that the most positive influential emotion relating to a healthy value self is trust. The value self can however have a negative association with depression and aggression which can emerge as rebellious and unwanted behaviour.

Dabrowski's Theory of Positive Disintegration (1972) in Mendaglio (2008:23) confirms that an individual's value self develops as he conforms to the social environment. Positive value development in terms of the self-concept assists individuals in the regulation of their behaviour according to social norms. When positive value development fails to occur, the individual is in conflict with socially accepted norms. These individuals tend to be egocentric and antisocial and act, regardless of the consequences to others.

## **Identity**

In terms of identity, the null hypothesis can be rejected for all the emotions except for timidity ( $r = 0,07$ ;  $p < 0,05$ ) and control ( $r = -0,01$ ;  $p > 0,05$ ).

Trust, dyscontrol, and social factors correlated positively with identity ( $r = 0,27$  for trust;  $r = 0,18$  for dyscontrol;  $r = 0,22$  for social). It can be accepted that individuals with high identity value prove to be relatively independent and emotionally stable. They are content with life and enjoy warm, friendly contact with others. They can however act impulsively and be reckless in the process of pursuing new adventures and experiences.

Depression, distrust and aggression correlated negatively with identity ( $r = -0,25$  for depression;  $r = -0,20$  for distrust;  $r = -0,23$  for aggression). When individuals' identity relates negatively with depression, distrust and aggression, it can be expected that they can display a degree of ego weakness, sensitivity and withdrawal, rebellion and stubbornness as well as defiance of social norms and rules.

Trust and sociability appears to be the most significant emotional factors associated with a healthy identity. Individuals with high trust and sociability tend to be mature and stable. They trust themselves in terms of making good decisions and they are able to submit and be good followers. In terms of sociability, individuals with a strong identity are independent and do not rely on others. They can be part of a group on their own terms. They are self-confident and display warm and friendly behaviour.

Richards and Richards (1988:134) made the assumption that people become who they are and develop their identity based on the interaction that they have with other human beings. The studies they conducted on a group of children concluded that a positive identity is created through nurturing relationships. They are also of the opinion that positive relationships and sociability leads to a sense of trust, which ultimately leads to the positive development of an identity.

In terms of aggression, distrust, control and depression in individuals with a low self-concept and identity, Fasching-Varner, Albert and Mitchell (2014) and Stets and Turner (2014) states that in general, the above mentioned emotional aspects manifest when defected identity issues arise. Aspects such as individuals' social and economic status, racial prejudice and skin colour and negative social interaction are factors which create identity problems. Courtois & Ford (2012:4) state that individuals who experienced relational and social trauma often struggle with feelings of anger, distrust, confusion, low self-concept, depression and have diffuse identity issues.

### **Self-actualisation**

Based on the results pertaining to self-actualisation the null hypothesis can be rejected for all the emotions except for the relationships between self-actualisation and timidity as well as control. These correlations were not significant ( $r = 0,10$ ;  $p > 0,05$  for timid;  $r = -0,09$ ;  $p > 0,05$  for control). The dyscontrol factor can be rejected at the 5% level of significance ( $r = 0,15$ ;  $p < 0,05$ ).

Self-actualisation correlated positively with trust and social aspects ( $r = 0,35$  for trust;  $r = 0,28$  for social). Individuals who display high levels of trust are innovative and make decisions for themselves which ultimately result in self-actualisation. According to Coon and Mitterer (2013:418) self-actualisers are people who feel safe and accepted by others. They also have enough trust in themselves to "accept all kinds of information without distorting it to fit their fears and desires". Maslow states in his theory on self-actualisation that trust is first and foremost directed towards the

self. Individuals have to trust their own judgment and feelings in order to be unique and attain self-actualisation (Coon 2006:433).

A negative correlation was found between self-actualisation and depression, distrust and aggression ( $r = -0,23$  for depression,  $r = -0,30$  for distrust;  $r = -0,25$  for aggression). Individuals who experience depression, aggression and are distrustful towards others are overpowered by their emotions and are equally sensitive towards others' approval and disapproval of their actions. These factors prevent individuals from attaining self-actualisation.

### 5.2.2 **Summary of the findings on the relationship between the self-concept of adolescents and the emotions they experience**

Concerning all the emotional aspects, trust and social interaction displayed the strongest positive relationships with the self-concept. Trust displayed the highest correlation with sociability (0,40) and the second highest correlation with self-actualisation (0,35). Trust, when compared with sociability, reflected the strongest correlations with aspects of the self-concept. The results indicate that trust is an important factor accompanying a healthy self-concept. The trust factor has a twofold function: it is important to display trust in the self, as well as in others. High levels of trust in the self relate to a healthy physical, cognitive and value self as well as a strong identity and self-actualisation drive. Trust in others ensure high-quality and stable social relationships.

In terms of sociability, high positive correlations were measured for all of the aspects of the self-concept. The social aspect (emotion) had the strongest positive correlation (0,37) with sociability as an aspect of the self-concept. Highly sociable individuals enjoy warm friendly contact with others. Relationships with others are relaxed, stable, lively and jovial.

Depression, distrust and aggression were the emotional aspects with the highest negative correlations in terms of the self-concept. Depression (-0,32) and aggression (-0,33) was indicated as the highest negative correlations, both demonstrating that the lower the self-concept of an individual, the higher the depression and aggression levels. Owing to the fact that depression, distrust and aggression are naturally negative and destructive emotions, all the aspects of the self-concept correlated negatively with these emotions. When these emotions are dominating, a lower physical, cognitive, social and value self-concept as well as a weak identity and a low drive towards self-actualisation can be expected.

### 5.2.3 **Hypothesis 2**

According to Hypothesis 2 (in paragraph 4.2.2.) the following null hypothesis was formulated:

*There is no significant relationship between the ideal self-concept of adolescents and the emotions they experience.*

In order to test the null hypothesis stated above, the correlation coefficients between each aspect of the ideal self-concept and the different emotions were calculated. The results appear in Table 5.2.3.1.

**Table 5.2.3.1**

**Correlation coefficients between the various aspects of the ideal self-concept and the emotions that the learner experience**

N= 250	Trust	Dyscontrol	Timidity	Depression	Distrust	Control	Aggression	Social
<b><u>Ideal Self-concept aspects</u></b>								
<b>Physical</b>	-0,03	0,02	-0,13**	0,00	0,11	-0,04	0,07	-0,01
<b>Cognitive</b>	-0,03	0,07	0,09	-0,04	-0,05	0,06	-0,03	-0,07
<b>Social</b>	-0,05	-0,03	-0,14**	0,08	0,10	-0,08	0,10	0,00
<b>Value</b>	-0,10	-0,18*	0,13**	0,07	0,05	0,10	0,02	-0,11
<b>Identity</b>	0,08	0,05	0,14**	-0,07	-0,13**	0,06	-0,11	0,03
<b>Self-actualisation</b>	0,12	0,07	-0,03	-0,03	-0,13**	-0,08	-0,07	0,15**

\*p<0,01      \*\*p<0,05

**For all the other correlation coefficients p>0,05**

The null hypothesis cannot be rejected for most of the correlation coefficients. Based on the calculated correlation coefficients, there is no significant relationship between most of the aspects of the ideal self-concept and the emotions that learner's experience. The correlation coefficients between identity, the physical, social and value ideal self-concept and timidity are significant. The distrust factor correlates significantly with identity and self-actualisation. The social factor correlates significantly with self-actualisation. Dyscontrol correlates significantly on the 1% level with the value ideal self-concept.

Oosterwegel and Oppenheimer (1993:131) stated the following concerning discrepancies between and within the self-concept: "the ability to integrate conflicting information about the self was a necessary prerequisite for the negative emotional effects of discrepancies to occur". Their study

showed that individuals initially integrate negative and conflicting information towards the self, which ultimately leads to the development of a negative self-concept. It can be assumed that individuals do not integrate negative information in terms of the ideal self-concept, which explains why no relationship is found between the ideal self-concept and emotions.

No previous research conducted on the ideal self-concept and emotions of adolescents could be found at this stage.

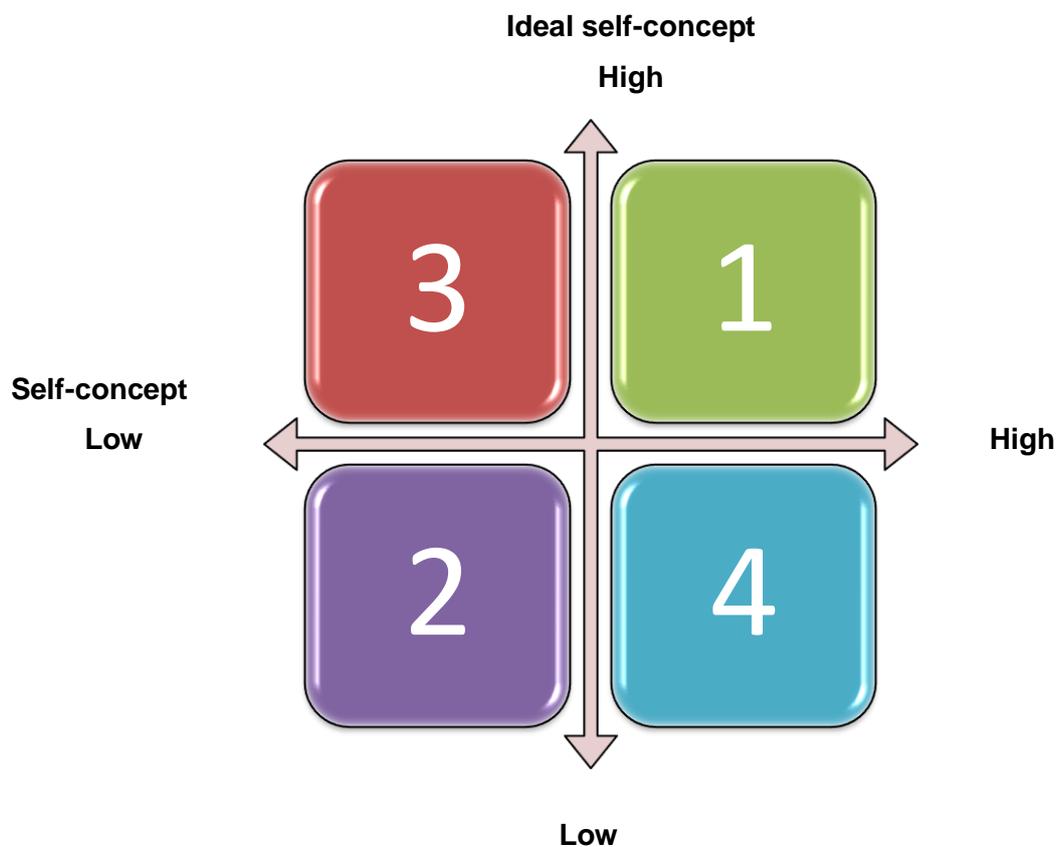
### 5.2.4 Hypothesis 3

According to Hypothesis 3 (in paragraph 4.2.3.) the following null hypothesis was formulated:

*There is no significant difference between the emotions of adolescents who experience a discrepancy between their self-concept and ideal self-concept and those adolescents who do not experience such a discrepancy.*

Stanines were developed for the self-concept and the ideal self-concept. Stanines 1 – 3 is deemed low and Stanines 7- 9 is considered high.

Respondents were divided into the following four groups based on the determined stanines:



### **Group 1**

Individuals who scored high on self-concept and high on ideal self-concept (No discrepancy measured / high self-concept and ideal self-concept).

### **Group 2**

Individuals who scored low on self-concept and low on ideal self-concept (No discrepancy measured / low self-concept and ideal self-concept).

### **Group 3**

Individuals who scored low on self-concept and high on ideal self-concept (A discrepancy is indicated by a low self-concept but a high ideal self-concept).

### **Group 4**

Individuals who scored high on self-concept and low on ideal self-concept (A discrepancy is indicated by a high self-concept and a low ideal self-concept).

In terms of the assessment of the self-concept and the ideal self-concept, six self-concept aspects were selected. They were:

- Physical self
- Cognitive self
- Social self
- Value self
- Identity
- Self-actualisation

The eight emotions that were used in the assessment can be explained as follows:

**Trust** – accepting, emotionally stable, obedient, calm, in-control, jovial, friendly, content.

**Timid** – cautious, anxious, worried, responsible, serious, introspective, shy, submissive.

**Distrust** – stubborn, sarcastic, over-sensitive, critical, controlled by moods.

**Depression** – unhappy, stressed, frustrated, ego-weakness, emotionally less stable, give up easily, lacks responsibility.

**Aggression** – fighting spirit, aggressive, rebellious, dominant, suspicious, uncontrolled, and unreliable.

**Social** – friendly, social, loving, extrovert, active, jovial, impulsive, emotionally stable, group-dependant, relaxed, self-assured.

**Control** – organised, self-control, rule bound, sober, introspective and careful.

**Dyscontrol** – impulsive, new experiences, adventurous, self-assured, aggressive, opportunist, care free, non-sentimental, and reckless.

Not all the emotions were however analysed. The emotions which showed the strongest correlation with each aspect of the self-concept was used (Paragraph 5.2.2). For each aspect of the self-concept, the following emotions were taken into account:

**Physical self-concept:** Trust and distrust

**Cognitive self-concept:** Trust, depression and aggression

**Social self-concept:** Trust, depression, distrust and social

**Value self-concept:** Trust, distrust and aggression

**Identity:** Trust and depression

**Self-actualisation:** Trust, distrust, aggression and social

Only the above mentioned self-concept aspects and emotions will be analysed and discussed according to the four mentioned groups.

In order to establish whether the average in emotions differ significantly, an analysis of variance was carried out.

### Physical self

For the first analyses, the average trust of learners with a high / low self-concept and high / low ideal self-concept are compared.

**Table 5.2.4.1**

**Means and standard deviations of trust for learners in the four groups regarding their physical self**

Group	N	$\bar{x}$	S
1 High physical self-concept / high ideal physical self-concept	19	19,53	3,88
2 Low physical self-concept / low ideal physical self-concept	25	15,40	5,88
3 Low physical self-concept / high ideal physical self-concept	19	15,63	6,10
4 High physical self-concept / low ideal physical self-concept	6	22,83	4,07

$F(3,65)=4,92$  ;  $p<0,01$

With  $F(3,65)=4,92$ ;  $p<0,01$  a significant difference exists between the average trust of learners in the four groups created on the basis of their physical self. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,72; a significant difference on the 5% level exists.

Significant differences were found between groups 2 and 4 and groups 3 and 4. The difference between the means of groups 2 and 4 indicated that individuals with a low self-concept and low ideal self-concept (group 2) displayed less trust than individuals with a high self-concept but low ideal self-concept (group 4). The difference between the means of groups 3 and 4 indicated that individuals with a low self-concept but a high ideal self-concept (group 3) also displayed lower levels of trust than individuals with a high self-concept but low ideal self-concept (group 4). Thus, individuals in groups 2 and 3 with a low self-concept experience less trust than individuals in group 4 regarding the physical self-concept.

A study conducted by Srivastava (2005:296) indicated that trust correlated positively with the physical self and health value for boys ( $r= -0,20$ ;  $p<0,05$ ). Boys who paid attention to keeping their bodies in a fit and attractive state indicated higher levels of trust. These boys were also more involved in self-improvement programmes than boys who displayed lower levels of trust and feeble physical appearances.

The subsequent emotion that will be discussed regarding the physical self is distrust. Table 5.2.4.2 provides the means and standard deviations for learners in the four groups regarding distrust and the physical self.

**Table 5.2.4.2**

**Means and standard deviations of distrust for learners in the four groups regarding their physical self**

Group	N	$\bar{x}$	S
1 High physical self-concept / high ideal physical self-concept	19	10,63	3,52
2 Low physical self-concept / low ideal physical self-concept	25	11,96	4,09
3 Low physical self-concept / high ideal physical self-concept	19	14,79	5,57
4 High physical self-concept / low ideal physical self-concept	6	7,50	3,62

$F(3,65)=5,29$  ;  $p<0,01$

With  $F(3,65)=5,29$ ;  $p<0,01$  a significant difference exists between the average distrust of learners in the four groups in terms of their physical self. In order to determine the differences between the four groups pertaining to distrust, Bonferonni t-values were calculated. If a particular t-value is greater than 2,72; a significant difference on the 5% level exists.

Significant differences were found between groups 1 and 3 and groups 3 and 4. The difference between the means of groups 1 and 3 indicated that individuals with a high self-concept and high ideal self-concept (group 1) are less distrustful than individuals with a low self-concept and high ideal self-concept (group 3). Individuals in group 1 accept others' ideas, are less critical towards themselves and accept situations as they are. The difference between the means of groups 3 and 4 indicated that individuals with a high self-concept but low ideal self-concept (group 4) are also less distrustful than individuals with a low self-concept but high ideal self-concept (group 3). According to the means and standard deviations, individuals with a low self-concept but high ideal self-concept display a high level of distrust. They are very critical towards themselves and others as well as being over sensitive towards others and their judgment of them.

Kramer and Cook (2004:285) states that one's physical image and abilities plays an important role in creating trust and distrust issues in individuals. Facial characteristics, posture and interpersonal demeanour affect how an individual may be perceived (trusted or distrusted) by others, as well as how the individual may perceive (physical self) him- or herself. Their study indicated that a warm and engaging appearance and a relaxed and approachable posture signified an individual who is at ease with his or her physical self, but also installs trust in his or her own capabilities and trustworthiness in others. Individuals who displayed a more strict, rigid and formal appearance in terms of facial expression and demeanour were seen as distrustful and judgmental. "Babyish" facial characteristics enhanced individuals' perceptions of trustworthiness, and they were seen as honest and stable people.

### **Cognitive self**

Trust, depression and aggression were found to be the strongest emotions correlating with the cognitive self and are discussed in that order. First, Table 5.2.4.3 presents the means and standard deviations of trust for learners with regard to their cognitive self.

**Table 5.2.4.3**

**Means and standard deviations of trust for learners in the four groups regarding their cognitive self**

Group	N	$\bar{x}$	S
1 High cognitive self-concept / high ideal cognitive self-concept	17	19,47	4,61
2 Low cognitive self-concept / low ideal cognitive self-concept	23	16,30	6,77
3 Low cognitive self-concept / high ideal cognitive self-concept	6	12,17	1,83
4 High cognitive self-concept / low ideal cognitive self-concept	3	20,33	2,52

$F(3,45)=3,13$  ;  $p<0,05$

With  $F(3,45)=3,13$ ;  $p<0,05$  a significant difference exists between the average trust of learners in the four groups pertaining to their cognitive self. The differences between each of the four groups were determined by calculating Bonferroni t-values. If a t-value is greater than 2,76 a significant difference on the 5% level exists.

A significant difference was found between groups 1 and 3. The difference between groups 1 and 3 indicated that learners with a high self-concept and ideal self-concept (group 1) displayed more trust in terms of their cognitive self than learners with a low self-concept but high ideal self-concept (group 3). A learner in group 1 is stable, in control, easily makes choices and is obedient in a learning situation. Learners in group 3, however, tend to be disobedient in a learning environment, easily give up and are negligent in terms of the completion of tasks.

A study conducted by Martin (2011:58) within a graphic design team indicated that members in the team showed different levels of cognitive self-concept. Individuals with a high cognitive self-concept showed higher levels of trust in their abilities, were confident and mature. A higher cognitive self-concept also accompanied a perceived ability that they contributed well and worthily to their team effort. Individuals with a lower cognitive self-concept failed to debate important design issues which resulted in the loss of relevant team information and feedback.

In the second instance, the means and standard deviations of depression regarding the cognitive self-concept are discussed according to Table 5.2.4.4.

**Table 5.2.4.4**

**Means and standard deviations of depression for learners in the four groups regarding their cognitive self**

Group	N	$\bar{x}$	S
1 High cognitive self-concept / high ideal cognitive self-concept	17	5,00	3,64
2 Low cognitive self-concept / low ideal cognitive self-concept	23	8,30	4,52
3 Low cognitive self-concept / high ideal cognitive self-concept	6	8,17	4,36
4 High cognitive self-concept / low ideal cognitive self-concept	3	5,00	2,65

$F(3,45)=2,48$  ;  $p>0,05$

With  $F(3,45)=2,48$ ;  $p>0,05$  no significant difference exists between the average depression of learners in the four groups pertaining to their cognitive self.

This study showed no difference between the average depression of learners in the four groups regarding their cognitive self-concept and ideal cognitive self-concept.

The results in Table 5.2.4.4 confirm the outcome of Rourke and Fuerst's (1991) study. Their study indicated that high functioning individuals, individuals with average intelligence and learning disabled individuals showed few differences in their self-concept levels.

Third, Table 5.2.4.5 provides the means and standard deviation of aggression for learners regarding the cognitive self.

**Table 5.2.4.5**

**Means and standard deviations of aggression for learners in the four groups regarding their cognitive self**

Group	N	$\bar{x}$	S
1 High cognitive self-concept / high ideal cognitive self-concept	17	8,71	5,77
2 Low cognitive self-concept / low ideal cognitive self-concept	23	14,04	7,52
3 Low cognitive self-concept / high ideal cognitive self-concept	6	13,83	4,26
4 High cognitive self-concept / low ideal cognitive self-concept	3	7,67	2,08

$F(3,45)=2,83$  ;  $p>0,05$

With  $F(3,45)=2,83$ ;  $p>0,05$  no significant difference exists between the average aggression of learners in the four groups pertaining to their cognitive self.

Learners in the four groups did not show any significant difference in terms of the averages in Table 5.2.4.5. The results indicate that the average aggression does not differ significantly for learners in the four groups, regardless of how high or low their self-concept or ideal self-concept is.

Shechtman (2009:7) mentions risk factors such as biological traits, lack of parenting, familial factors, peer group issues, contextual factors related to poverty and stressful life events as underlying stressors which give rise to aggressive behaviour. He also mentions school related issues as possible stressors. Elliott (2013:35) points out that individual characteristics, home environment, peer relationships, school failure, media violence and community or social issues are the six most influential factors leading to aggression. Although school-related issues and school failure are mentioned, cognitive performance is not the number one stressor leading to aggression in adolescents.

### **Social self**

The emotions that displayed the strongest correlation with the social self-concept were trust, depression, distrustfulness and sociability.

First, the analysis of the means and standard deviations of trust for the learners in the four groups regarding the social self is discussed.

**Table 5.2.4.6**

**Means and standard deviations of trust for learners in the four groups regarding their social self**

<b>Group</b>	<b>N</b>	<b><math>\bar{x}</math></b>	<b>S</b>
1 High social self-concept / high ideal social self-concept	9	22,11	1,69
2 Low social self-concept / low ideal social self-concept	20	15,05	5,42
3 Low social self-concept / high ideal social self-concept	17	14,71	6,48
4 High social self-concept / low ideal social self-concept	11	20,55	5,18

$F(3,53)=6,24$  ;  $p<0,01$

With  $F(3,53)=6,24$ ;  $p<0,01$  a significant difference exists between the average trust of learners in the four groups pertaining to their social self. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

Significant differences were found between groups 1 and 2, groups 1 and 3 and groups 3 and 4. The difference between the means of groups 1 and 2 indicated that individuals with a high self-concept and high ideal self-concept (group 1) displayed higher levels of trust pertaining to their social self-concept than individuals with a low self-concept and low ideal self-concept (group 2). The difference between the means of groups 1 and 3 confirmed that individuals with a high self-concept and high ideal self-concept (group 1) also displayed more trust than individuals with a low self-concept but high ideal self-concept (group 3). When comparing groups 3 and 4, individuals with a high self-concept but low ideal self-concept (group 4) displayed higher levels of trust pertaining to their social self than individuals with a low self-concept but high ideal self-concept (group 3). Individuals with a high self-concept and a high ideal self-concept have strong trustworthy relationships with others. Individuals from groups 2 and 3 are most likely to experience less gratification and success in terms of trust in their social relationships with others. Individuals with a high self-concept but low ideal self-concept (group 4) seem to have a more positive experience in terms of trust pertaining to the social self-concept than individuals in groups 2 and 3. Individuals who display low self-concept and ideal self-concept levels may find it very difficult to form lasting relationships or to bond with others because of their lack of trust in others.

Concerning the sociability of individuals, Laszkowski (2008:4) conducted a study in order to understand the concept of popularity and how it is perceived by others. He distinguished between two different types of peer popularity. In the first instance, he identified sociometric popularity based strictly on liking an individual and second, he identified perceived popularity based on social prestige and reputation. He further identified that each type of popularity carries with it distinct correlates and characteristics. Upon asking learners to vote for their “most favourite” and “least favourite” class members, he found that sociometric popularity (being well accepted) was associated with kindness, trust, positive sociability, and leadership. These learners were also perceived as learners with a strong positive social self-concept. Perceived popularity was associated with both positive and negative characteristics. These learners were viewed as strong leaders, athletic and academically competent, but also aggressive, domineering and often engaged in substance abuse. Trust was not an eminent factor in this category.

In the second instance, the means and standard deviations of depression for learners associated with their social self are discussed.

**Table 5.2.4.7**

**Means and standard deviations of depression for learners in the four groups regarding their social self-concept**

Group	N	$\bar{x}$	S
1 High social self-concept / high ideal social self-concept	9	4,11	1,90
2 Low social self-concept / low ideal social self-concept	20	7,30	4,60
3 Low social self-concept / high ideal social self-concept	17	7,65	2,96
4 High social self-concept / low ideal social self-concept	11	4,82	4,47

$F(3,53)=2,69$  ;  $p>0,05$

With  $F(3,53)=2,69$ ;  $p>0,05$  no significant difference exists between the average depression of learners in the four groups pertaining to their social self-concept.

The results in Table 5.2.4.7 indicate that there is no significant difference in the average depression of learners who experience a discrepancy between their social self-concept and their ideal social self-concept and those learners who do not experience such a discrepancy. The following research conducted by Markus and Wurf is presented in order to validate the results provided in Table 5.2.4.7.

Research conducted by Markus and Wurf (1987:301) suggests that a discrepancy between the actual and the ideal self-concept in many individuals results in depression. A study conducted by Alfeld-Liro and Sigelman (1998:219) in a sample of 287 students, also confirms that a large discrepancy between the real and ideal self-concept of adolescents is strongly linked to depression. However, a study conducted by Sulz and Krizan in Marsh, Craven and McInerney (2005:85) indicates a very high positive correlation of 0,82 between the self-concept and depression regardless of a difference between the self-concept and the ideal self-concept of individuals.

In the second last analysis regarding the social self-concept, the average distrust of learners with a high / low self-concept and high / low ideal self-concept will be compared.

**Table 5.2.4.8**

**Means and standard deviations of distrust for learners in the four groups regarding their social self-concept**

Group	N	$\bar{x}$	S
1 High social self-concept / high ideal social self-concept	9	12,22	2,11
2 Low social self-concept / low ideal social self-concept	20	13,25	5,92
3 Low social self-concept / high ideal social self-concept	17	13,88	4,64
4 High social self-concept / low ideal social self-concept	11	9,64	4,78

$F(3,53)=1,86$ ;  $p>0,05$

With  $F(3,53)=1,86$ ;  $p>0,05$  the null hypothesis cannot be rejected. There is no significant difference between the average distrust of learners in the four groups pertaining to their social self-concept and ideal social self-concept.

The last analysis concerning the social self-concept compares the average sociability for learners with a high / low self-concept and high / low ideal self-concept.

**Table 5.2.4.9**

**Means and standard deviations of sociability for learners in the four groups regarding their social self-concept**

Group	N	$\bar{x}$	S
1 High social self-concept / high ideal social self-concept	9	15,56	1,81
2 Low social self-concept / low ideal social self-concept	20	10,45	3,90
3 Low social self-concept / high ideal social self-concept	17	10,53	4,62
4 High social self-concept / low ideal social self-concept	11	13,73	3,13

$F(3,53)=5,40$ ;  $p<0,01$

With  $F(3,53)=5,40$ ;  $p<0,01$  a significant difference exists between the sociability of learners in the four groups pertaining to their social self-concept. In order to determine between which of the

groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

Significant differences were found between groups 1 and 2 and groups 1 and 3. The difference between the means of groups 1 and 2 and 1 and 3 indicated that in both instances individuals with a high self-concept and ideal self-concept (group 1) displayed a higher level of sociability pertaining to their social self-concept than individuals with a low self-concept and ideal self-concept (group 2) or low self-concept but high ideal self-concept (group 3). Individuals in the latter groups tend to show less sociability, unfriendliness, over-sensitivity, and anxiety.

All individuals have the need to be socially accepted and to “belong”, but a lack of self-concept can make social interaction a daunting task. Regardless of anxiety, uncertainty, possible failure and over-sensitivity, the ideal self-concept serves as a substitute for a lack of real self-concept. According to a study conducted by Diaz (2009:27), adolescents with a low self-concept are most likely to choose the roles, attributes and traits, and behaviours reflective of who they would like to be in a social situation in spite of a low self-concept. This implies the portrayal of the “ideal self” in social situations. The “ideal self” may, however, not necessarily be accepted by the group which implies further negative feedback on the already low self-concept.

Trust is the most important positive emotional factor associated with the social self-concept and ideal social self-concept, especially for learners with a high social self-concept / high ideal social self-concept. Learners in the four groups did not show any significant difference in terms of depression and distrust averages, irrespective of how high or low their social self-concept and ideal social self-concept levels were.

### **Value self**

In terms of the value self as an aspect of the self-concept and ideal self-concept, trust, distrust and aggression were found to be the strongest emotions correlating with the value self.

Tables 5.2.4.10 and 5.2.4.11 present the means and standard deviations of trust and distrust for learners with regard to their value self. A combined discussion follows on the trust and distrust factor.

**Table 5.2.4.10**

**Means and standard deviations of trust for learners in the four groups regarding their value self**

Group	N	$\bar{x}$	S
1 High value self-concept / high ideal value self-concept	20	19,25	5,59
2 Low value self-concept / low ideal value self-concept	7	18,43	6,32
3 Low value self-concept / high ideal value self-concept	23	14,26	6,76
4 High value self-concept / low ideal value self-concept	7	20,71	5,91

$F(3,53)=3,27$ ;  $p>0,05$

With  $F(3,53)=3,27$ ;  $p>0,05$  no significant difference exists between the average trust of learners in the four groups pertaining to their value self.

**Table 5.2.4.11**

**Means and standard deviations of distrust for learners in the four groups regarding their value self**

Group	N	$\bar{x}$	S
1 High value self-concept / high ideal value self-concept	20	10,30	4,16
2 Low value self-concept / low ideal value self-concept	7	13,57	4,35
3 Low value self-concept / high ideal value self-concept	23	13,26	6,02
4 High value self-concept / low ideal value self-concept	7	10,14	4,45

$F(3,53)=1,76$ ;  $p>0,05$

With  $F(3,53)=1,76$ ;  $p>0,05$  no significant difference exists between the average distrust of learners in the four groups pertaining to their value self.

Owing to the fact that the value self or self-worth is determined by how an individual is valued by others, Duminy, Dreyer and Steyn (1996:106) states that peer group influence is one of the major role players in the decrease or increase in the value self-concept of individuals. In terms of the value self-concept, positive peer pressure is associated with higher academic performance, acceptable

behaviour and trustful relationships whereas negative peer pressure is associated with low self-worth, distrust, poor academic performance and negativity.

**Table 5.2.4.12**  
**Means and standard deviations of aggression for learners in the four groups regarding their value self**

Group	N	$\bar{x}$	S
1 High value self-concept / high ideal value self-concept	20	7,35	5,37
2 Low value self-concept / low ideal value self-concept	7	10,86	5,98
3 Low value self-concept / high ideal value self-concept	23	13,26	7,24
4 High value self-concept / low ideal value self-concept	7	6,57	5,16

$F(3,53)=4,02$ ;  $p<0,05$

With  $F(3,53)=4,02$ ;  $p<0,05$  a significant difference exists between aggression experienced by learners in the four groups pertaining to their value self. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

A significant difference was found between groups 1 and 3. The difference between the means of groups 1 and 3 indicated that individuals with a high self-concept and ideal self-concept (group 1) experience less aggression and tend to be more forgiving, conscientious and permissive than individuals with a low self-concept but high ideal self-concept (group 3). Individuals in group 3 (regardless of having a high ideal self-concept) displayed more aggressive, stubborn behaviour and disregard for social rules in terms of their value self owing to a lack of a positive self-concept.

When interacting with others, individuals enter a state of self-awareness in which their attitudes, values, appearance, and other characteristics are brought into focus. Young (2007:70) states that the value of a woman is generally determined by her beauty and thinness. Women who perceive their appearance to be inferior to that of others experience anxiety and show low self-concept levels. Young states that the “expression of anger may reduce anxiety because anger externalises problems, whereas anxiety internalises problems”. The threatening of an individual’s value self leads to aggression, which in turn helps the individual to cope with feelings of inferiority, low self-concept and insecurity.

## Identity

The emotions that displayed the strongest correlation with identity were trust and depression.

For the first analysis, the means of trust for learners in the four identity groups are compared. The results are shown in Table 5.2.4.13.

**Table 5.2.4.13**

**Means and standard deviations of trust for learners in the four groups regarding identity**

Group	N	$\bar{x}$	S
1 High identity / high ideal identity	18	21,33	4,03
2 Low identity / low ideal identity	13	14,62	5,97
3 Low identity / high ideal identity	18	16,28	6,42
4 High identity / low ideal identity	11	20,00	3,77

$F(3,56)=5,38; p<0,01$

With  $F(3,56)=5,38; p<0,01$  a significant difference exists between the trust experienced by learners in the four groups pertaining to their identity. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

A significant difference was found between groups 1 and 2 and 1 and 3. In both instances, individuals with a high identity and ideal identity (group 1) experienced more trust than individuals with a low identity and ideal identity (group 2) or low identity but high ideal identity (group 3).

Parents play an integral part in the development of children. A lack of parenting influences a myriad of domains in a child's life. According to Davis (1985:89), predictors in adolescents' identity development are linked to parental support and to a sense of industry. Parental support instils a sense of trust in children. When children experience trust in their parents and trust from their parents, they are able to achieve a sense of industry which leads to healthy identity development. A healthy identity ensures that individuals can instil trust in others and that they are able to trust.

Davis's research concluded that adopted children encounter special difficulties in terms of the identity forming process due to a lack of trust in others, especially parents (Davis 1985:90).

The second analysis concerning identity focuses on the means and standard deviations of depression for learners in the four groups. The results are displayed in Table 5.2.4.14.

**Table 5.2.4.14****Means and standard deviations of depression for learners in the four groups regarding identity**

Group	N	$\bar{x}$	S
1 High identity / high ideal identity	18	4,11	3,23
2 Low identity / low ideal identity	13	7,38	4,44
3 Low identity / high ideal identity	18	6,22	3,72
4 High identity / low ideal identity	11	5,09	2,59

 $F(3,56)=2,37; p>0,05$ 

With  $F(3,56)=2,37; p>0,05$  no significant difference exists between the average depression of learners in the four groups pertaining to identity. The results emphasise the fact that learners in all four groups experience depression equally because of problems that may arise during the process of identity development in the adolescent phase.

Erikson's theory explains that all individuals have to master eight stages of psychosocial development in their lifetime. The adolescent phase focuses on identity versus role confusion. The failure of any adolescent to master this stage results in uncertainty, confusion and depression. Zahn-Waxler et al (2006:18) confirm that the nature of depressive states in adolescents are most often assigned to difficult transitioning into adolescence, stressful life events and developing new relationships.

### **Self-actualisation**

The association between self-actualisation and trust, distrust, aggression and sociability for learners is discussed in the following paragraphs.

First, the means and standard deviations of trust and distrust for learners regarding their self-actualisation follow in Tables 5.2.4.15 and 5.2.4.16. A combined discussion follows explaining the relationship of trust and distrust with self-actualisation.

**Table 5.2.4.15****Means and standard deviations of trust for learners in the four groups regarding self-actualisation**

Group	N	$\bar{x}$	S
1. High self-actualisation / high ideal self-actualisation	10	23,40	3,75
2 Low self-actualisation / low ideal self-actualisation	27	15,78	6,65
3 Low self-actualisation / high ideal self-actualisation	11	14,91	6,66
4 High self-actualisation / low ideal self-actualisation	11	18,27	5,39

 $F(3,55)=4,63; p<0,01$ 

With  $F(3,55)=4,63; p<0,01$  a significant difference exists between trust experienced by learners in the four groups regarding their self-actualisation. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

A significant difference was found between groups 1 and 2 and groups 1 and 3. In both instances, individuals with a high self-actualisation and ideal self-actualisation (group 1) factor experience more trust which allows self-actualisation to take place. Individuals with a low self-actualisation and ideal self-actualisation (group 2) factor or low self-actualisation but high ideal self-actualisation (group 3) factor experience less trust, which ultimately makes self-actualisation more difficult to achieve.

**Table 5.2.4.16****Means and standard deviations of distrust for learners in the four groups regarding self-actualisation**

Group	N	$\bar{x}$	S
1. High self-actualisation / high ideal self-actualisation	10	6,40	3,60
2. Low self-actualisation / low ideal self-actualisation	27	12,48	6,32
3. Low self-actualisation / high ideal self-actualisation	11	11,45	4,91
4. High self-actualisation / low ideal self-actualisation	11	10,36	3,67

$F(3,55)=3,31; p<0,05$

With  $F(3,55)=3,31; p<0,05$  a significant difference exists between distrust experienced by learners in the four groups regarding their self-actualisation. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

A significant difference was found between groups 1 and 2. Individuals in group 1 (high self-actualisation and high ideal self-actualisation) display less distrust towards others and their ideas, which optimises their opportunities to attain success and reach self-actualisation. Individuals in group 2 (low self-actualisation and low ideal self-actualisation) display more distrust towards others which, along with anxiety, over-sensitivity and constant critical awareness of others' opinions, reduces opportunities for self-actualisation to be achieved.

In his theory of personality, Rogers stated that each person has the latent potential and capacity to organise him or herself in such a way that self-actualisation can be attained. He also states that we have two inherent forces working within us: an actualising force that motivates us, and a valuating process that regulates us. When the valuating process is conducted positively, the actualisation force reacts positively and vice versa. The valuating force includes the value that others communicate about an individual and to an individual. Based upon the above-mentioned "value communication", individuals assign value to themselves. Trust is instilled when an individual experiences him- or herself as valuable, which leads to positive actualisation. Distrust is instilled when an individual experiences him- or herself as invaluable, which leads to a lack of actualisation (Ikiugu & Ciaravino 2007:65).

In the second instance, the analysis of the means and standard deviations of aggression for learners with high and low self-actualisation / ideal self-actualisation follows.

**Table 5.2.4.17**

**Means and standard deviations of aggression for learners in the four groups regarding self-actualisation**

Group	N	$\bar{x}$	S
1 High self-actualisation / high ideal self-Actualisation	10	3,80	3,19
2 Low self-actualisation / low ideal self-Actualisation	27	11,11	6,13
3 Low self-actualisation / high ideal self-Actualisation	11	11,09	7,71
4 High self-actualisation / low ideal self-Actualisation	11	9,73	5,64

$F(3,55)=3,91$ ;  $p<0,05$

With  $F(3,55)=3,91$ ;  $p<0,05$  a significant difference exists between aggression experienced by learners in the four groups pertaining to self-actualisation. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

A significant difference was found between groups 1 and 2 and groups 1 and 3. Individuals in group 1 (high self-actualisation / high ideal self-actualisation) experience less aggression towards others than individuals in group 2 (low self-actualisation / low ideal self-actualisation) and group 3 (low self-actualisation / high ideal self-actualisation).

In terms of aggressive behaviour displayed in the self-actualisation process, Nadelson and Notman (2013:20) stated that for young women with a strong self-concept in a business environment, aggression was part of the road to success and achieving self-actualisation. This form of aggression does, however, not refer to hostility or destructive behaviour, but to mastery, competence, and the pursuit of personal goals. However, the study also indicated that conflict existed within those individuals with a low self-concept. Once the individuals with lower self-concepts were aware of the assertiveness and competitiveness needed in order to achieve self-actualisation, negative and aggressive behaviour was displayed along with feelings of worthlessness.

Third, the means and standard deviations of sociability for learners with high and low self-actualisation / ideal self-actualisation follow in Table 5.2.4.18.

**Table 5.2.4.18****Means and standard deviations of sociability for learners in the four groups regarding self-actualisation**

Group	N	$\bar{x}$	S
1 High self-actualisation / high ideal self-actualisation	10	16,70	2,67
2 Low self-actualisation / low ideal self-actualisation	27	11,48	4,48
3 Low self-actualisation / high ideal self-actualisation	11	10,73	4,17
4 High self-actualisation / low ideal self-actualisation	11	12,00	4,73

$F(3,55)=4,46; p<0,01$

With  $F(3,55)=4,46; p<0,01$  a significant difference exists between the sociability experienced by learners in the four groups pertaining to self-actualisation. In order to determine between which of the groups differences exist, Bonferroni t-values were calculated. If a particular t-value is greater than 2,74; a significant difference on the 5% level exists.

A significant difference was found between groups 1 and 2 and groups 1 and 3. Individuals in group 1 (high self-actualisation / high ideal self-actualisation) experience more sociability than individuals in group 2 (low self-actualisation / low ideal self-actualisation) and group 3 (low self-actualisation / high ideal self-actualisation). Individuals in group 1 tend to be active in pursuing their goals and are able to achieve self-actualisation successfully through the inclusion of others in the process. Individuals in groups 2 and 3 often display anti-social behaviour and can come across as unfriendly and introspective. They tend to be shy, sensitive and introverted in life and these aspects can cause problems on their way to reaching their full potential.

In a study conducted by Ivtzan and Moon (2008:27-28) on 119 undergraduate students on the association between physical attractiveness and self-actualisation, it was established that physically attractive people shared certain characteristics such as inner-directedness, sociability, and self-acceptance. Results indicated that individuals in the attractive group scored higher on self-actualisation, spontaneity, self-acceptance and capacity for intimate contact than individuals in the non-attractive group. The reason for the higher scores in the attractive group was assigned to higher self-concept levels than individuals in the non-attractive group. This confirms that sociability and high self-concept levels play an important role in the self-actualisation process.

### 5.3 Conclusion

The first aim of the empirical investigation was to establish whether a significant relationship exists between the self-concept of adolescents and the emotions they experience. Correlation coefficients between each aspect of the self-concept and the different emotions were calculated and analysed. According to the correlation coefficients, trust and sociability showed the strongest positive correlations with all the aspects of the self-concept. Control, timidity and dyscontrol displayed lower positive relationships with aspects of the self-concept. Depression, distrust and aggression displayed the strongest negative correlations with aspects of the self-concept.

For the second aim, correlation coefficients between each aspect of the ideal self-concept and the different emotions were calculated. In most instances no relationship existed between the ideal self-concept of adolescents and the emotions they experience.

The third aim was to establish the difference between the emotions of adolescents who experience a discrepancy between their self-concept and their ideal self-concept and those adolescents who do not experience such a discrepancy. Participants were divided into four groups in order to establish among which groups a discrepancy existed.

- Group 1 - Individuals who scored high on self-concept and high on ideal self-concept
- Group 2 - Individuals who scored low on self-concept and low on ideal self-concept
- Group 3 - Individuals who scored low on self-concept and high on ideal self-concept
- Group 4 - Individuals who scored high on self-concept and low on ideal self-concept

The means for various emotions of each of the groups were compared. The results indicated that trust was the most prominent emotion when a discrepancy between the self-concept and the ideal self-concept of adolescents occurred. Individuals with a high self-concept and ideal self-concept show confidence in their appearance and try to maintain their physical and outer look. These individuals are cognitively stable and perform well in a work or study environment. They trust their own abilities and add value to teamwork. Furthermore, they display trust in themselves within a social environment and easily trust others. They value themselves and have a strongly developed identity.

In terms of negative emotions, individuals in group 2 (low self-concept / low ideal self-concept) and group 3 (low self-concept / high ideal self-concept) were mostly dominated by depression, aggression, and distrust. Individuals with a low self-concept and ideal self-concept as well as

individuals with a low self-concept but high ideal self-concept seem to experience depression, aggression and distrust which lead to a lower level of psychological adaptability.

The implications of the investigation are discussed in chapter 6.

## **Chapter 6.**

# **Implications and Recommendations**

### **6.1 Introduction**

In chapter 1 it was stated that the aim of the research was to establish the emotional consequences of adolescents who experience a discrepancy between their self-concept and their ideal self-concept. The research included a literature study consisting of various theoretical perspectives and a variety of factors that could influence the self-concept and the ideal self-concept. These factors were discussed under the headings of the physical, social and cognitive aspects of the self. Ultimately, these self-concept aspects were compared with various emotions in the empirical study in order to establish the relationship between the self-concept and the ideal self-concept of adolescents and the emotions they experience when a discrepancy between these two entities exists. The study focused on adolescents because adolescence is the phase in which most physiological and psychological changes take place. These changes influence the development of adolescents and which ultimately impact positively or negatively on the development of the self-concept and the ideal self-concept.

A subsequent literature study was conducted in order to ascertain the prominent emotions that are experienced during the adolescent phase. Depression, anxiety, aggression and stress were found to be the four most prominent emotions. Previous research and literature were analysed in order to determine how much is known about the emotions experienced by adolescents when a discrepancy between the self-concept and the ideal self-concept is experienced. Hardly any literature could be found in support of a relationship between the ideal self-concept and the emotions experienced by adolescents.

An empirical investigation was conducted in order to determine the relationship between the self-concept, the ideal self-concept and the emotions experienced by adolescents. The investigation further aimed to determine the emotions that were evident when a discrepancy between the self-concept and the ideal self-concept occurred. In terms of the various self-concept aspects that were included in the tests, results from the empirical investigation revealed whether the same emotions appeared in most of the discrepancy areas or whether the emotions experienced varied.

### **6.2 Findings from the Literature Study**

The literature study presented a dilemma regarding the interchangeable use of certain terminology. No one resolute definition could be found for the terms “self-concept”, “self-esteem”, “self-image”

and “ideal self-concept”. It was, therefore, important to clarify each term prior to conducting the literature study.

Where sufficient research and data were available on the relationship between the self-concept and the emotions, very little was found on the relationship between the ideal self-concept and emotions experienced by adolescents. Literature also revealed very little concerning the influences on the development of the ideal self-concept. It could not be ascertained from the available literature whether the same factors that impact the self-concept, have a similar effect on the ideal self-concept. Research results indicate that various factors have an effect on adolescents’ self-concept and ultimately invoke emotions which the adolescents have to deal with. The same could not be said for the ideal self-concept as research did not reveal which emotions, if any, had an influence on the ideal self-concept of adolescents when they were confronted by physiological or psychological changes.

Owing to the actual existence of the self-concept and the ideal self-concept in individuals, and the reality of the impact of various factors on the development of these two entities, the conclusion can be made that if a discrepancy existed between the self-concept and the ideal self-concept, certain emotions were prevalent which the adolescent had to deal with. A further literature search revealed that depression, aggression, anxiety and stress proved to be the four most prominent emotions experienced during adolescence. These emotions consequently negatively relate to the self-concept. Individuals with a low self-concept tend to experience depression, anxiety, aggression and stress far more than individuals with high self-concept levels. Owing to a lack of available literature on the ideal self-concept and emotions experienced, a definite conclusion regarding the ideal self-concept could not be made.

### **6.3 Findings from the Empirical Investigation**

The general aim of the empirical investigation was to establish the emotional consequences of adolescents who experience a discrepancy between their self-concept and their ideal self-concept. An empirical investigation was, therefore, conducted in order to ascertain

- the relationship that exists between the self-concept of adolescents and certain emotions;
- the relationship that exists between the ideal self-concept of adolescents and certain emotions;
- the emotions that are prominent in the case of a discrepancy between the self-concept and the ideal self-concept of adolescents.

From the empirical investigation the following conclusions were made:

- Trust and sociability proved to be the emotions most positively associated with the self-concept.
- Depression, distrust and aggression proved to be the emotions that appeared most prominently when a low self-concept occurred.
- No relationship was found between most of the emotions and the ideal self-concept of the adolescents.
- Paragraph 5.2.4 described the four groups in which learners were categorised according to their self-concept and ideal self-concept levels. According to the empirical test results, individuals in groups 2 (low self-concept / low ideal self-concept) and 3 (low self-concept / high ideal self-concept) mainly experienced depression, aggression and distrust when a discrepancy between the self-concept and the ideal self-concept occurred.
- Trust appeared to be the emotion that played the most significant role pertaining to a discrepancy between the self-concept and the ideal self-concept of adolescents.

#### **6.4 Implications and Recommendations for the Study**

The implications for this study focus on the practical aspects that can be applied to strengthen the self-concept of adolescents. Strong relationships were found between the self-concept and emotions which adolescents experience whereas significantly fewer relationships were found between these emotions and the ideal self-concept of adolescents. It is, therefore, essential to nurture the development of the self-concept.

The self-concept of an individual is a construct that includes aspects such as how a person evaluates him or herself, self-knowledge, ideas, feelings, attitudes and expectations regarding the self. Through the integration of these aspects, the individual develops an image of him or herself that ultimately culminates in a concept about the self. Chapters 2 and 3 discussed in detail the various factors that can influence the self-concept. It is, therefore, imperative that parents, educators, and when required, counsellors, ensure that the individuals in their care are equipped with a healthy self-concept which aligns with a rational ideal self-concept.

The recommendations are guided by the following questions:

- What can parents, educators and counsellors do in order to strengthen adolescents' self-concept regardless of a discrepancy between the self-concept and the ideal self-concept?

- In a case in which a discrepant relationship exists between the self-concept and the ideal self-concept, what can parents, educators and counsellors do in order to assist adolescents in the matter?
- How would the emotions arising from a discrepancy between the self-concept and the ideal self-concept be dealt with?

The following recommendations are made in order to bring about positive self-concept development; maintaining of a healthy (rational) self-concept; the prevention of self-concept degradation; and the treatment and management of emotions pertaining to the self-concept and the ideal self-concept:

### **6.5 The role of parents, educators and counsellors in the strengthening of the self-concept in adolescents**

The first question mentioned in paragraph 6.4 focuses on the role of parents, educators and counsellors in the strengthening of the self-concept, regardless of the existence of a discrepancy between the self-concept and the ideal self-concept in adolescents. In terms of parenting and educating, people involved in these areas should always strive towards the uplifting and strengthening of children's self-concept. Bentham (2006:21) states that individuals with a low self-concept generally display similar characteristics. Parents and educators can identify a low self-concept by attending to the following characteristics. Individuals with a low self-concept

- fear failure and are hesitant to engage in new learning tasks;
- need constant reassurance;
- try to be the centre of attention;
- often blame others when things go wrong. They cannot accept that it can be their fault as well;
- struggle to accept praise;
- easily put others down in order to make themselves feel better;
- boast and show off in order to make themselves feel worthy.

(Bentham 2006:21)

According to the "Looking Glass Self" concept formulated by Cooley, other individuals serve as mirrors, assisting young children in the development of their self-concept. Others' judgment creates a perception of the self which an individual incorporates into his or her self-concept (Shepard 2010:95). In general children spend more or less eighteen years under parental supervision, parents and caregivers are the most influential "mirrors" from whom individuals gather "material" to compile their self-concept. Parents or caregivers should provide opportunities for optimal emotional

growth support and emotion regulation; assistance with social competency; aid and support in mastering tasks and challenges; and encourage skills development.

As key role players in the development of children's self-concept, parents should focus on:

- The standards used to judge performance. Children should feel that they can achieve what is expected of them and that they are not achieving their parents' ideal performance levels. Too high expectations can cause feelings of incompetency and worthlessness (Wilmshurst & Brue 2005:160).
- Vocabulary used when directing actions, behaviour and reprimanding. Parents should avoid using negative comments and sarcastic remarks.
- The actions performed by children rather than their achievement. Praise children for taking initiative rather than pointing out what they have not achieved or accomplished.
- Unconditional positive regard towards children. According to Rogers' theory, personality is related to self-emergence. Emergence and development of the personality takes place in terms of actualisation and motivation as well as a valuing process that regulates people (Ikiugu & Ciaravino 2007:65). Rogers states that parents can enhance children's self-concept by showing unconditional love and positive regard towards them.

In order to strengthen learners' self-concept, educators should focus on:

- Creating ecological-friendly classrooms. According to Lipka in Irwin (1997:34), every educator should ask the question whether his or her classroom is an ecologically friendly classroom. This approach ensures a cooperative learning environment. By incorporating this approach, learners learn how to work along with others and to find a place in a group. In a group setup, learners have the opportunity to experience job competence, self-worth and altruism where they can serve one another. These aspects, according to Lipka, ensure the enhancement of learners' self-concept in a classroom setup.
- Individual appraisal of learners. In a school situation, Manning (2007:14) states that it is important for educators and school counsellors to avoid making assumptions concerning a learner's self-concept, but rather accurately assess the learner's deficits, needs and emotional condition. Manning further states that apart from appraising learners individually on their achievements and abilities, self-concept enhancement can further take place by paying attention to grading and evaluation, grouping and tasks in the classroom.
  - Scores and achievement results should not be displayed publically.
  - Learners must be allowed to improve their grades by doing additional work or assignments.

- Educators should avoid using only “able groups or individuals” as examples or to explain instructions.
- Group membership should be made flexible; learners must be able to rotate within the groups.
- Tasks should be provided at which all students could be successful.
- Emphasis on competition against other students should be reduced. Emphasis should rather be placed on improvement over the student’s own prior performances (Manning 2007:14).

Counsellors can enhance self-concept development by focusing on:

- The identification of emotions and associated behaviour. According to De Klerk-Weyer and Le Roux (2008:11), counsellors can aid adolescents in the development of emotional awareness and to distinguish between behaviour displayed due to certain emotions. Counsellors can also assist adolescents in identifying their emotions and related behaviour and how to address these emotions in order to adapt their behaviour.

### **6.6 Assistance provided to adolescents who experience a discrepancy between their self-concept and their ideal self-concept.**

The second question mentioned in paragraph 6.4 focuses on assistance to learners who display a discrepancy between their self-concept and their ideal self-concept.

According to Bentham (2006:20), it is difficult to tell how an individual feels at a certain time or what emotions an individual experiences at a certain stage. Inappropriate behaviour or unexpected responses are good indicators of uncertainty, feelings of inadequacy, anxiety, stress or aggression. Therefore, parents, educators and counsellors can assist by analysing the individual’s behaviour. It is also important that parents, educators and counsellors promote self-concept enhancement which ultimately leads the individual to positive and rational thinking in terms of goal setting, achievement and who the individual ultimately strives to be.

According to De Klerk-Weyer and Le Roux (2008:15), each individual can build a better relationship with the “self” when attention is given to the enhancement of certain domains. De Klerk-Weyer and Le Roux (2008) point specifically to self-knowledge and self-acceptance. Once individuals know themselves or “the self”, they are aware of their boundaries, what is important to them, and what values and beliefs they strive towards. Individuals should become aware of their strong points and can pay extra attention to the enhancement of weaker points.

The most important step in self-acceptance is that one accepts the “self” unconditionally. Self-acceptance refers to feeling worthiness, feeling good about the “self” and accepting the “self” which ultimately leads to more efficient productivity. Once individuals can reach the point of self-acceptance, they are able to

- set realistic expectations for themselves;
- avoid comparing themselves with others (comparing the self to others may lead to a build-up of negative or ambivalent feelings);
- take responsibility for their own happiness and emotional well-being;
- make mistakes and learn from them;
- not let others’ judgment and opinions control them (De Klerk-Weyer & Le Roux 2008:23).

A better relationship with the “self” is a key element in support of the ideal self-concept. A stronger, healthier self-concept ensures alignment with the ideal self-concept.

### **6.7 Assistance provided to adolescents in terms of emotions that arise when a discrepancy between the self-concept and ideal self-concept occurs**

The third question mentioned in paragraph 6.4 deals with the emotions that arise when a discrepancy between the self-concept and the ideal self-concept occurs. The following recommendations are made in order to assist learners who experience emotional turmoil as a result of a discrepancy between their real self-concept and their ideal self-concept.

According to Fox and Sokol (2011:29), it is truly important that adolescents regularly reflect on their emotions which are often the outcome of negative thoughts and behaviour. Emotions such as anger, anxiety, distress, rejection and depression (also associated in this study with a low self-concept / low ideal self-concept) are emotions that add to confusion and turmoil in the adolescent’s life. These mentioned emotions may arise when a discrepancy between the self-concept and the ideal self-concept occurs.

It is important that parents, educators and counsellors support and guide adolescents in order to maintain a healthy and realistic self-concept, which ultimately ensures a healthy ideal self-concept. Once a balance between the self-concept and ideal self-concept is found, a minimal chance exists that a discrepancy between the self-concept and ideal self-concept will occur.

Once a discrepancy between the self-concept and the ideal self-concept occur parents, educators and counsellors should assist and guide adolescents in ways to cope with their negative emotions. According to the results of this investigation, such emotions can be depression, aggression, distrust and sociability. Once these emotions arise, the probability of a discrepancy is evident.

Parental support and involvement in terms of their adolescent's emotional struggles are vitally important. A study conducted by Branje, Hale and Meeus (2008:136) on 2589 adolescents in various stages of adolescence, reveals that adolescents who experience minimal involvement and support from their parents, struggle considerably more in dealing with their emotional problems. Those adolescents' who experience adequate parental support report fewer emotional problems.

According to Talan (2008), parents can follow the subsequent guidelines in order to establish the extent of their adolescents' emotional problems and how to support them:

- Parents should communicate with their adolescents. Communicating in this instance also includes listening.
- Do not tell a child what he or she is feeling; rather let them explain their feelings and verbalise their emotions.
- Parents should show acceptance of their children's feelings.
- Observe the child's nonverbal cues when he or she is talking. Observe facial expressions, bodily posture and social interaction with others. Such cues offer helpful information on the distress the child is in.
- Parents should be aware of the changes that adolescents experience, for example bodily changes, changes in relationships, changes in school and changes that take place in their "own world".
- It is important that parents acknowledge their children's emotions but that they also guide their children in the balancing of their emotions. Emotions can be disruptive and children need to temper their emotional reactions. Children should be taught to master the skill of making sense of their emotions and then how to cope with the emotions they experience.

Educators can assist adolescents in the following ways:

- Educators need to be more sensitive to the problems that adolescents experience and not always reward emotional outbursts with punishment or expressions of displeasure.
- It is important that educators enhance adolescents' self-concept whenever possible through positive encouragement and caring, warm personal regard.
- Adolescents should be encouraged to develop a skill or a specific interest that can serve as an inner source of motivation and at the same time enhance the self-concept.
- Educators can intervene when adolescents with extreme stress levels are noticed.
- The role of the educator should also be in assisting adolescents to form social support networks and social groups, for example, discussion groups and support groups.

- Educators should acknowledge each individual's feelings and encourage an open communication channel between learners and educators in order to verbalise thoughts and feelings freely (Gouws & Kruger 1994:108).

Owing to the fact that this study is concerned with the self-concept and the ideal self-concept, and the emotional consequences caused by a discrepancy between the self-concept and the ideal self-concept, it is evident that in a counselling situation, the counsellor should address the self-concept of the adolescent.

Counsellors can assist adolescents in the following ways:

- Counsellors should first and foremost conduct a thorough investigation into the adolescent's background, family functioning, current circumstances, scholastic performance, emotional state, social functioning etc.
- Therapy should focus on the specific emotions (depression, aggression, distrust and sociability) and behaviour (extreme criticism, over sensitivity, aggressive behaviour, unfriendliness, negative social interaction) which are a concern and identify the root of the problem.
- In terms of a discrepancy between the self-concept and the ideal self-concept, therapy should focus on rational and irrational thoughts and beliefs which could interfere with the "normal" development of the self-concept (DiGuseppe & David 2015:136).

Young (2006:120-125) states that REBT (Rational Emotive Behaviour Therapy) has been proved to work successfully with adolescents who deal with emotional problems. Instances where adolescents experience emotional turmoil and become intertwined in the details of their volatile life experiences, REBT can guide adolescents into being more problem focused, to address the issues at hand and to find solutions for their problems and feelings. Young provides the following guidelines for the counsellor to follow:

- Assist the adolescent in finding a definition for the problem or at hand.
- Guide the adolescent in simplifying the definition of the problem.
- Discuss representative examples from the lives of others and of the adolescent to clarify the situation for the adolescent.
- Use visual aids in describing situations or a problem.
- Unravel the problem with a "rambling dialogue" (asking random questions until an important point surfaces) as this gives the counsellor a starting point from which to guide the therapy. Adolescents often cannot pinpoint the problem they are struggling with or why they feel certain emotions.

- Teach the adolescent the relationship between thinking, feelings and actions.
- Assist the adolescent by correcting misperceptions of reality.

Therapy should ultimately aim at establishing a realistic and healthy self-concept in the adolescent and the creating of a new schemata that would allow the adolescent to approach and experience new situations from a different point of view.

### **6.8 Shortcomings of the Study**

The following two shortcomings were identified in the study:

- More personal and background information on the learners can be obtained. Personal and background information such as family structure, whether the parents are married or divorced, previous psychological evaluations, psychiatric treatment, trauma and parent-child relationship can be obtained for each of the learners. It is possible that these variables may have an effect on the emotional life of the adolescent and on the discrepancy between the self-concept and the ideal self-concept.
- Only grade 9 to grade 11 learners took part in the study. If the level of discrepancy between the self-concept and the ideal self-concept experienced by learners in the lower grades can be determined, a developmental pattern might be obtained regarding such a discrepancy.

### **6.9 Recommendations for Further Research**

Research results in this study were obtained from economic middle class learners who mostly resided in urban areas in the Mpumalanga province. Future research can aim to gather information from participants from various social economic status groups in order to determine whether socio-economic status affect the discrepancy between the self-concept and the ideal self-concept of adolescents.

Future research can also focus on learners residing in the rural areas of South Africa in order to determine whether rural and urban children differ with regard to the discrepancy they experience between their self-concept and their ideal self-concept.

Eight most prominent emotions were selected for this study. Future research can incorporate emotions other than those utilised in this study in order to ascertain the impact of such emotions on the self-concept and the ideal self-concept of adolescents. Emotions such as apathy, grief, fear, pride, acceptance, courageousness, contempt and remorse could be further explored.

Apart from emotional consequences, future research can focus on the behaviour (such as extreme criticism, over sensitivity, aggressive behaviour, unfriendliness, negative social interaction) exhibited by adolescents who experience a discrepancy between their self-concept and their ideal self-concept.

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## Appendix A

### Ethical Clearance Certificate