

AN ABSTRACT OF THE THESIS OF

Wendy E. Spaulding

for the

Master of Science

in Psychology

presented on

June 24, 2002

Title: The Relationship Between Aggression and Self-Concept in Adolescents Seen in Mental Health Centers

Abstract approved:

Cooper B Holmes

The present study investigated the relationship between aggression and self-concept in adolescents seen in mental health centers. The effects of age, gender, and level of pubertal development on aggression and self-concept were also studied. There were 61 adolescents who participated in the study. Participants were administered the Student Self-Concept Scale (SSCS) to assess level of self-concept, and the Youth Self-Report (YSR) to assess level of aggression. In addition, a pubertal questionnaire was filled out by parents/guardians to assess level of pubertal development. A 2 x 2 x 3 factorial analysis of variance was used to analyze the data. The results yielded no significant findings. However, the SSCS proved to be a useful tool in determining the participants' self-concept levels, as well as distinguishing their views on desirable social characteristics and how they viewed themselves in light of those characteristics. The SSCS could be a very valuable tool to utilize in mental health and school settings, as scores on the SSCS transmit to specific intervention development. More research on the current topic is certainly warranted, given that several previous studies have found a relationship between aggression and self-concept and aggression and self-esteem.

THE RELATIONSHIP BETWEEN AGGRESSION AND SELF-CONCEPT IN  
ADOLESCENTS SEEN IN MENTAL HEALTH CENTERS

---

A Thesis

Presented to

the Department of Psychology and Special Education

EMPORIA STATE UNIVERSITY

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science

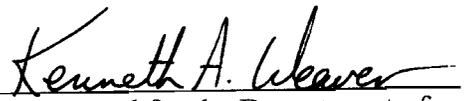
---

by

Wendy E. Spaulding

August 2002

Thesis  
2002  
SP



Approved for the Department of  
Psychology and Special Education



Approved for the Graduate Council

## ACKNOWLEDGMENTS

I would like to thank Dr. Holmes for his patience, tolerance, and insight that he provided during this process. It was greatly appreciated.

I would also like to thank Dr. Tompkins and Dr. Karr for serving on my thesis committee. Their patience, tolerance and assistance were also greatly appreciated.

I would like to thank my co-workers and colleagues for their enthusiasm and support during this process. Without them this project would not have been possible. I would like to send a special thank-you to Rick Ferguson and Rich Whitaker for their unwavering support and encouragement.

Lastly, I would like to thank my family for hanging in there. It is to them that I dedicated this study.

## TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	iii
TABLE OF CONTENTS.....	iv
LIST OF TABLES.....	vi
<u>CHAPTER</u>	
1 INTRODUCTION.....	1
Self-Concept.....	2
Self-Concept and Aggression.....	4
Gender Differences.....	6
Hypotheses.....	7
2 METHOD.....	9
Participants.....	9
Instrumentation.....	10
Procedure.....	10
3 RESULTS.....	12
Design.....	12
Between-Subjects Variables.....	12
Dependent Variables.....	12
4 DISCUSSION.....	19
Implications.....	21
Conclusions and Future Directions.....	22
REFERENCES.....	24
APPENDICES.....	27

Appendix A: Parental Pubertal Development Questionnaire .....	27
Appendix B: Informed Consent Document.....	27
Appendix C: Participant Debriefing Letter.....	31

## LIST OF TABLES

### TABLE

1. Summary of Between-Subjects Factors.....	14
2. Summary of Factorial Analysis of Variance of Self-Concept as a Function of Sex, Age, and Aggression Level.....	15
3. Summary of Analysis of Variance of Self-Concept as a Function of Pubertal Development .....	16
4. Summary of Analysis of Variance of Aggression as a Function of Pubertal Development.....	17
5. Mean Levels of Self-Concept Across Sex, Age, and Aggression Levels.....	18

## CHAPTER 1

### INTRODUCTION

Adolescent aggression is a growing problem within our society. We are constantly bombarded with media reports of children being violent and aggressive in their homes, schools, daycares, and other social settings. We hear daily reports of children threatening other children with physical aggression, and many times carrying out those threats. As parents become confused and frustrated by the behaviors of their children, more aggressive adolescents are being seen in mental health centers.

Adolescent aggression poses a difficult challenge to psychologists, as they must try to help the adolescents understand and change their behaviors. Unless the occurrence of the aggressive behavior can be linked to a predictive factor, such as domestic violence, the origin of the aggression often remains unknown. This poses a problem for therapists and parents who may try, unsuccessfully, to treat the child's behavior, while having little or no knowledge of the extraneous variables that may be fueling the aggression.

While it is often difficult to identify observable factors that may fuel a child's aggression, there may be unobservable factors. One potential factor may be the way children view and feel about themselves. Examining the relationship between self-concept and aggression in adolescents seen in mental health centers may give us a glimpse at one of the possible factors contributing to adolescent aggressiveness. Such insight would be of great use to psychologists, in both identifying at-risk adolescents and treating adolescent aggression. As with any disorder, the more that is known about its cause, the more that can potentially be done to treat and prevent it.

Self-esteem and self-concept are commonly addressed in different forms of therapy, but seldomly addressed with aggressive youths. The most common method of treatment for aggressive adolescents usually revolves around anger and behavioral management.

### *Self-Concept*

The term “self-concept” was first coined by Raimy, while completing his doctoral dissertation under Carl Rogers in 1943 (Raimy, 1943; as cited in Calhoun & Morse, 1977). Self-concept has been defined as an awareness one has about oneself at any given moment (Hamachek, 1988). It is described as the way an individual perceives oneself and one’s behavior, and the subsequent evaluations one makes about oneself, including one’s abilities, value, worth, and limitations. These perceptions are strongly influenced by the perceptions of others and are used to identify and compare oneself to others (Calhoun & Morse, 1977; Gresham, 1995; Hamachek, 1988). Self-concept may also include attitudes, personality traits, talents, wants, and other such attributes that develop from the familial and cultural environment in which the individual lives (Rubins, 1961).

Epstein (1973, p. 407) has hypothesized that self-concept is composed of seven basic characteristics or functions:

1. It is a subsystem of internally consistent, hierarchically organized concepts contained within a broader conceptual system.
2. It contains different empirical selves, such as a body self, a spiritual self, and a social self.
3. It is a dynamic organization that changes with experience. It appears to seek out change and exhibits a tendency to assimilate increasing amounts of

information, thereby manifesting something like a growth principle. As Hilgard (1949) noted, it is characterized more aptly as integrative than integrated.

4. It develops out of experience, particularly out of social interaction with significant others.
5. It is essential for the functioning of the individual that the organization of the self-concept be maintained. When the organization of the self-concept is threatened, the individual experiences anxiety, and attempts to defend himself against the threat. If the defense is unsuccessful, stress mounts and is followed ultimately by total disorganization.
6. There is a basic need for self-esteem, which relates to all aspects of the self-system, and, in comparison to which, almost all other needs are subordinate.
7. The self-concept has at least two basic functions. First, it organizes the data of experience, particularly experience involving social interaction, into predictable sequences of action and reaction. Second, the self-concept facilitates attempts to fulfill needs while avoiding disapproval and anxiety.

Calhoun and Morse (1977) have noted self-concept is differentiated from self-esteem in that self-concept is developed earlier than self-esteem. Whereas self-concept involves perceptions and awareness about oneself, self-esteem involves the evaluations one makes about these perceptions, and the discrepancy between one's strengths and weaknesses, along with the feelings and emotions that follow. Thus, self-concept remains relatively stable over time, while self-esteem may vary and fluctuate. Self-esteem can also be described as the discrepancy between one's self-concept and one's idealized self.

A low discrepancy equals a high self-esteem, whereas a high discrepancy equals a low self-esteem (Niebrzydowski, 1990).

Self-concept may not truly be developed until adolescence. Okun and Sasfy (1977) have theorized formal operational thought is necessary in order to construct a self-concept, as it is during this stage that children are finally able to think about themselves in abstract terms. Similarly, Hamachek (1988) has theorized that self-concept is constructed during Erikson's stage of identity versus identity diffusion. He has theorized that successful completion of this stage leads to a stable self-concept, whereas failing to successfully complete this stage leads to an unstable self-concept.

### *Self-Concept and Aggression*

Few studies have examined the relationship between self-concept and aggression in adolescence. One such study, conducted by Levy (1997), looked at the self-concept scores of nondelinquents, noninstitutionalized delinquents, and institutionalized delinquents. The author found that nondelinquents had the highest self-concept, followed by the noninstitutionalized delinquents, and lastly, by the institutionalized delinquents.

Similarly, Keltikangas-Järvinen and Räikkönen (1990) found aggression to be related to a low score on self-concept, an external locus of control, and low standards of achievement. While these studies are part of a small number studying self-concept and aggression, several studies have found very similar results when examining self-esteem and aggression. As self-esteem is a byproduct of self-concept, as mentioned previously, it is worth mentioning these studies.

Niebrzydowski (1990) found a lower potential for conflict and tension between individuals with high self-esteem than between individuals with low-self esteem. Slee

and Rigby (1993) found that bullies tend to be more extroverted, whereas their victims are more introverted. They also found that bullies tend to have higher self-esteem than their victims. The authors postulated that the difference in self-esteem between bullies and victims may be due to a sense of power the bullies gain from dominance and humiliation. It is interesting to note that although the authors found no difference between the self-esteem of the bullies and the “normal” children, the bullies scored higher than both of the other groups on Eysenck’s psychotic scale. Similarly, Schneider and Leitenberg (1989) found aggressive children had higher self-esteem than withdrawn children, although their self-esteem was not as high as the nonaggressive children.

In contrast, a study by Fling et al. (1992) found students’ self-reports of aggression and self-esteem to be negatively correlated. In addition, Lochman (1985) also found highly aggressive boys had poor self-esteem and tended to perceive themselves as less competent in social interactions with peers.

The findings of Fling et al. (1992) and Lochman (1985) also contradict those of Patterson, Kupersmidt and Greisler (1990), who found that aggressive children had a tendency to give inflated estimates of their own social and behavioral competence. This can be dangerous, because boys who minimized their perceptions of their own aggressiveness were more likely to increase their aggression in a future situation (Lochman, 1986). This is compounded by the tendency of aggressive youths to interpret the behaviors of others as hostile towards them (Dodge & Tomlin, 1987). Thus, aggressive children may view themselves as being only mildly aggressive and may further justify the aggression by viewing it as “standing up for themselves.” While a handful of studies have found no association between adolescent aggression and self-

esteem, the vast majority has found an inverse relationship between the two (Killeen & Forehand, 1998; Tevendale, DuBois, Lopez & Prindiville, 1997; Patterson, Kupersmidt & Greisler, 1990).

### *Gender Differences*

Several differences exist between the sexes regarding self-concept and self-esteem. In general, boys think more positively about themselves than girls (Klein, 1995). Boys have also demonstrated higher self-concepts than girls in the domain of physical appearance (Crain & Bracken, 1994). For girls, self-concept appears to be linked to parental acceptance and popularity with peers. With boys, self-concept has been linked to achievement standards set by parents and teachers, as well as parental acceptance and social popularity (Niebrzydowski, 1990).

These findings, involving differences in self-concept, very closely resemble gender differences found in self-esteem. For example, Block and Robins (1993) found self-esteem in girls tends to depend on other-oriented characteristics, whereas self-esteem in boys relies more on self-directed characteristics. They found self-esteem in girls was related to interpersonal qualities such as warmth and nurturance. For example, girls who were protective, humorous, sympathetic, and generous towards others tended to increase in self-esteem, whereas girls who were hostile, critical, and irritable tended to decrease in self-esteem. In contrast, self-esteem in boys was more related to internal characteristics such as self-control. This supports the findings of Niebrzydowski (1990), as girls seek acceptance from others, and boys find reassurance in their own accomplishments. Interestingly, the different personality characteristics associated with self-esteem become

more similar for both boys and girls as they enter into early adulthood (Block & Robbins, 1993).

Although self-esteem does not appear to play a significant role in the bullying behavior of boys, it does appear to underlie bullying behavior in girls. These findings are interesting and somewhat unexpected, given that bullying behavior and low self-esteem independently place adolescents at an increased risk of participating in antisocial activities (Rigby & Cox, 1996).

In summary, self-concept is the way one perceives and judges oneself in relation to the outside world. Self-esteem is derived from the various emotions that arise from these comparisons and judgements. The smaller the discrepancy between one's self-concept and one's ideal self, the higher one's self-esteem. Numerous studies have shown evidence of a negative relationship between self-esteem and aggression in adolescence. As self-esteem is a direct byproduct of self-concept, one would assume that there are relatively large discrepancies between the self-concepts and ideal selves of these aggressive youths. Thus, these discrepancies may threaten the child's self-concept, creating anxiety, and further fueling the child's aggression. The purpose of this study was to investigate the relationship between self-concept and aggressiveness in adolescence.

### *Hypotheses*

Based on a review of the literature, the present study examined the following hypotheses:

*Hypothesis 1:* There is an inverse relationship between self-concept and aggressiveness in adolescence.

*Hypothesis 2:* Girls' self-concept decreases as they go through adolescence, and boys' self-concept increases.

*Hypothesis 3:* Overall, boys are more aggressive than girls in adolescence.

## CHAPTER 2

### METHOD

#### *Participants*

This study began with 63 participants between the ages of 12 and 15 years old. The test results of two participants were discarded, due to elevated scores on the Lie Scale of the SSCS, leaving 61 participants with valid test results ( $n = 28$ , ages 12-13;  $n = 33$ , ages 14-15). Participants included 15 boys and 13 girls, ages 12-13, and 20 boys and 13 girls, ages 14-15. The two age groups were then divided into three levels of aggression for both boys and girls.

Participants included adolescents between the ages of 12 and 15 years old who were currently involved in outpatient individual or family counseling. Individual diagnoses were not important, as it was assumed that the chosen participants would be representative of the general population of adolescents seen in outpatient mental health centers. This age group was chosen because they represent the time of greatest transition in adolescence. It is during this time frame that most adolescents experience the transition from elementary school to middle school or junior high school and also enter into puberty. It is assumed that the everyday problems faced by adolescents are further compounded during this time period, thus increasing their stress levels and making their coping styles more evident. Adolescents seen in mental health centers are a unique subpopulation of this general adolescent group, as their diagnoses and inability to adequately and/or appropriately deal with the challenges of adolescence are severe enough to warrant the aid of mental health professionals.

### *Instrumentation*

Self-concept ratings were taken from the Self-Confidence composite scores on the Student Self-Concept Scale (SSCS; Gresham, Elliott & Evans-Fernandez, 1993). The SSCS is a self-report inventory, which includes 72-items, rated on a 3-point scale. The inventory provides scores for three primary categories: Self-Confidence, Importance, and Outcome Confidence. Internal consistency estimates for the SSCS range from .55 to .92, with the estimates for the composite scores of Self-Confidence and Outcome Confidence being .90 and .81, respectively.

General aggressiveness scores were taken from the Aggression subscale of the Youth Self-Report (YSR; Achenbach, 1991). The YSR is a self-report checklist that was developed out of the Child Behavior Checklist (CBCL; Achenbach, 1991). It is designed to provide data on adolescents' competencies and problems. Items on this checklist were designed to measure social-emotional development. Internal consistency estimates range from .59 to .89 for the individual problem scales, with an estimate of .95 for total problems.

Because no concise self-report or parental-report puberty questionnaires could be found in relation to the needs of the present study, the researcher developed a parent questionnaire based on the Pubertal Development Scale (PDS) designed by Petersen, Crockett, Richards and Boxer (1988). The parent scale was designed to assess the participants' level of pubertal development (see Appendix A).

### *Procedure*

All participants were given a packet of three questionnaires: the SSCS and YSR, to be filled out by the participant, and a copy of the puberty questionnaire to be

completed by the parent/guardian. Participants were also given copies of the informed consent document for themselves and their parent/guardian to sign, indicating the participant's willingness to voluntarily participate in the study (see Appendix B).

For confidentiality reasons, all scales were coded with a number prior to being given to the participant. In addition, participants were instructed not to put their names, birth dates, or other identifying information on the forms. These sections were also crossed out on the testing forms. Only the age and gender sections were left open to be filled in by participants.

All forms were completed at either the beginning or end of participants' therapy sessions, at either the therapist's office or the participants' residence if they were involved in home-based therapy. Following the return of the testing instruments, the therapists placed the testing materials and informed consent documents in separate manila envelopes, to further protect the participants' identities. The envelopes were then collected by the researcher. Therapists were given letters to give to the participants at their following therapy appointments, debriefing the participants on the purpose of the study (see Appendix C).

## CHAPTER 3

## RESULTS

*Design*

The effects of sex, age, and level of aggression in relation to self-concept were investigated. Level of aggression was divided into three categories based on scores of the Aggression subscale on the YSR (non-aggressive,  $T = 50-65$ ; somewhat aggressive,  $T = 66-75$ ; aggressive,  $T > 75$ ). To test the three hypotheses, a fixed-effects 2 (Sex) x 2 (Age) x 3 (Aggression level) factorial analysis of variance (ANOVA) was run, with self-concept being the dependent variable. Because the SSCS is designed to compare scores on a normal curve, self-concept scores were classified in the following manner: 1 = Low (SSCS score of 84 or below), 2 = Average (SSCS score of 85 – 114), and 3 = High (SSCS score of 115 or above).

The primary purpose of the present study was to investigate the relationship between self-concept and aggression in adolescence. The between-subjects factors are presented in Table 1. A 2 x 2 x 3 factorial ANOVA yielded no significant results,  $F(2, 51) = 3.19, p > .05$  (see Table 2).

Hypothesis 1 was not supported, as the factorial ANOVA did not show a significant interaction between self-concept and aggression. Hypothesis 2 was also not supported, as the ANOVA did not yield any significant interactions between sex, age, and self-concept levels. The ANOVA also failed to yield a significant interaction between sex and aggression levels, disproving Hypothesis 3. Because the factorial ANOVA yielded no significant results, further analyses were not conducted.

Separate oneway ANOVAs were conducted to analyze the effects of puberty on self-concept and puberty on aggression levels. The effects of puberty on self-concept and puberty on aggression were not significant (see Tables 3 & 4). The means and standard deviations for level of self-concept are presented in Table 5.

Table 1

*Summary of Between-Subjects Factors*

---

	Label	<i>n</i>
Sex	Boys	35
	Girls	26
Age	12-13	28
	14-15	33
Aggression Level	Non-aggressive	42
	Somewhat Aggressive	16
	Aggressive	3

---

Table 2

*Summary of Factorial Analysis of Variance of Self-Concept as a Function of Sex, Age, and Aggression Level*

SOURCE	SS	df	MS	F	p
Sex (S)	1.45	1	1.45	1.15	.51
Age (A)	1.59	1	1.59	10.49	.64
Aggression (Agg)	2.36	2	1.18	1.75	.47
S x A	.13	1	.13	.35	.72
S x Agg	1.01	1	1.01	2.64	.36
A x Agg	.24	1	.24	.62	.58
S x A x Agg	.38	1	.38	.99	.32
Error	19.63	51	.39		
Total	26.79	59			

Table 3

*Summary of Analysis of Variance of Self-Concept as a Function of Pubertal Development*

SOURCE	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	.44	3	.15	.29	.84
Within Groups	28.97	57	.51		
Total	29.41	60			

Table 4

*Summary of Analysis of Variance of Aggression as a Function of Pubertal Development*

SOURCE	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	.63	3	.21	.61	.61
Within Groups	19.44	57	.34		
Total	20.07	60			

Table 5

*Mean Levels of Self-Concept Across Sex, Age and Aggression Levels*

Sex	Age	Level of Aggression	<i>M</i>	<i>SD</i>	<i>n</i>	
Boys	Age 12-13	Non-aggressive	2.45	.69	11	
		Somewhat Aggressive	2.33	.58	3	
		Aggressive	2.00	-	1	
		Total	2.40	.63	15	
	Age 14-15	Non-aggressive	2.19	.66	16	
		Somewhat Aggressive	2.00	.82	4	
		Aggressive	-	-	-	
		Total	2.15	.67	20	
Girls	Age 12-13	Non-aggressive	2.50	.53	10	
		Somewhat Aggressive	1.33	.58	3	
		Aggressive	-	-	-	
		Total	2.23	.73	13	
	Age 14-15	Non-aggressive	1.80	.45	5	
		Somewhat Aggressive	1.33	.52	6	
		Aggressive	1.50	.71	2	
		Total	1.54	.52	13	
Total	Age 12-13	Non-aggressive	2.48	.60	21	
		Somewhat Aggressive	1.83	.75	6	
		Aggressive	2.00	-	1	
		Total	2.32	.67	28	
	Age 14-15	Non-aggressive	2.10	.63	21	
		Somewhat Aggressive	1.60	.70	10	
		Aggressive	1.50	.71	2	
		Total	1.91	.68	33	
	Total	Total	Non-aggressive	2.29	.64	42
			Somewhat Aggressive	1.69	.70	16
			Aggressive	1.67	.58	3
			Total	2.10	.70	61

## CHAPTER 4

## DISCUSSION

The purpose of this study was to examine the relationship between aggression and self-concept in adolescence. The following hypotheses were tested:

*Hypothesis 1:* There is an inverse relationship between self-concept and aggressiveness in adolescence.

*Hypothesis 2:* Girls' self-concept decreases as they go through adolescence, and boys' self-concept increases.

*Hypothesis 3:* Overall, boys are more aggressive than girls in adolescence.

The study also investigated age and level of pubertal development in relation to self-concept.

The results of the study failed to prove Hypothesis 1. In contrast to the findings of Keltikangas-Järvinen and Räikkönen (1990), an inverse relationship between self-concept and aggressiveness in adolescence was not found. The findings of the present study would also appear to contradict the findings of Fling et al. (1992) and Lochman (1985), that self-esteem and aggression are negatively correlated.

The finding that there was not a significant relationship between aggression and self-concept may be explained by the work of Patterson, Kupersmidt and Greisler (1990). The aggressive children may have overestimated their social competencies and rated their self-concept scores as high as the non-aggressive adolescents. This could account for the lack of discrepancies between the self-concept scores of the non-aggressive adolescents versus the self-concept scores of the aggressive and somewhat aggressive adolescents.

Another factor that may account for the lack of significant findings is the low number of aggressive adolescents in the present study (see Table 1). Perhaps a larger population of aggressive adolescents would have yielded different results with regard to self-concept scores.

The results of the present study also failed to prove Hypothesis 2. The results did not support the hypothesis that girls' self-concept decreases as they go through adolescence, and boys' self-concept increases. Similarly, the findings of Klein (1995), and Crain and Bracken (1994) were not supported, as there was not a significant difference between the boys' and girls' self-concept scores. Boys were not proven to have higher self-concepts than girls.

These results are consistent with the work done by Block and Robbins (1993), which showed that personality characteristics associated with self-esteem become more similar for boys and girls as they enter into early adulthood. This would account for the boys and girls having similar self-concept scores, with no significant discrepancy between the genders. However, given the small sample size of the present study, this area requires further consideration.

With regards to Hypothesis 3, the present study did not find boys to be more aggressive than girls in adolescence. The study found no significant gender differences in relation to levels of aggression. Similarly, the study did not find age or level of pubertal development to be independently related to levels of aggression or self-concept. However, the testing instruments used in the present study do not take into account differences in aggression expression between girls and boys. Whereas boys are more likely to display outward physical aggression, adolescent girls are more likely to use

passive-aggressiveness or verbal aggression. This study did not take into account these gender differences in aggression expression, which may account for the lack of significant findings.

### *Implications*

The findings of the present study present many areas that may be of further interest to researchers and clinicians. While the hypotheses were not proven, the results of the study opened the door for further questions. For example, given the findings of Patterson, Kupersmidt and Greisler (1990) that aggressive children overestimate their social competencies, should clinicians rely on self-report measures when assessing these youth? This study suggests not. Perhaps parent and teacher reports should be taken in addition to youth reports, to account for this bias. Also, would different age categories have yielded different results? The present study examined children between the ages of 12 and 15. Would the results have been different for children between the ages of 14 and 17? Another factor which should be taken into consideration for future research is that girls mature earlier than boys. A 14-year-old boy is not physiologically or emotionally equivalent to a 14-year-old girl. Should boys and girls be compared straight across the board?

In regards to the testing instruments used in the study, the SSCS proved to be a useful tool in determining the participants' self-concept levels. It also proved valuable in distinguishing their views on desirable social characteristics and how they viewed themselves in light of those characteristics. The SSCS would be a very valuable tool to utilize in mental health and school settings, in that scores on the SSCS transmit to specific intervention development. The SSCS not only looks at which characteristics

adolescents feel they possess, but also takes into account how desirable those characteristics are to that individual. For example, if an adolescent does not feel that he or she can pay attention in class as well as other students, but believes this quality to be highly desirable, an intervention can be developed to assist the individual. Likewise, if a teacher is spending much effort trying to help a certain student to pay attention in class, and the student places little value on this quality, a different intervention can be developed.

### *Conclusions and Future Directions*

The main and most obvious weakness of the present study was the small number of participants. Due to the nature and design of the study, there were very few subjects per cell for statistical analyses. Given the targeted population chosen by this study, data collection was very difficult, and results can only be generalized to a limited population of adolescents currently receiving mental health services.

In addition to the number of participants, the present study was also limited by the age range chosen. The study did not include any adolescents beyond the age of 15. The duration of adolescence is a time of change, and this entire time period was not taken into account. The study was also confined by the values given to the dependent variable. The dependent variable was only given a range of 1 to 3, which may have contributed to the lack of significant findings. Given that previous studies have found an inverse relationship between self-concept and aggression, a larger and more comprehensive study of this nature may very well prove to be significant.

Another critique of the present study is that it relied solely on self-report data from the adolescents. Given the known problems with data of this type, as well as the

findings of Patterson, Kupersmidt and Greisler (1990) regarding aggressive children, objective measures of aggressiveness and self-concept should be incorporated into future studies of this nature. Other sources of information should include parents, teachers, counselors, and peers, in order to gain a more accurate understanding of the individual.

In conclusion, although the present study did not prove aggression and self-concept to be related, it did find the SSCS to be a valuable tool when assessing the self-confidence of adolescents. Self-concept and subsequently, self-esteem levels, may be of interest on a case-by-case basis for mental health providers working with aggressive adolescents. In addition to information gained by the SSCS, information should be gathered from more objective sources as well (i.e. parents, teachers). More research on the current topic is certainly warranted, given that several previous studies have found a relationship between aggression and self-concept and aggression and self-esteem (Keltikangas-Järvinen & Räikkönen, 1990; Killeen & Forehand, 1998; Levy, 1997; Patterson, Kupersmidt & Greisler, 1990; Tevendale, DuBois, Lopez & Prindiville, 1997).

## REFERENCES

- Achenbach, T. M. (1991). *Manual for the Youth Self-Report and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Block, J. & Robbins, R. W. (1993). A longitudinal study of consistency and change in self-esteem from early adolescence to early adulthood. *Child Development, 64*, 909-923.
- Calhoun, G., Jr., & Morse, W. C. (1977). Self-concept and self-esteem: Another perspective. *Psychology in the Schools, 14*, 318-322.
- Crain, R. M., & Bracken, B. A. (1994). Age, race, and gender differences in child and adolescent self-concept: Evidence from a behavioral-acquisition, context-dependent model. *School Psychology Review, 23*, 496-511.
- Dodge, K. A., & Tomlin, A. M. (1987). Utilization of self-schemas as a mechanism of interpretational bias in aggressive children. *Social Cognition, 5*, 280-300.
- Epstein, S. (1973). The self-concept revisited: Or a theory of a theory. *American Psychologist, 28*, 404-416.
- Fling, S., Smith, L., Rodriguez, T., Thornton, D., Atkins, E. & Nixon, K. (1992). Videogames, aggression, and self-esteem: A survey. *Social Behavior and Personality, 20*, 39-46.
- Gresham, F. M. (1995). Student Self-Concept Scale: Description and relevance to students with emotional and behavioral disorders. *Journal of Emotional & Behavioral Disorders, 3*, 19-26.
- Gresham, F. M., Elliott, S. N., & Evans-Fernandez, S.E. (1993). *Student Self-Concept Scale*. Circle Pines, MN: American Guidance Service.

- Hamachek, D. E. (1988). Evaluating self-concept and ego development within Erikson's psychosocial framework: A formulation. *Journal of Counseling and Development*, 66, 354-360.
- Keltikangas-Järvinen, L., & Räikkönen, K. (1990). Healthy and maladjusted Type A behavior in adolescents. *Journal of Youth and Adolescence*, 19, 1-18.
- Killeen, M. R., & Forehand, R. (1998). *A transactional model of adolescent self-esteem*. *Journal of Family Psychology*, 12, 132-148.
- Klein, H. A. (1995). Self-perception in late adolescence: An interactive perspective. *Adolescence*, 30, 579-591.
- Levy, K. S. C. (1997). The contribution of self-concept in the etiology of adolescent delinquency. *Adolescence*, 32, 671-686.
- Lochman, J. E. (1985, August). Social problem-solving and self-esteem of aggressive boys. Paper presented at the meeting of the American Psychological Association, Los Angeles, CA.
- Lochman, J. E. (1986, August). Self and peer perceptions and attributional biases of aggressive and nonaggressive boys in dyadic interactions. Paper presented at the meeting of the American Psychological Association, Washington, DC.
- Niebrzydowski, L. (1990, August). Self-esteem and the nature of interpersonal relationships in developing youth. Paper presented at the meeting of the International Conference on Self-Esteem, Asker, Norway.
- Okun, M.A., & Sasfy, J. H. (1977). Adolescence, the self-concept, and formal operations. *Adolescence*, 12, 373-379.

- Patterson, C. J., Kupersmidt, J. B., & Greisler, P.C. (1990). Children's perceptions of self and of relationships with others as a function of sociometric status. *Child Development, 61*, 1335-1349.
- Petersen, A. C., Crockett, L., Richards, M., & Boxer, A. (1988). A self-report measure of pubertal status: Reliability, validity, and initial norms. *Journal of Youth and Adolescence, 17*, 117-133.
- Rigby, K., & Cox, I. (1996). The contribution of bullying at school and low self-esteem to acts of delinquency among Australian teenagers. *Personality and Individual Differences, 21*, 609-612.
- Rubins, J. L. (1961). The self-concept, identity, and alienation from self. *American Journal of Psychoanalysis, 21*, 132-143.
- Schneider, M. J., & Leitenberg, H. (1989). A comparison of aggressive and withdrawn children's self-esteem, optimism and pessimism, and causal attributions for success and failure. *Journal of Abnormal Child Psychology, 17*, 133-144.
- Slee, P. T., & Rigby, K. (1993). The relationship of Eysenck's personality factors and self-esteem to bully-victim behaviour in Australian schoolboys. *Personality & Individual Differences, 14*, 371-373.
- Tevendale, H. D., DuBois, D. L., Lopez, C., & Prindiville, S. L. (1997). Self-esteem stability and early adolescent adjustment: An exploratory study. *Journal of Early Adolescence, 17*, 216-237.

## APPENDIX A

## PARENTAL PUBERTAL DEVELOPMENT QUESTIONNAIRE

Dear Parents,

This study is investigating the relationship between personality and self-concept in adolescence. Adolescents of varying ages will be participating in this study. In order to gain a better picture of the factors that may be contributing to differences in personality and self-concept, please indicate your child's pubertal status below. In order to protect your child's privacy, please do not write his or her name on this form. Thank you.

Child's Age: \_\_\_ 12 \_\_\_ 13 \_\_\_ 14 \_\_\_ 15

Child's Gender: \_\_\_ Male \_\_\_ Female

The pubertal characteristics of interest are:

For boys: Facial hair growth, voice change, body hair

For girls: Breast development, body hair, menarche

Pubertal Status:

- \_\_\_ Prepubertal  
(Child has not yet entered into puberty)
- \_\_\_ Early pubertal  
(Development has barely begun)
- \_\_\_ Midpubertal  
(Development of characteristics is definitely underway)
- \_\_\_ Postpubertal  
(Development of characteristics is complete.)

APPENDIX B  
PARTICIPATION CONSENT LETTER

### Participation Consent Letter

Read this consent form. If you have any questions ask the therapist and s/he will answer the question.

You are invited to participate in a study investigating the relationship between personality and self-concept in adolescence. You will be asked to complete two separate self-report scales, which will take approximately 20 minutes per scale to complete.

Information obtained in this study will be identified only by code number. Your name will be used only on this informed consent document to indicate that you participated in the study.

Your participation in this study is completely voluntary. Should you wish to terminate your participation, you are welcome to do so at any point in the study. Termination of participation will have no consequences on your treatment and/or treatment goals. There is no risk or discomfort involved in completing the study.

If you have any questions or comments about this study, please ask the therapist or contact Wendy Spaulding at (308) 383-2383 or email [spauldiw@hotmail.com](mailto:spauldiw@hotmail.com).

Thank you for your participation.

-----

I, \_\_\_\_\_, have read the above information and have decided to  
(please print name)  
 participate. I understand that my participation is voluntary and that I may withdraw at any time without prejudice after signing this form, should I choose to discontinue participation in this study.

\_\_\_\_\_  
 (Signature of Participant)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Parent/Guardian)

THIS PROJECT HAS BEEN REVIEWED BY THE EMPORIA STATE UNIVERSITY  
 INSTITUTIONAL REVIEW BOARD FOR TREATMENT OF HUMAN SUBJECTS.

APPENDIX C  
PARTICIPANT DEBRIEFING LETTER

Dear Participant,

Thank you for your participation in the recent research project. Your participation in the study was very valuable and greatly appreciated. This study was conducted to investigate the relationship between self-concept and aggression in adolescence. Findings from this study may enhance our understanding of aggressive behavior and how to be more effective when teaching alternatives to aggressive behavior.

Thank you, again, for your participation.

I, Wendy Spaulding, hereby submit this thesis to Emporia State University as partial fulfillment of the requirements for an advanced degree. I agree that the Library of the University may make it available to use in accordance with its regulations governing materials of this type. I further agree that quoting, photocopying, or other reproduction of this document is allowed for private study, scholarship (including teaching) and research purposes of a nonprofit nature. No copying which involves potential financial gain will be allowed without written permission of the author.

Wendy E Spaulding  
Signature of Author

7/23/02  
Date

The Relationship Between  
Aggression and Self-Concept  
in Adolescents Seen in Mental  
Health Centers  
Title of Thesis

Dary Logan  
Signature of Graduate Office Staff

8-1-02  
Date Received