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Parents' Predictions of Children's Responses on the Piers-Harris Children's Self-Concept Scale

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PARENTS' PREDICTIONS OF CHILDREN'S RESPONSES
ON THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

Sheila J. Murphy, BA

An Abstract Presented to the Faculty of the Graduate School of Lindenwood
University in Partial Fulfillment of the Requirements
For the Degree of Master of Art June 30, 1999

Abstract

The Piers-Harris Children's Self-Concept Scale was administered to 50 fifth-grade students (30 boys and 20 girls) attending a suburban, middle class public school. Their parents (45 mothers, 3 fathers, 1 mother/father combined, 1 unidentified) responded to the same self-concept measure "as they believed their child would respond." Mean scores for parents were higher than mean scores for students in six of the seven scales, suggesting a tendency for parents to overestimate the self-attitudes of their children. However, two-tailed t tests for paired observations showed significant mean differences for only two scales. Pearson product-moment correlations revealed significant positive relationships between students' scores and parents' scores for all seven scales, suggesting that parents may be able to infer the relative importance of particular self-concept dimensions for their fifth-grade children.

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Chapter I

Introduction

The understanding of oneself is a phenomenological, developmental, and social process – a lifelong endeavor in which we attempt to define “self” in relationship to the world. Bukatko and Daehler (1992) described self as the “realization of being an independent, unique, stable, and self-reflective entity; the beliefs, knowledge, feelings, and characteristics that the individual ascribes to his or her own personhood” (p. 457). Self-concept is a personal construction of thoughts and feelings which develops through experience with others, particularly significant others. The central process of self-concept development is self-reflection – interpreting oneself through feedback from others whose opinions, perceptions, and evaluations are considered “credible” and “valued” (Rosenberg, 1973).

The Phenomenological Nature of Self

Individuals use personal pronouns (I, me, my, mine, myself) to describe the experience of self. James (1892/1961) identified two parts of self – self as knower (“I”) and self as known (“me”). Mead (1934) described self as reflexive -- both subject and object – and how the individual experiences self by becoming an object to self. Cooley (1902/1956) believed that self-concept is affected by the individual’s imagination of how he or she is perceived in the mind of another person. Rosenberg (1973) also emphasized the importance of the “perceived self” – our imagination of what we think significant others think of us.

The Development of Self-Concept

According to Bukatko and Daehler (1992), self-concept changes with age and stage of development. The concept of self moves from self-recognition (first

15 to 18 months), to self-definition/self-categorization (preschool age), to social comparison (school age), to the establishment of a personal identity (adolescence). The child learns to distinguish “self” from “not self” through the exploration of the environment (Snygg & Combs, 1949). The development of a healthy self-concept is affected by conditions of worth and the child’s need for positive regard (Rogers, in Kirschenbaum, 1989). Self-concept serves the purpose of organizing experience and motivating behavior (Epstein, 1973; Piers, 1984). As the child grows, self-concept becomes increasingly differentiated, encompassing both global and specific elements (Byrne & Shavelson, 1996; Piers, 1984).

Self-Concept Development as a Social Process

Self-concept is formed through social comparisons and social interactions (Byrne & Shavelson, 1996). Self-evaluations are affected by the evaluations of others regarded as significant to the individual (Rosenberg, 1973; also Maehr, Mensing, & Nafzger, 1962; Miyamoto & Dornbusch, 1956; Videbeck, 1960). The definition of “significant” depends upon the nature of the relationship – the more primary and enduring the relationship, the stronger the influence on the development of self-concept (Rosenberg, 1973).

Parental attitudes are particularly important in the development of children’s self-attitudes (Hamachek, 1987). A number of studies (Buri, 1987; Coopersmith, 1967; Dickens & Cornell, 1993; Klooma & Cosden, 1994; Nolan, 1987; Oh, 1989; Raschke & Raschke, 1979) have documented the influence of parents and family on both specific and global measures of self-concept. This research covered topics such as parental expectations, social support in the family, parental nurturance, level of family conflict, parental overprotection, and parents’ own self-esteem. Other studies (Coleman, 1984; Holdaway & Jensen, 1983;

Marsh & Craven, 1991; Montgomery, 1994; Piers, 1972) have attempted to determine whether or not there is a relationship between children's self-concept scores and parents' predictions of those scores.

Purpose of the Present Study

The history of research on "self" and "self-concept" emphasizes the importance of social interaction and the influence of significant others on self-concept formation. For school-age children, the list of significant others expands to include friends, classmates, and teachers as well as parents. Patterns of communication change as children learn new and different ways of expressing thoughts and feelings about self. One of the important functions of the school counselor is to facilitate a healthy dialogue between parents and children. The school counselor recognizes the continuing influence of the parent-child relationship – a relationship that is primary, recurrent, enduring, and involves a balance of power (Rosenberg, 1973).

Do parents hold accurate perceptions of their school-age children's thoughts and feelings about self? Do parents know which specific domains of self-concept are relatively strong or weak? These questions are important to school counselors, who deal with the negative consequences of poor self-concept – low motivation for learning, behavior problems, social skill deficits, and school violence. The present study attempts to measure parental perceptions by asking parents to predict their children's responses on a self-report measure of self-concept. Implications for the practice of school counseling are discussed.

Chapter II

Literature Review

Historical Definitions of “Self” and Self-Concept”

William James (1892/1961) identified two components of the self – the “I” (self as subject/self as knower) and the “me” (self as object, self as known). The subjective part of oneself (“I”) possesses certain realizations: (a) I can think about my own self; (b) I can control the events in my life; (c) I can experience things in my own unique way; and (d) I have a past, present, and future that are continuous. These self-thoughts are the basis for a sense of reflection, a sense of autonomy, a sense of individuality, and a sense of stability (Bukatko & Daehler, 1992). The objective part of oneself (“me”) can be called a self-concept. It includes a person’s understanding of his/her own talents, skills, interests, possessions, status, physical traits, personality, beliefs, and values.

Charles H. Cooley (1902/1956) used the terms “social self” and “empirical self” to refer to the self that can be known through observation. The personal pronouns (I, me, my, mine, myself) represent a “distinctive thing” or “characteristic kind of feeling.” The idea or feeling of self is instinctive and is “defined and developed by experience” (p. 171). Cooley used the label “looking-glass self” to describe the individual’s imagination of how self is reflected in the mind of another person. “In imagination we perceive in another’s mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it” (p. 184).

George H. Mead (1934) described the self as reflexive, indicating “that which can be both subject and object” (p. 136). The individual experiences himself indirectly – by becoming an “object to himself.” According to Mead, communication is essential to the development of self-concept. Language allows

the person to interact with other members of the social group, and with the entire social community (i.e., the “generalized other”).

Snygg and Combs (1949) discussed the development of a “phenomenal self.” The infant begins the process of differentiating between “self” and “not self” by manipulating and exploring his or her physical surroundings. The culture into which the child is born exerts an influence from the very start. “While the child is born into a world of physical objects, even these are subjected to the particular interpretations of the culture so that the phenomenal self becomes overwhelmingly the product of the culture” (p. 82). Snygg and Combs believed that the “phenomenal self” is a stable frame of reference for behavior – a construct that helps the individual interpret experience. Maintaining and enhancing “self” is the “prime objective” of a person’s existence.

The concept of self was central to the personality theory of Carl Rogers (in Kirschenbaum, 1989). During infancy, the individual perceives experience as reality, interacting with this reality in accordance with the basic need for self-actualization. The child develops an awareness of being and functioning -- an internal frame of reference or “self-experience.” The experience of self emerges as he or she interacts with significant others in the environment. The child also develops a need for positive self-regard and positive regard from others, which tend to be subject to conditions of worth. Thus, the individual becomes selective, avoiding or seeking out experiences as a result of his or her need for positive regard. According to Rogers, psychological adjustment is enhanced by the experience of receiving unconditional positive regard from significant others.

Rosenberg (1973) identified the “perceived self” – what we think others think of us. We take the role of the other person, making a judgment about the other person’s viewpoint. Rosenberg suggested that an individual’s attitudes

towards others are as important as the attitudes of others. “We are more or less unconsciously seeing ourselves as we think others who are important to us and whose opinion we trust see us” (p. 857).

Epstein (1973) defined the self-concept as a “self-theory” – a cognitive construction about one’s own characteristics that is part of a broader theory involving the nature of the world, the nature of the self, and their interaction. He proposed a hierarchical model in which the “self-system is differentiated as well as integrated” (p. 412). Within the self-system are different “empirical selves.” The self-system develops in a sequential order – from the emergence of a “body self,” to the development of an “inferred inner self,” which includes a “moral self.” The purpose of a self-theory is to (a) optimize the balance of pleasure versus pain over a lifetime, (b) maintain self-esteem, and (c) organize experience in a way that allows the individual to cope. Epstein also believed that people are not necessarily aware of the elements in their own self-theories and that emotion and cognition are related.

Piers (1984) described self-concept as “a person’s self-perceptions in relation to important aspects of life” (p. 43). Global self-concept reflects how a person feels about himself or herself as a total person, including both general and specific self-evaluations. Self-concept is phenomenological (i.e., cannot be observed directly) and developmental (i.e., becomes increasingly differentiated with age and experience). Piers believed that the concept of self is formed by both biological and cultural factors.

The Structure of Self-Concept

Shavelson, Hubner, and Stanton (1976) proposed a theoretical model that defined self-concept as hierarchical and multidimensional. In this model, global self-concept is at the top of the hierarchy and actual behavior is at the base. The

structure of self-concept becomes increasingly differentiated from the top of the hierarchy to the bottom.

In the original Shavelson et al. (1976) model, global self-concept is divided into two parts – academic and nonacademic. Academic self-concept is broken down by subject in school (e.g., math, science, history). Nonacademic self-concept is separated into the following basic components and subcomponents: (a) physical (ability, appearance), (b) social (peers, significant others), and (c) emotional (different emotional states).

Byrne and Shavelson (1996) summarized twenty years of research on the Shavelson et al. (1976) model. In general, research focusing on the academic component of the model has demonstrated that academic self-concept is multidimensional, though less distinctly defined for younger children. In addition, research has supported the theory that academic self-concept is basically hierarchical, although the hierarchical structure is more evident for preadolescents and tends to weaken with age. Historically, research on social self-concept has shown the following:

1. Peers represent one category of significant others.
2. Peer self-concept and family self-concept are separately interpretable constructs.
3. Classroom self-concept is more strongly related to social self-concept than academic self-concept.
4. Self-concept develops through social comparison and social interaction.

Based on their review of the research, Byrne and Shavelson (1996) described a new model for social self-concept. At the top of the social self-concept hierarchy is general social self-concept. This is divided into the following

components and subcomponents: (a) school (classmates, teachers) and (b) family (siblings, parents). The bottom of the hierarchy includes components related to behavioral conduct with classmates, teachers, siblings, and parents.

When Byrne and Shavelson (1996) studied their new model for social self-concept, they found “a progressive increase in the differentiation of social self-concept with age” (p. 610). Evidence for the hierarchical structure of social self-concept was found at every age, although the pattern was weaker for children at certain grade levels (i.e., grades 3 and 7). According to the authors, these results reflect two developmental processes. First, changes in cognitive development affect the way children evaluate themselves at various stages. Second, there is a shift in focus from the physical/active self in early childhood to the social/psychological self in adolescence.

Piers (1984) developed a self-report measure of global self-concept in the 1960s, before the multidimensional and hierarchical structure of self-concept had been identified. The Piers-Harris Children’s Self-Concept Scale (PHCSCS) began with a single empirical measure – the Total Score. In the most recent test manual for the PHCSCS, the author described the evolution of the measure and the addition of cluster scales (I Behavior, II Intellectual and School Status, III Physical Appearance and Attributes, IV Anxiety, V Popularity, and VI Happiness and Satisfaction). According to Piers, the cluster scales were identified through factor analysis and represent underlying constructs of self-concept. The author summarized the following theoretical assumptions upon which the PHCSCS was based:

First, self-concept is phenomenological in nature. Because it cannot be observed directly, self-concept must be inferred through behaviors or by obtaining

self-reports. The PHCSCS is a self-report measure that focuses on children's conscious self-perceptions.

Second, self-concept is relatively stable. In children, stability of self-concept increases with age. A person's perception of self changes over time and with experience, but these changes do not occur in response to isolated interventions.

Third, self-concept is self-evaluative and self-descriptive. Some self-perceptions come from the internalized judgments of other people (e.g., values, norms, desirable social characteristics). Other self-evaluations are unique to the individual.

Fourth, self-concept serves to organize experience and motivate the individual. A person maintains a relatively consistent image of "who I am" and "how I react." This helps to "reduce ambiguity in new situations and structure behaviors toward pre-existing goals" (Piers, 1984, p. 44).

Fifth, self-concept is developmental. Children experience and express self-perceptions differently as they mature. The focus in infancy is on establishing a two-way relationship with primary caretakers and on differentiating self from others. Increased mobility during the preschool years results in more social interactions with other children and adults. Parental attitudes and behaviors are especially important in the development of self-concept at this time. The world expands for school-age children and they need to integrate new experiences. Thus, self-concept becomes increasingly differentiated with age. In adolescence, certain areas of self-concept differentiate rapidly (e.g., moral self, professional self), whereas others develop in a more stable fashion.

Sixth, self-concept has both global (i.e., total person) and specific (i.e., underlying construct) components. Global self-concept includes an individual's

“characteristic interactions with others, general and specific abilities, and physical self-image” (Piers, 1984, p. 43). Areas of specific self-concept refer to self-evaluations in particular areas of functioning and are reflected in the person’s global self-concept. Some specific self-evaluations are defined broadly (e.g., physical self, moral self, academic self), whereas others are defined narrowly (e.g., good at mathematics, good at sports). The impact of each specific self-evaluation on the global self-concept depends on the importance of the area to the person.

Rosenberg, Schoenbach, Schooler, and Rosenberg (1995) studied the predictive value of global self-esteem versus specific self-esteem. They found that specific self-esteem (i.e., academic self-esteem) was a better predictor of specific behavior (i.e., school performance), whereas global self-esteem was a better predictor of psychological well being (e.g., depression, anxiety/tension, happiness, life satisfaction, etc.). Rosenberg et al. concluded that global self-esteem may be chiefly “an expression of personal affect,” and specific self-esteem may be “more cognitive in nature” (p. 147). In addition, the authors showed that specific academic self-esteem had a stronger effect on global self-esteem than the other way around. However, the power of this effect was a function of how highly the individual valued academic performance.

Self-Concept and Social Interaction: The Importance of Others

Self-concept develops through experience with others. A person’s self-evaluations are influenced by his or her perception of the evaluations of others, particularly significant others (e.g., parents, siblings, teachers, friends, etc.). A number of studies have documented this important connection between self and others.

Videbeck (1960) found that self-conceptions are learned and that the evaluations of significant others affect the learning process. Maehr et al. (1962) demonstrated that one's self-evaluations can be influenced by the approving or disapproving reactions of significant others. Miyamoto and Dornbusch (1956) showed that the way others respond to us is important in the development of self-concept, but our perception of the response is even more important.

Rosenberg (1973) distinguished between significant others who are "valued" (i.e., whose favorable opinion we desire) and those who are "credible" (i.e., whose good judgment we trust). His study showed a tendency to "protect and enhance" self-esteem through the mechanism of "psychological selectivity." When a child believes that a significant other thinks poorly of him, he can decide that he doesn't value the person's opinion or trust the person's judgment.

However, Rosenberg (1973) also demonstrated that confidence in an outside authority (especially a mother) is very strong for a child. He asked his subjects the following question: "Who knows best what kind of person you really are? Your mother, your father, yourself, or your best friend?" Among Rosenberg's subjects, 53% said themselves and 47% said someone else (34% said mother, 8% said best friend, and 5% said father). Younger children were more likely to have confidence in the opinions of adults. Older children were more likely to trust their own judgment or the judgment of their best friend.

The relative influence of certain significant others is controlled by socially-defined role relationships and depends on the following questions (Rosenberg, 1973):

1. How frequent, recurrent, or enduring is the relationship?
2. Is the relationship primary (i.e., an end in itself, concerned with the child's benefit, present in all areas of the child's life, and likely to

affect global self-esteem)? Or, is the relationship secondary (i.e., role-specific)?

3. What is the balance of power in the relationship? Does the significant other have the power to provide or withhold rewards?

Self-Concept and the Influence of Parents

Hamachek (1987) identified parents as the “initial shapers of a child’s emerging personality and self-concept” (p. 202). According to the author, “what a child becomes and the kind of self-concept that evolves is, to some extent, an outgrowth of exposure to the interactive blend of who a parent is as a person and how that parent behaves as a personality” (p. 213). Hamachek noted three key ingredients of successful child rearing: love, firmness, and high expectations.

Studies have supported the idea that a child’s experiences with parents/family may influence both specific and global components of self-concept. Dickens and Cornell (1993) showed that a parent’s own mathematics self-concept could influence expectations of a daughter, which could then influence the daughter’s mathematics self-concept. Kloomaak and Cosden (1994) found that learning disabled children with high global self-concept tended to perceive higher levels of social support, including support from parents. Nolan (1987) reported that overall self-concept was related to a child’s perception of parents as being loving and nonpunishing. Buri (1987) demonstrated that parental nurturance influences global self-esteem, even after children have moved away to college.

Raschke and Raschke (1979) reported that children’s low self-concept scores were related to high levels of family conflict. Oh (1989) showed that parental overprotection was related to low self-concept, poor school functioning, and defensive behaviors in children. Coopersmith (1967) found that low self-

esteem in children was related to low self-esteem in their mothers, whereas high self-esteem in children was related to high self-esteem in their mothers.

Parent Predictions of Children's Self-Concept

Piers (1972) asked parents of normal children and parents of children brought to a clinic to predict their children's responses to the Piers-Harris Children's Self-Concept Scale (PHCSCS). The children were between 8 and 14 years of age. Clinic parents seemed to understand their children about as well as nonclinic parents, as measured by accuracy of prediction (percent agreement). However, clinic parents underestimated their children's self-concept, whereas nonclinic parents overestimated their children's self-concept. In addition, clinic parents agreed better with their children on negative responses and nonclinic parents agreed better with their children on positive responses.

Piers (1972) suggested that clinic parents (especially mothers) may be "tuned in to the child's negative feelings rather than his positive ones," or may be "projecting their own negative attitudes or dissatisfactions" (p. 432). Piers also noted that the overestimation of self-concept by nonclinic parents may "suggest general satisfaction with their current state of affairs even at the expense of ignoring some of their child's self-doubts" (p. 432). The author concluded that parental attitude was the most important factor separating clinic from nonclinic parents.

Holdaway and Jensen (1983) compared the responses of normal and behaviorally disordered (BD) children (grades one through six) on the Piers-Harris Self-Concept Scale (PHCSCS) with the responses of their teachers and mothers. The authors asked the following question: Is there a difference between how children (BD and normal) evaluate themselves and how their teachers and mothers evaluate them? For the normal children, the three sets of evaluators (i.e.,

self, teacher, mother) were consistently in agreement on the overall scores. For the BD children, this was not true. The mean overall score for the BD children (54.65) was higher than the mean overall score for the teachers (45.70), and about the same as the mean overall score for their mothers (56.85). Holdaway and Jensen (1983) suggested two possible explanations for the results of their study: (a) Teachers of BD children might have a negative bias, and/or (b) mothers of BD children might use denial as a defense mechanism.

Coleman (1984) compared the responses of regular-class and learning disabled (LD) students (between the ages of 9 and 10) with the responses of their mothers on the Piers-Harris Children's Self-Concept Scale (PHCSCS). Each mother was asked to respond to the items on the PHCSCS the way "she believed her child would respond" (p. 215). The mean overall self-concept score for the regular-class children (58.61) was about the same as the mean overall score for the LD children (58.62). Self-concept scores of the regular-class children and the LD children were significantly different from the scores of their mothers. In addition, two trends were clear: mothers of the regular-class children overestimated their children's self-concept, whereas mothers of the LD children underestimated their children's self-concept. Coleman noted that discrepancy between the scores of LD children and their mothers may be a result of "the indirect impact of labeling as it alters the perceptions of those who interact with the labeled individual" (p. 216).

Montgomery (1994) compared the responses of students (grades six, seven, and eight) on the Multidimensional Self Concept Scale (MSCS) with the responses of observers (i.e., teachers and parents) on an abbreviated version of the MSCS. The students were divided into three groups: learning disabled (LD), high-achieving (HA), and nondisabled. Children with learning disabilities rated

themselves lower than high-achieving and nondisabled children across six domains of self-concept (i.e., academic, social, family, physical, affect, and competence). In general, teachers underestimated the self-concepts of LD and nondisabled students but overestimated the self-concepts of HA students. Parents of LD, HA, and nondisabled students demonstrated good awareness of the students' self-concepts, with some variability observed.

Montgomery (1994) noted that the apparent parent-child agreement across all three student groups may have been due in part to the small LD and HA sample sizes – a limitation of the study. He also suggested that the parents who chose to participate in the study might not be typical. That is, they may represent those parents who are actively involved in their children's lives and have a better knowledge of their children's self-concepts than parents who chose not to participate.

Marsh and Craven (1991) compared the responses of preadolescent children on the Self Description Questionnaire I (SDQ-I) with the responses of significant others. Inferred self-concept responses by teachers, mothers, and fathers agreed reasonably well with the students' responses for academic and nonacademic areas – especially physical ability, reading, mathematics, and general school self-concepts. However, there was greater agreement between parents and students than between teachers and students, even in academic areas. Marsh and Craven offered two possible explanations for the strong parent-child agreement in the area of academic self-concept: (a) Parents may interact more “intensively” with children than do teachers, and/or (b) parents may talk to their children frequently about school.

Rationale of the Present Study

The aforementioned research studies support the notion that self-concept

development is a phenomenological, developmental, and social process. Human beings demonstrate their basic belief in the existence of "self" through the use of the personal pronouns (Cooley, 1902/1956; James, 1892/1961; Mead, 1934). Evidence shows that self-concept is multidimensional and hierarchical in nature (Byrne & Shavelson, 1996; Shavelson et al., 1976). The emergence of perceptions, attitudes, and beliefs about self are influenced by biological, social, and cultural factors (Snygg & Combs, 1949; Piers, 1984). The reflection of self (i.e., imagining self in the minds of significant others) is the key process of self-concept development (Rosenberg, 1973). Parents are the first shapers of self-concept and parental perceptions of children continue to be important during the school-age years. (Hamachek, 1987).

The present study makes a number of assumptions, based on self-concept research and the experience of this writer as a school counselor. First, parents are significant others in a child's life. Parental perceptions influence a child's adjustment in all social settings, including home and school. Second, the school counselor often sees the consequences of low self-concept. These include poor grades, low motivation for learning, behavior problems, difficulty relating to peers, and social skill deficits. Third, knowledge about parental perceptions might help school counselors design appropriate strategies to facilitate communication between parents and their school-age children. Fourth, one way to measure parental perceptions is to ask parents to predict their children's self-concept scores (i.e., global and specific) on a self-report measure of self concept.

The purposes of the study are: (a) to gather information about the general accuracy of parental predictions of children's self-concepts, and (b) to determine whether parents are able to predict the relative importance of different dimensions

of self-concept for their school-age children. Toward these ends, the present study examines the following null hypotheses:

1. There are no significant mean differences between children's global/specific self-concept scores and their parents' predictions of those scores.
2. There are no significant relationships between children's global/specific self-concept scores and their parents' predictions of those scores.

Chapter III

Method

Participants

Seventy-six pairs of students/parents from three fifth-grade classes in a suburban, predominantly white, middle class public school were invited to participate in the study. Permission to participate was obtained from the parents of 69 students. One student was absent on the day the self-concept scale was administered, leaving 68 students who completed the scale. Sixty-eight parents later filled out the same self-concept scale as they "believed their child would respond." The data from 18 pairs of students/parents were eliminated from the study because of: (a) unanswered items on the scale, (b) high scores on the Response Bias Index, or (c) high scores on the Inconsistency Index. The final sample consisted of 50 pairs of students/parents.

Of the 50 students who participated in the study, 30 (60%) were boys and 20 (40%) were girls. All the students were 10 or 11 years old. Of the 50 parents who participated in the study, 45 (90%) were mothers and 3 (6%) were fathers. In one case (2%), both mother and father collaborated on filling out the scale. In one case (2%), the question about who filled out the scale was left unanswered. Of the 50 students who participated in the study, 45 (90%) received no special services and 4 (8%) received special services (such as, speech/language itinerant services, resource room services, and remedial reading services). In one case (2%), the question about reception of special services was left unanswered.

Instrument

General description. The Piers-Harris Children's Self-Concept Scale (PHSCS) is an 80-item, self-report questionnaire designed to measure self-evaluative attitudes and behaviors for children ages 8 to 18. Subjects are

presented statements that “tell how some people feel about themselves,” and are asked to show whether each statement applies to them by circling “yes” or “no.” One-half of the statements are worded positively and one-half are worded negatively. The PHCSCS yields a Total (global self-concept) Score and six cluster (specific self-concept) scores, including: I Behavior, II Intellectual and School Status, III Physical Appearance and Attributes, IV Anxiety, V Popularity, and VI Happiness and Satisfaction.

Interpretation of scores. High scores on the PHCSCS suggest positive self-concept, whereas low scores suggest negative self-concept. A very high score (i.e., raw score of 70 or above) may reflect a lack of critical self-evaluation or may indicate a tendency to fake good (i.e., respond in a socially desirable direction). Positive distortions are relatively common on the PHCSCS. A very low score may indicate a tendency to fake bad (i.e., present oneself in a negative light). However, negative distortions are relatively rare and low scores usually do reflect negative self-attitudes. The PHCSCS also includes an Inconsistency Index for detecting random response patterns and a Response Bias Index for measuring the tendency to answer “yes” or “no” regardless of content.

Standardization. The original normative sample for the Total Score on the PHCSCS was made up of 1,183 children (grades 4 through 12) from one public school district in a small Pennsylvania town during the 1960s. No consistent grade or sex differences were found, so the scores were pooled for the purposes of standardization. The mean (average score) was 51.84, with a standard deviation (measure of dispersion) of 13.87, and a median (middle value) of 53.43. The distribution showed negative skewness (greater density to the right of the mean and greater range to the left of the mean), suggesting a tendency for the children in the normative group to respond in the direction of positive self-concept. Norms

for the cluster scales were based on a sample of 485 public school children (248 girls and 237 boys) from elementary, junior, and senior high schools. Means and standard deviations for this normative group are provided in the Revised Manual (Piers, 1984).

Test-retest reliability. According to Piers (1984), “test-retest reliability measures the extent to which scores for a single individual are consistent over time and across settings” (p. 53). She based her estimate of test-retest reliability for the PHCSCS Total Score on a number of studies. These studies represent both normal and special samples, with time intervals from two weeks to one year, and subjects’ ages ranging from 7 to 20. Test-retest coefficients for the Total Score range from .42 to .96, with a median (middle value) coefficient of .73. These coefficients indicate adequate temporal stability for the PHCSCS Total Score. The Revised Manual contains no information on test-retest reliability for the six cluster scales.

Internal consistency. Piers (1984) described internal consistency as “a measure of the average correlation among the items within a test” (p. 55). The following internal consistency estimates for the Total Score are derived from a number of studies and are reported in the Revised Manual: (a) Kuder-Richardson formula 20 coefficients ranging from .88 to .93 for children in grades 6 and 10; (b) a Spearman-Brown coefficient of .91 for children ages 7-14; (c) an alpha coefficient of .90 for children in grade 10; (d) an alpha coefficient of .90 for children in grades 3-6; (e) an alpha coefficient of .89 for children ages 6-12; and (f) an alpha coefficient of .92 for children in grades 4 and 6. Piers also reported internal consistency estimates (alpha coefficients) between .73 to .82 on the six cluster scales, based on four samples from clinical and nonclinical settings, and

representing a diverse pool of subjects. These coefficients indicate good internal consistency for the Total Score and for the six cluster scores on the PHCSCS.

Content validity. During the development of the PHCSCS, an attempt was made to “build content validity into the scale by defining the universe to be measured as the areas in which children reported qualities that they liked or disliked about themselves” (p. 57). As the scale was refined through the process of item analysis, some items were dropped. Consequently, certain areas are not represented as well in the final scale.

As a test of content validity, ratings by teachers and peers have been compared with children’s self-reports on the PHCSCS. Piers (1984) reported that correlations in such studies have typically been low or nonsignificant. However, a few studies found “considerable agreement” between the PHCSCS Total Score and teacher or peer ratings in the following areas: socially effective behavior, ego strength, school attitude or motivation, and peer acceptance.

Criterion-related validity. Concurrent validity has been tested in studies examining the relationship between the PHCSCS and other self-concept instruments. According to Piers (1984), the results of those studies reflect the influence of age on self-concept and differences in the format of self-concept measures. The validity coefficients for total scores range from a low of .32 to a high of .85. The highest correlation is for the Coopersmith Self-Esteem Inventory (Coopersmith, 1959), which is based on a questionnaire format and has a target population that is similar to the target population for the PHCSCS.

Construct validity. Piers (1984) described four factor analytic studies that investigated the underlying constructs of the PHCSCS. Many or all of the factors identified in her original analysis (Piers, 1963) were replicated in these four studies. However, other studies failed to replicate the six factors or identified

additional factors. Piers recommended further study of the underlying dimensions of the PHCSCS and suggested using caution when interpreting specific cluster scales for individual children.

Piers (1984) also investigated the degree of relationship among the scales. Intercorrelations among the six cluster scales range from .21 to .59, suggesting a moderate degree of interrelatedness. Scales that share a number of items correlate more highly than scales that share a single item. The intercorrelations between cluster scales and Total Score range from .67 to .78. Piers stated that "all subtests, appear to some extent, to be assessing a global self-concept as well as specific facets of self-concept" (p. 67).

Studies have investigated the relationship between the PHCSCS and other measures of personality and behavior. According to Piers (1984), one would expect to find negative correlations between positive self-attitudes and other constructs, such as emotional problems, behavioral difficulties, health problems, and anxiety. In general, these predicted relationships were found to be true, thus providing evidence of construct validity.

Appropriate uses. According to Byrne (1996), the PHCSCS is the most frequently cited self-concept measure for preadolescents. Its use as a research instrument is well established. The PHCSCS can be used in high-risk settings (e.g., special education and other classrooms) to screen for children who need further psychological evaluation. In addition, the PHCSCS can be an effective tool in clinical and counseling settings, when combined with clinical observations and other test data, to obtain an overall picture of a child.

Procedure

The PHCSCS was group administered to 68 fifth-grade students (ages 10 or 11 years) in a suburban, predominantly white, middle class public school. The

scale was given only to students who obtained a signed permission form from parents and were present in school on the day the scale was administered in their classrooms. Students who were not participating in the study were given an alternate activity. Because the PHCSCS was written at a third-grade reading level, the fifth-grade students were allowed to read silently and respond independently to the 80 items on the scale. The examiner read the "Directions" section on the front of the scale aloud. The students were instructed to raise their hands if clarification was needed. Students asked questions about the following words: "unpopular," "pep," "dreamer," "clumsy," "strong," and "good figure."

A second copy of the PHCSCS was sent home to parents on the same day the scale was administered to students. Parents were asked to read the 80 items and "respond as you believe your child would respond." The researcher also instructed both students (verbal instruction) and parents (written instruction) to refrain from discussing the scale with each other until after both scales had been completed and returned to the researcher.

All scales were numbered to ensure anonymity. The participants were told that the information would be used for research purposes only. The researcher collected the following demographic information: (a) gender of student; (b) whether student received special education or remedial reading services; (c) whether the second scale was completed by mother, father, or both.

After all the scales had been returned, the researcher hand-scored them according to directions in the PHCSCS Revised Manual (Piers, 1984). Of the 68 pairs of students/parents, 18 pairs were eliminated from the study because of unanswered items or high scores on the Response or Inconsistency Indexes. The final sample consisted of 50 pairs of students/parents.

Data Analysis

The mean (average) and standard deviation (measure of dispersion) were obtained for students' raw scores and parents' raw scores on each of seven scales (Total and six clusters). The t test for paired observations was used to determine whether there was a significant mean difference between students' raw scores (Total and six clusters) and parents' raw scores (Total and six clusters). Correlation coefficients (Pearson product-moment) were obtained in order to determine whether there was a significant relationship between students' raw scores (Total and six clusters) and parents' raw scores (Total and six clusters). Correlation coefficients were squared (coefficient of determination) in order to determine strength of association.

Chapter IV

Results

The sample consisted of 50 pairs of students (30 boys and 20 girls) and parents (45 mothers, 3 fathers, 1 mother/father combined, 1 unidentified). Mean (average) raw scores and standard deviations (measure of dispersion) were computed for seven scales, including: Total Score, Cluster I Behavior, Cluster II Intellectual and School Status, Cluster III Physical Appearance and Attributes, Cluster IV Anxiety, Cluster V Popularity, and Cluster VI Happiness and Satisfaction. (See Table 1.) In general, the mean scores for parents were higher than the mean scores for students. The only exception was Cluster IV Anxiety, where the mean score for parents ($M = 10.78$, $SD = 3.42$) was slightly lower than the mean score for students ($M = 10.42$, $SD = 2.81$).

Two-tailed t tests for paired observations were used to determine whether there was a significant mean difference between students' scores and parents' scores on each scale. Parents scored significantly higher than students on Cluster II Intellectual and School Status, $t(49) = -2.175$, $p = .035$. Parents also scored significantly higher than students on Cluster V Popularity, $t(49) = -2.511$, $p = .015$. There were no significant mean differences on any other scale. Table 1 presents calculated two-tailed t values and significance levels for all scales.

Pearson product-moment correlations were computed to determine whether there was a significant relationship between students' scores and parents' scores on each scale. Significant positive (high-high, low-low) correlations between students' scores and parents' scores were found for all scales. Strong positive correlations were found for Cluster V Popularity ($r = .725$, $p = .000$) and Total Score ($r = .608$, $p = .000$). Moderate positive correlations were found for Cluster I Behavior ($r = .527$, $p = .000$), Cluster IV Anxiety ($r = .522$, $p = .000$),

and Cluster II Intellectual and School Status ($r = .497, p = .000$). Relatively low positive correlations were found for Cluster VI Happiness and Satisfaction ($r = .413, p = .003$) and Cluster III Physical Appearance and Attributes ($r = .398, p = .004$). Table 2 summarizes correlation coefficients for students' scores and parents' scores (all scales).

The coefficient of determination (r squared) was obtained for each scale to determine the strength of association. About 37 % of the variability in students' scores was explained by variability in parents' scores for the Total Score. About 53% of the variability in students' scores was explained by variability in parents' scores for Cluster V Popularity. For Cluster I Behavior, Cluster IV Anxiety, and Cluster II Intellectual and School Status, the percentage of variability in students' scores explained by variability in parents' scores was about 28%, 27%, and 26%, respectively. For Cluster VI Happiness and Satisfaction and Cluster III Physical Appearance and Attributes, the percentage of variability in students' scores explained by variability in parents' scores was about 17% and 16%, respectively. Table 2 includes the computed coefficient of determination for each scale.

Table I

Two-tailed t tests for paired observations (all scales)

Scales	Students (n = 50)		Parents (n = 50)		t (49)	p
	Mean	SD	Mean	SD		
Total Score	63.34	14.82	65.96	10.08	1.569	.123
Behavior (I)	13.62	3.47	14.40	1.92	- 1.869	.068
Intellectual/School Status (II)	13.80	3.79	14.82	2.30	- 2.175	.035*
Physical Appearance (III)	10.04	2.93	10.60	2.63	- 1.295	.201
Anxiety (IV)	10.78	3.42	10.42	2.81	.822	.415
Popularity (V)	8.72	3.30	9.54	2.82	- 2.511	.015*
Happiness/Satisfaction (VI)	8.64	2.25	8.88	1.62	.785	.436

* $p < .05$

Table 2

Correlation coefficients for students' and parents' scores (all scales)

Scales	n	r	p	r squared
Total Score	50	.608	.000*	.370
Behavior (I)	50	.527	.000*	.278
Intellectual/School Status (II)	50	.497	.000*	.257
Physical Appearance (III)	50	.398	.004*	.158
Anxiety (IV)	50	.522	.000*	.272
Popularity (V)	50	.725	.000*	.526
Happiness/Satisfaction (VI)	50	.413	.003*	.171

*p < .01

Chapter V

Discussion

Assessment of Results: Question 1

The results of the present study are mixed on the question of whether parents can accurately predict their children's global/specific self-concept scores. In six of the seven scales, parents overestimated their children's scores. However, there were significant mean differences for only two of these scales, Cluster II Intellectual and School Status and Cluster V Popularity. Parents underestimated their children's scores for Cluster IV Anxiety, but the mean difference in scores was not statistically significant.

The lack of significant mean differences for Cluster I Behavior, Cluster III Physical Appearance and Attributes, Cluster IV Anxiety, Cluster VI Happiness and Satisfaction, and Total Score could be interpreted as evidence for general accuracy of prediction on the part of parents in these areas. In other words, parents' inferences tended to be similar to children's responses on questions about behavior at home and school, feelings about looks or physical abilities, anxiety, general satisfaction with life, and global self-concept. Related research studies have also offered some evidence that parents of "normal" or "nondisabled" children demonstrate good awareness of their children's global or specific self-concepts (Holdaway & Jensen, 1983; Marsh & Craven, 1991; Montgomery, 1994).

How would the ability to predict children's global or specific self-concept scores help parents? Rosenberg et al. (1995) found that global self-esteem was a good predictor of psychological well being (e.g., depression, anxiety/tension, happiness, life satisfaction, etc.) They also found that academic self-esteem was a good predictor of performance in school.

The significant mean differences for Cluster II Intellectual and School Status and Cluster V Popularity could be interpreted as evidence that parents overestimate their children's self-concept, at least when it comes to school and friends. In these cases, parents' inferences and children's responses tended to differ in areas such as ability to learn and peer relationships. Studies have shown a tendency for parents to overestimate the self-concept scores of their "regular" or "nonclinic" children (Coleman, 1984; Piers, 1972). However, these studies used global self-concept scores rather than scores for specific dimensions, such as school status or popularity. In addition, the finding of Marsh and Craven (1991) demonstrated particularly good parent-child agreement for academic self-concept, whereas the present study showed an overestimation by parents on Cluster II Intellectual and School Status, which touches on a child's feelings about self in relation to school.

There is some evidence that parents are likely to express a sense of general satisfaction or lack of awareness of children's self-doubts unless faced with compelling evidence of mental health or learning problems. A study by Piers (1972) showed that clinic parents underestimated their children's self-concept and agreed better with their children on negative responses. In the same study, nonclinic parents overestimated their children's self-concept and agreed better with their children on positive responses. Studies by Coleman (1984) and Montgomery (1994) demonstrated that parents of children with learning problems tend to underestimate their children's self-concept scores.

Assessment of the Results: Question 2

On the question of the relationship between students' self-perceptions and parents' predictions of those self-perceptions, the results of the present study are more consistent. Significant positive correlations were found between students'

scores and parents' inferences for all seven scales. Parents were able to predict which subscale scores would be relatively high or low. This predictive ability was strong for Cluster V Popularity and for Total Score; moderate for Cluster I Behavior, Cluster IV Anxiety, and Cluster II Intellectual and School Status; and relatively weak for Cluster VI Happiness and Satisfaction and Cluster III Physical Appearance and Attributes. This writer could find no studies that attempted to correlate parents' inferences with children's actual self-concept scores.

How were the parents in the study able to infer the relative importance of particular self-concept dimensions for their children? Parents may gather information through direct observation of behavior, through second-party reports, or by engaging in conversation with their children. Some dimensions of self-concept may be easier to observe directly (e.g., popularity, behavior, school status). Other dimensions may rely on more subtle observations and the ability to listen well and ask the right questions (e.g., anxiety, feelings about physical appearance, general satisfaction with life).

How do children become aware of their parents' perceptions? Children may gather information about parental attitudes by watching what their parents do or by listening to what their parents say. Rosenberg (1973) showed that children are heavily influenced by the opinions of outside authorities – friends, siblings, teachers, and parents (especially mothers). However, they may selectively value or devalue the evaluations of significant others in order to protect or enhance self-esteem (Rogers, in Kirschenbaum, 1898; Rosenberg, 1973).

Limitations of the Study

When interpreting the results of the present study, the reader should be aware of some methodological limitations. First, the sample size was reduced (from 68 pairs to 50 pairs) because of unanswered items and high scores on the

Response Bias Index and the Inconsistency Index. Second, the demographic features of the sample (i.e., suburban, predominantly white, middle class) limit the generalizability of the findings. Third, evidence for the validity of the PHCSCS Total Score is stronger than evidence for the validity of the cluster scores (Byrne, 1996). Fourth, the PHCSCS was not standardized on adults. However, use of the PHCSCS as a way to measure inferred self-concept has been documented in a number of studies (Coleman, 1984; Holdaway & Jensen, 1983; Piers, 1972). Other children's self-concept instruments (SDQ-I and MSCS) have also been used to measure predictions of self-concept by significant others (Marsh & Craven, 1991; Montgomery, 1994).

Implications of the Study

The present study provided some evidence that parents are aware of their children's thoughts and feelings about self. The parents in the study were able to infer the relative importance of different dimensions of self-concept reasonably well. In addition, they were generally accurate with their predictions in the areas of behavior, physical appearance, general happiness with life, anxiety, and global self-concept. Information from parents is valuable to school counselors as they attempt to help children deal with the consequences of poor self-concept – low motivation for learning, poor grades, difficult relationships with peers or teachers, and school violence. School counselors should listen to parents, respect their opinions, and help parents understand the power of their influence over self-concept development.

The present study also indicated a tendency for parents of normal children to overestimate self-concept in the areas of popularity and school status. (Note that 45 of the 50 children in the study received no special services.) Perhaps parents assume the best unless faced with strong evidence of problems. School

counselors can provide help when problems do arise. They can give assistance to children and families facing stressful situations at home or school (e.g., divorce, illness, death, substance abuse, family violence, mental health problems, learning problems). During times of stress, the emotional needs of children are often overlooked. School counselors can encourage parents to learn effective communication skills (e.g., active listening, dialogue) and parenting techniques. In these ways, school counselors can help shape positive school and home environments, facilitating the development of healthy self-concepts in children.

Future research might concentrate on studying the way children communicate thoughts and feelings about self. How do parents form their perceptions of their children's self-concept? How do children become aware of the attitudes, beliefs, opinions, and evaluations of their parents? What factors result in "psychological selectivity," the tendency to seek out or avoid experiences in order to protect or enhance self-esteem? What factors within the family serve to encourage or discourage the free expression of thoughts and feelings about self? How do communication patterns change over the course of self-concept development as people outside the family (e.g., friends, teachers) become more significant to the individual?

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