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Self-Concept Development

Contributors: Christine Coughlin & Richard W. Robins

Edited by: Amy Wenzel

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“What do you want to be when you grow up?” The majority of children around the world respond to this question with enthusiasm, listing occupations such as artist, astronaut, or archaeologist. Their ability to do so is remarkable when we consider that it requires not only an awareness of themselves but also a representation of who they want to be in the future. In other words, they need to possess a stable mental representation of their current and future selves. These representations constitute their *self-concept*, which consists of thoughts, feelings, and beliefs about who they are physically, socially, psychologically, and morally.

Individuals are not born with a self-concept. Rather, their self-concept emerges during early childhood and continues to develop into adulthood due to the maturation of underlying neural substrates and cognitive abilities, as well as environmental influences. An understanding of self-concept development is critical because how people perceive and evaluate themselves influences their behavior and predicts important life outcomes. The following sections (a) briefly describe the structure, content, and valence of the self-concept; (b) provide an overview of self-concept development from toddlerhood to adulthood; and (c) discuss the adaptive function and clinical relevance of the self-concept.

What Is the Self-Concept?

Each person’s self-concept comprises myriad individual representations, such as “I am a shy person,” “I’m a good relationship partner,” and “I am proud of my Mexican heritage.” As these examples illustrate, the self-concept is hierarchically structured and includes four levels: (1) the *personal* or individual self, which reflects individuals’ beliefs about their private self, including their traits, values, and abilities; (2) the *relational* self, which reflects how individuals see themselves in intimate relationships; (3) the *social* self, which reflects how individuals see themselves in more general interpersonal contexts, including their social roles (e.g., school, work) and reputation; and (4) the *collective* self, which reflects individuals’ identities concerning their various reference groups, such as their religion, ethnicity, and nationality.

Self-representations can also vary in complexity and abstractness. For example, individuals whose self-conceptions depend on the context (e.g., “I am outgoing with my friends but shy in romantic relationships”) possess a more complex self-concept than individuals who do not differentiate by context. In addition, a set of specific self-representations (e.g., “I am knowledgeable, creative, and good at school”) can be abstracted, or generalized, into a broader representation of the self (e.g., “I am an intelligent person”).

Finally, self-representations can vary in valence—that is, how positive or negative they are. For example, believing that you are hardworking is a more positively valenced representation than believing that you are lazy. The valence of an individual’s self-concept can differ across the personal, relational, social, and collective levels. For example, an individual may have a positively valenced self-concept at the personal level but a negatively valenced self-concept at the romantic intimate relationship level. The overall valence of the self-concept can be considered an indicator of a person’s self-esteem, which is associated with important life outcomes such as health, wealth, and happiness.

Importantly, children experience changes in the structure, content, and valence of their self-concept across development. These changes are driven in part by neurocognitive changes and in part by environmental factors such as interactions with caregivers and other socialization experiences. The following sections provide an overview of self-concept development from toddlerhood to early adulthood while taking these mechanisms into

consideration.

Toddlerhood

For many years, it was believed that toddlers (2–3 years of age) do not have stable self-representations. This is because traditional self-concept assessments ask people to verbally report how they see themselves, and this is difficult for young children, who have limited verbal skills. However, several developmentally appropriate methods for assessing self-representations, or the cognitive and affective processes associated with self-representations, have been developed. These methods rely on cognitive behavioral, linguistic, and emotional markers of self-representations and have provided compelling evidence of self-related thought during early childhood.

One of the most common cognitive behavioral assessments used with young children is referred to as the *rouge test*. In this test, a spot of rouge is covertly placed on a child's nose while he or she is playing. The child is then placed in front of a mirror, and his or her behavior is recorded. Starting at around age 2 years, children respond to their reflected image by pointing to the spot of rouge on their nose. This behavior suggests that the child recognizes his or her physical self in the mirror and possesses at least a rudimentary concept of "me" that encompasses the child's physical self.

Interestingly, children begin to use self-referencing language and exhibit self-conscious emotions soon after they "pass" the rouge test. Self-referencing language such as "I" or "me" implies that the child has at least a rudimentary representation of who he or she is. Similarly, self-conscious emotions arise when one perceives oneself as having violated a societal norm or rule (e.g., shame, guilt, embarrassment) or having attained a socially desirable goal. Together, these findings suggest that the capacity for self-reflective thought, which serves as the basis for self-conceptions, emerges between the ages of 2 and 3 years. Although toddlers possess an awareness of their physical self, the extent of their psychological self-concept is limited.

Early to Middle Childhood

By the age of 3 years, children can describe who they are verbally using concrete descriptors. These include observations of their physical appearance, interests, and abilities (e.g., "I am a boy; I like to draw; I am good at soccer"). Although these observations provide clear evidence of a psychological self-concept, each observation is made in isolation of the others; at this age, there is no coherence or organization to the self-concept. These observations also tend to be positively biased because young children have difficulty distinguishing between their actual ability and their desired ability.

Improvements in episodic memory during early and middle childhood contribute to changes in self-concept structure and content between 3 and 8 years of age. As episodic memory improves, so does the child's ability to form autobiographical memories (e.g., "I ran fast and won a medal at the race") that can be incorporated into his or her self-concept. In addition, reminiscing about these memories helps the child develop a sense of self that is extended in time. For example, discussing a past experience with a parent or peer reinforces the feeling that the experience happened to him or her and supports a self-concept that extends into the past.

Importantly, children's ability to hold dual representations in mind also increases during

middle childhood. This allows children to become aware of patterns across their self-representations, from which they extrapolate higher order information about who they are. For example, a child may infer that he or she is an athletic person based on self-representations including “I play soccer well, and I ran fast and won a medal at the race.” Critically, viewing oneself as athletic represents a higher order generalization or trait. Traits are stable patterns of behavior, thoughts, and feelings, and their incorporation results in a self-concept that is more coherent, organized, and complex, as well as more consequential for future behavior.

Late Childhood to Early Adolescence

Late childhood to early adolescence (9–14 years of age) is a period of increased complexity and organization for the developing self-concept. Some of these changes arise because children are becoming increasingly aware that they are being evaluated by others. Others’ evaluations of them matter, and they engage in social comparisons much more frequently than before (e.g., “I can run faster than all the other kids in my class”; “I am the shortest of all of my friends”). This heightened social awareness results in a representation of self that includes a more balanced distribution of positive and negative qualities during late childhood and an increasingly negative self-concept as they transition into adolescence (particularly for girls). There is also an increase in self-conceptions concerning interpersonal traits (e.g., “I’m a caring friend”) due to the individual’s increased focus on social interactions.

Important changes in self-concept differentiation and abstraction are also occurring during this period. Differentiation occurs when individuals begin to distinguish self-concept content by context, such as having an *academic self* that is distinct from their *social self*. For example, they may view themselves as irresponsible in school but as dependable and trustworthy with friends. Abstraction occurs when individuals attempt to make meaningful inferences about who they are based on an integration of traits. For example, they may infer that they are conscientious persons because they see themselves as responsible, punctual, and organized. Abstraction represents a significant self-concept development, allowing the individual to organize self-concept content in ways that will eventually lead to greater coherence.

Middle Adolescence to Adulthood

Increases in abstract thinking ability and introspection lead to further differentiation of the self-concept during adolescence. Importantly, individuals begin to differentiate between their actual self and their ideal self. They consider not only what they want to be when they get older (which we know younger children also consider) but also which attributes they would like to possess and which future goals they would like to achieve. This period is therefore marked by an increasing orientation toward the future self, which promotes positive change by motivating individuals to engage in behavior aimed at achieving future goals.

Continued development of abstract thinking also influences the overall valence of the self-concept (i.e., self-esteem) across this period. Individuals become more aware of missed opportunities and the potential consequences of failures, leading to increased negative evaluations of self. This increase in negative evaluations, along with the continued social comparisons and stressors associated with puberty, lead to particularly low levels of self-esteem during adolescence (particularly for females). However, this decline subsides toward the end of adolescence due to a gradual reduction in social comparisons and the development of one’s own personal, relational, social, and collective identities.

By early adulthood, most individuals have developed the cognitive capacities needed to support a self-concept that is coherent, stable, complex, and abstract. However, this does not mean that people's self-conceptions do not continue to change across the lifespan, just that the basic cognitive system underlying self-conceptions is fully mature by early adulthood. As people go through life and face new challenges and opportunities and experience successes and failures, they will learn more about themselves and, in many cases, change their self-conceptions. But these changes are the result of new information about the self, not further maturation of the underlying cognitive capacities that support the development of self-conceptions. The only exceptions to this developmental sequence are changes in the underlying cognitive system due to a severe mental health disorder or neurological damage, both of which can radically alter a person's self-concept.

Adaptive Function and Clinical Implications

The self-concept serves many adaptive functions across the lifespan. For example, it helps a person navigate a complex social world: You are able to recognize that your thoughts, beliefs, and feelings are uniquely your own and, importantly, that this is true for others as well. This promotes empathy and respect in social relationships. The self-concept also supports adaptive self-regulation. Knowing what is important to you (e.g., values and future goals) can be extremely motivating and influence your everyday behavior. For example, viewing yourself as a responsible student may influence you to forgo a social event the day before an exam because this behavior is consistent with your self-concept (e.g., "I'm a conscientious person, and as a conscientious person I need to prioritize work over play"). This will not only help you achieve a future goal (i.e., getting a good grade in the class) but also support a consistent pattern of behavior (i.e., regular studying) that will reinforce your view of yourself as a conscientious person and avoid the dissonance that would result from acting in a way that is contrary to your conscientious self-view. Finally, the self-concept allows individuals to filter the endless information they receive on a daily basis. Instead of attempting to pay attention to every piece of information they receive (an impossible feat), individuals are able to focus their attention and subsequent action on pieces of information that are most important to them and relevant to their view of themselves. Together, these adaptive functions suggest that individuals who have a highly dysfunctional self-concept—extremely negative, unrealistically positive, or incoherent, among others—will be more poorly adjusted than those with a more typical, well-functioning self-concept. A large body of research has shown that this is the case.

In general, large deviations in what is considered typical self-concept structure, content, or valence tend to result in negative outcomes. Although it is typical for young children to have a positively biased self-concept, adolescents and adults are expected to have a self-concept that is more rooted in reality. For them, a self-concept that is overly positively biased may be maladaptive. For example, on the one hand, individuals with narcissistic personality disorder have highly inflated views of their talents and abilities, and they tend to be aggressive and have maladaptive interpersonal relationships and erratic career trajectories. On the other hand, people with an extremely negative self-concept are more likely to experience negative outcomes, including depression, eating disorders, poor health, and low academic and career achievement. Thus, there are severe emotional, physical, and social consequences associated with self-concepts that are overly skewed in either the positive or the negative direction.

Research has also shown that large disruptions in self-concept structure can have devastating effects on an individual's ability to function on a day-to-day basis. For example,

both schizophrenia and borderline personality disorder are characterized by a fragmented sense of self. Individuals with schizophrenia experience disturbances in their thinking and sense of self; their ability to perceive reality—and their place within it—is highly disrupted. Individuals with borderline personality disorder have an extremely unstable and incoherent sense of self, which leads to both intrapersonal and interpersonal conflict. Both disorders are associated with negative outcomes, including increased health risks, stigmatization, and severe psychological distress.

Individuals with autism spectrum disorder possess deficits in self-related processes that contribute to an atypical self-concept. Individuals with this disorder often have difficulty interpreting social situations and connecting with others. This may be because their understanding of themselves and others as individuals with unique interests, thoughts, and feelings is disrupted. There is also evidence of a reduced ability to retrieve autobiographical memories, which likely disrupts the development of a coherent self-concept.

Because the self-concept serves many adaptive functions, disruptions in valence, content, or structure are associated with significant negative outcomes. Therefore, a better understanding of how people develop a healthy and coherent self-concept can facilitate the identification of atypical developmental patterns.

See also [Cognitive Development, Stages of](#); [Personality Inventories](#); [Self-Representation](#); [Separation-Individuation](#); [Temperament](#)

Christine CoughlinRichard W. Robins
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