

A COMPARATIVE STUDY OF LOWER GRADE  
AND HIGHER GRADE PUPILS AT A  
JEWISH COMMUNITY SCHOOL  
WITH REGARD TO INTELLIGENCE,  
SELF-CONCEPT AND ADJUSTMENT.

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DISSERTATION SUBMITTED TO THE FACULTY OF  
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OF MASTER OF SOCIAL SCIENCE  
IN CLINICAL SOCIAL WORK.

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BY  
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ABSTRACT

A comparison of Lower Grade and Higher Grade pupils with regard to intelligence, self-concept and adjustment.

29 Lower and 29 Higher grade pupils in Stds 8 and 9 at a Jewish community day school were compared with regard to their I Q scores, self-concepts and adjustment level. These variables were measured on the following tests: The NSAGT; the Piers-Harris Children's Self-Concept Scale and the PHSF Relations Questionnaire. The data from the two groups were compared by means of a t-test for small samples and the results demonstrated a significant difference ( $p \leq 0,01$ ) for I Q scores and for self-concept but did not reveal a significant difference on most of the 12 sub-scales of the PHSF Relations Questionnaire. As regards the latter, a significant difference ( $p \leq 0,05$ ) was obtained on the sub-scale Sociability - S for female pupils and a significant difference was obtained on sub-scales Self-Confidence ( $p \leq 0,01$ ) and Formal Relations ( $p \leq 0,05$ ) for male pupils. The significant difference in I Q scores can be partially understood in terms of the selection criteria for admission to the Lower Grade class. The significant difference in self-concept can be attributed to the difference on the Intellectual and School Status sub-category. The lack of significant differences on the other sub-scales suggest that factors other than academic achievement are important in terms of self-concept formation for example:- class structure; membership of peer groups; extra-mural activities and family relationships. The lack of significant difference between Lower and Higher Grade pupils in the area of adjustment can perhaps be explained in terms of the Lower Grade pupils' relatively high scores on other sub-categories of the Piers-Harris Children's Self-Concept Scale i.e. it was only as regards intellectual status that the Lower Grade perceived themselves as less able.

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CONCEPT AND ADJUSTMENT

1. INTRODUCTION

1. Background
2. Rationale
3. The Setting
4. Historical Development of the Lower Grade
5. The Lower Grade Pupil
6. General Aims.

1.1. Background

The author was employed as guidance counsellor/social worker at a Jewish community school in Cape Town in 1984. Her area of concern was the Lower Grade pupils ranging from Std 6 to Matric and the pupils in the Pilot Class in Std 4 and Std 5 who would in all likelihood enter the Lower Grade once they reached Std 6. Once in the Lower Grade, pupils are exempt from studying Hebrew as a subject for Matric and in Std 8, 9 and 10 they are sent on job placements on a once-a-week basis i.e. Lower Grade pupils miss school one day a week when they are "apprenticed" to a company, shop, manufacturer or institution to experience working in a field they think they may like to pursue on completing matric. The author was employed to work with this pupil population specifically, on the assumption that not only were these pupils academically disadvantaged but also had emotional problems and needs that differed from the general pupil population.

The school saw the emotional problems as being of two types:- those arising from psychosocial factors in the pupil's personal life leading to academic difficulties and those arising from placement in the Lower Grade and the subsequent possible stigmatization and sense of failure. There were objective data in the form of exam results that indicated academic difference between the Lower Grade pupil and the general pupil population but there were no objective or scientific data that showed that Lower Grade pupils differed significantly in the area of emotional conflicts.

## 1.2. Rationale

The author was concerned about this assumption of differences between the two groups and the possible negative effect it could have on the way in which Lower Grade pupils were perceived by the staff and their peers, which in turn would affect their self-concept and adjustment. Furthermore, if there were these differences then this would have implications for the role of social worker and nature of treatment and guidance lessons provided.

Another concern of the author was the assumption that the Lower Grade pupils were significantly inferior intellectually to the average pupil and therefore seen as defective by staff and Higher Grade pupils. It was important to ascertain if this was in fact so in order to prevent a self-fulfilling prophecy. This could perhaps be achieved by supplying teachers with data as to the Lower Grade pupils' intellectual abilities and by encouraging interaction between teachers not normally involved with the Lower Grade, and the latter. This would possibly lead to attitude and change on the part of the teachers and would be transmitted to the pupils.

It was with these objectives in mind that the author decided to undertake a comparative study of Lower and Higher Grade pupils with respect to intelligence, self-concept and adjustment. The selection of intelligence as a variable was based on the author's concern with establishing how different the Lower and Higher Grade pupils were on an intellectual level. The variables of self-concept and adjustment were seen as being interrelated and reflecting the extent to which an individual has adapted to the psychosocial crisis of earlier developmental stages. This view is based on Erikson's critical stages developmental theory which stresses the conflicts that an individual has to resolve at various stages of his life in order to achieve successful personal and social adjustment. (Erikson, 1950.)

### 1.3. The Setting

The study was conducted in a large (±2000 pupils) Jewish community day school in Cape Town. It is highly academically orientated and much emphasis is placed on achievement. Since its inception in 1940, the school has prided itself on obtaining excellent matric results and success in the school system seems to be defined (both by the teachers and the pupils) in terms of academic grades attained and the degree to which a pupil is seen to conform to the informal and inferred code of dress, behaviour, level of success and language of the "in-group." The assumption of the author and teachers is that those pupils who are not part of the "in-group" perceive themselves as different and perhaps as inadequate.

The school in question is not only a highly academic school, it is also a community school and as such must cater to the needs of those children in its community who wish to receive a Jewish education, regardless of their academic potential.

By "Jewish education" is meant that the pupils study Hebrew as their third language (unless they are in the Lower Grade, in which case they are exempt from Hebrew); that Jewish history is a subject and comprises a part of the Matric syllabus and that Jewish festivals and holidays are celebrated as part of the school curriculum.

Prior to 1983, pupils of low academic potential at the above school had been accommodated in the Practical Class or had floundered in the regular academic stream. The Practical Class was largely non-academic in orientation, the syllabus was set by the school and the matriculation examination was internally set by the school. However, in 1983 the Lower Grade stream was adopted by the school in order to provide a suitable level of education for the dull-normal/ grey area pupils i.e. those pupils whose intelligence was too high to allow attendance at a Special School (a school where the pupils learn a trade) but too low to remain in the regular stream.

#### 1.4. Historical Development of the Lower Grade

In 1982 the Cape Provincial Department of Education published a circular (Circular No 69/1982) outlining the proposed replacement of the Practical Course by a national system of differentiated education which included the Lower Grade course for Std 6 to Matric. The belief behind this change in orientation was that a national system of differentiated education would enable provision to be made for those pupils who could not derive full benefit from courses ordinarily offered i.e. those pupils who would otherwise qualify for admission to the Practical Course (Circular No 69/1982.) The Practical Course had proved to be unsuccessful in that pupils who were in this class at school experienced great difficulty in finding employment subsequent to leaving school.

The subjects taught were either technical or practical, taught at a low level and the matriculation exam was set internally by the respective schools and as such was not an acceptable certificate to the civil service or to the business world. It was hoped that the introduction of the Lower Grade stream would provide a more useful entry into the job market for those pupils unable to write matric on the Standard or Higher Grade.

The Lower Grade syllabus is prescribed by the Cape Provincial Administration Department of Education and offers a wide range of subjects. They are, however, taught in less depth, at a slower pace and with less emphasis on formal examinations than those subjects taught at higher levels.

The Cape Provincial Department of Education in Circular No 43/1985 enumerated 5 criteria to be considered before recommending that a child be placed in Lower Grade. However, these criteria are somewhat vague and open to personal interpretation. (See No 3 and No 5 - Criteria)  
They are as follows:-

1. The pupil's school record from Sub A - Std 5, the correlation of his record with his intellectual ability and the extent to which it deviates from the class average.
2. The pupil's age and the number of times he has failed (if any).
3. Personality traits e.g. willpower, perseverance (or lack of it), diligence and general attitude towards school work and studies.
4. The pupil's state of health or any physical condition which may be relevant.

5. Socio-economic circumstances and home background.

The Circular does not state what it is about home background that needs to be considered or how to assess willpower, diligence or attitude to school.

The presence of the Practical Course at the school in question had, for some time, been a source of embarrassment to certain of the teachers and to the pupils in general. The pupils in this course, because of their low achievement potential, were viewed in a negative light and were largely non-participant in general school activities. The introduction of the Lower Grade stream in 1983 appeared to do little to change the image of these pupils, it merely changed their name. However, as this course was much more academic in orientation, certain pupils in the Practical Course were unable to cope and went elsewhere.

1.5. The Lower Grade Pupil

The co-ordinators of the Lower Grade stream of the aforementioned Jewish school were dissatisfied by the criteria enumerated by the Cape Provincial Administration Department of Education for selection of the Lower Grade pupil. They thus compiled an internal school report covering such areas as criteria for selection; selection procedure; transfers and the structure of the Lower Grade Department, and functioning of the Lower Grade Department as applied to this particular school. (Silbert, et al, 1983)

According to this report all the pupils in the Lower Grade have educational and/or social and/or emotional problems that prevent them from coping adequately within the mainstream.

Silbert et al, 1983 suggest that potential Lower Grade pupils be identified according to some or all of the following criteria:-

- a) Low academic potential. The I Q range generally falls between 75 - 95 (as measured by the NSAGT). However, as I Q scores can vary over time and are dependent on child's emotional state, they cannot be taken as sole determinents.
- b) Poor primary school performance. Often the pupil has repeated a standard without much improvement.
- c) A history of remediation with only partial success.
- d) Gross underachievement of pupils with or without a history of failure but with an average or above average I Q, whom it is considered would not benefit from failing in the Higher Grade stream. Such a pupil's poor scholastic performance is considered to be due to an inability to cope with pressure in the mainstream as a result of educational or emotional problems.
- e) Pupils who lack the ability to keep pace with peers in the conventional classroom setting but nevertheless express a wish to be educated within the Jewish school system. Silbert et al, 1983.

From the above it is evident that the Lower Grade pupils are a widely disparate group of children, some of whom have mainly emotional/social problems; others who have learning problems and still others who have a combination of both. There would thus not appear to be a "typical" Lower Grade pupil.

The pupils in the Lower Grade stream comprise a minor portion of the overall school population.

As a result the number of pupils per class is smaller, the classes tend to be more structured and supportive and there is less emphasis on competition and more on enhancing positive attributes of the pupils.

As a result of working with these pupils during the past 3 years, the author is aware that they feel that they are scorned and despised by their peers in the Higher Grade and that this seems to have hindered their social integration into the general activities of the school. Furthermore, if an individual's conception of himself and his world are products of the way in which others view him/her, (Purkey, 1970) then it would seem that the negative light in which the Lower Grade pupil is viewed, plus the school ethos of academic achievement would negatively influence the self-perception of the Lower Grade pupil.

#### 1.6. General Aims

In the South African context, there has been very little research in the field of underachievement and virtually none in the area of the Lower Grade pupil. This study hopes to contribute to the limited body of knowledge about the Lower Grade pupil which may then facilitate the development of suitable guidance programmes and intervention strategies particularly adopted to meet such a pupil's needs.

## 2. LITERATURE REVIEW AND OVERVIEW

As this study was undertaken in an educational setting, it is useful to briefly look at what role education plays in society and to look in particular at the importance it has in the Jewish culture. Thereafter, the three variables of intelligence, self-concept and adjustment are discussed.

After the family, the school is perhaps the most influential institution for the socialization and acculturation of children. It is responsible for the incalcation of norms and values of a society, it is responsible for the dissemination of knowledge and technology needed for adaption in the wider society and according to Anderson and Carter (1984 : 187) the school seems to socialize the student into accepting and supporting the way things are.

This latter view is a fairly narrow and restrictive view of the educational system as it does not mention the potential for creative thinking, challenging of existing ideas and individualization. Perhaps it is a more realistic view of how the current educational system does function. It is interesting to note that Dr Samuel Belkin (1962) had a more individualistic view of the role of the school. He felt that if a school had provided one pupil with an opportunity for fulfilling his dreams then the work of the teachers would not have been in vain. (1962 : 40.)

Entry into school is an important step for the child, his parents and culture, as it is the time when society ensures that each of its members becomes a participant in an organized institutionalized culture. (Anderson and Carter, 1984 : 187.)

How the child adapts to the challenge of school depends on how successfully he has mastered the tasks of earlier developmental stages and how well he has established himself in the family system.

Traditionally education has been a privilege of the wealthy and has been withheld from large portions of the population as a form of maintaining social control. While the Jews for many centuries have been ostracized and considered socially inferior, education has always been extremely important to them as a people. It is perhaps this persecution of Jewry through the ages and rejection by gentiles that has contributed to the enculturated prominence that they have attached to education: "our principal care of all is this, to educate our children well, and we think it is the most necessary business of our whole life." (Jews against Apion, Book I in Kretzmann, 1922 : 74.) Kretzmann emphasizes the significance of education for the Jewish culture when he says that a city where there were not ten unemployed men who devoted all their time to the study of the law, must be considered a village." (Kretzmann, 1922 : 75.)

In selecting variables for comparison of the Lower and Higher Grade pupils, many characteristics could have been used; for example sex, age, socio-economic states, family backgrounds etcetera. However, intelligence, self-concept and adjustments have been chosen for several reasons. As intelligence was stipulated by the Cape Provincial Department of Education as one of the selection criteria for placement in the Lower Grade and as such is an important assessment tool for appropriate placement of pupils, it was useful to include intelligence as a comparative variable. Furthermore, both teachers and pupils viewed the Lower Grade pupils as being intellectually inferior and the author felt that this perception could perhaps be altered once a comparative I Q score had been attained.

Much has been written about the relationship between self-concept and academic achievement (Backman, 1970; Maruyana et al, 1981 and Scheirer and Kraut, 1979) and as intelligence is an essential determinant of academic achievement is selected for inclusion. Measurements of I Q scores were selected over classroom grades as the former are standardized and less open to subjective bias by teachers. Furthermore, as the pupils are following different syllabi, a reliable comparison of classroom grades would not be possible.

The literature (Marsh and Parker, 1984) indicates a link between self-concept and membership of a minority group. In the school context, by virtue of their small number and lack of academic achievement, the Lower Grade pupils can be viewed as a minority group and as such could be expected to have a lower self-concept than the Higher Grade pupils. The author had been employed on the assumption that Lower Grade pupils had specific emotional difficulties and as poor self-concept has been found to be a contributing factor in this regard, (Fink, 1965; Kurtz and Swensan, 1957) it made sense to use self-concept as a second variable for comparison between the Higher and Lower Grade.

One of the visible means of assessing an individual's self-concept and self-confidence level, apart from the absence or presence of emotional difficulties, is to evaluate his relationship with significant others in his life. This would include his ability to adapt to the demands of daily social interaction. A person's ability to adjust behaviour appropriately to different situations is also a reflection of intellectual ability. It implies an understanding of the demands of the situation and of the appropriate role in the situation. It is also an indication of super-ego and ego functioning which again reflects self-concept and intelligence levels.

## 2.1. Definitions of Variables to be used in this Study

Intelligence will be used to refer to an individual's ability to make an independent and successful adaption to the world in which he lives. This would include his ability to acquire and accommodate new information and skills; to perceive situations accurately to recognize and recall what he has perceived and to organize the aforementioned into logical schedules that enables him to adjust to the demands and challenges he encounters.

This view is based largely on Jean Piaget's (1952) structural model of intelligence which stresses the "co-ordination of operations." (Munson et al, 1969 : 447.) As the child passes through certain stages of development (largely commensurate with Erikson's stages of psycho-social development ) he acquires additional intellectual capacities which enable him to integrate new actions and mental operations into his existing view of the world.

Thus intelligence is seen as a multi-faceted construct or global capacity that manifests itself differently at various stages and in differing circumstances in the individuals's life. It is not a static construct but develops and changes in accordance with the individual's maturation process.

Piaget's model of intellectual development has been selected for its emphasis on the changing, hierarchical nature of intelligence; on the individual's need for interaction with the environment and with significant others. It is a stage theory and as such is in keeping with Erikson's psycho-social developmental theory, which is used in understanding the formation of the self-concept.

Psycho-social and intellectual development are clearly interrelated and both are important in the formation of self-concept. Much research has been undertaken to determine the nature of the self-concept but a systematic review of this research (Byrne , 1979, Wylie 1974 ; 1979) emphasizes the lack of theoretical basis used in much of the research. The theoretical definition of self-concept used in this study is based on the phenomenological approach which views self-concept as a multi-faceted, hierarchically ordered construct comprising a general or global self-concept as well as several, more specific facets of self-concept. (Rogers, 1951.)

The author's view of self-concept formation is based on the theories of the symbolic interactionists, for whom self-concept is seen as resulting from symbolic interaction with significant others in the early life of the child. As a result of these interactions, the child incorporates the meaning and evaluation of symbols - including symbolic labels applied to himself. It is in this context of the family that the child begins to form perceptions of itself and to gain a sense of self-worth and the way in which others see it. This then forms the basis of the child's self-concept. (Rose, 1962; Bachman and Secard, 1968.)

This view of self-concept has been selected as it substantiates the author's experience in her work with children. The multi-dimensionality and compensatory nature of the self-concept can be seen in the way that the children view themselves in differing ways according to the different roles they assume. For example, children are not just someone's sons or daughters; they are also brothers and sisters, pupils and sportsmen, grandchildren and friends and how they behave in these various roles depends not only on the expectations of these roles but also on their early experiences of these roles. (Stearn, 1979.)

Both intelligence and self-concept play important roles in determining an individual's personal and social adjustment to the world in which he lives. An individual's level of adjustment is affected by certain factors:- the characteristics he brings to environmental situations (i.e. skills, attitudes, intelligence and feeling about self) and the nature of the situations with which he is confronted. Adjustment is thus a dynamic continuous process and is not always equally well achieved at each phase of an individual's life.

Adjustment can be viewed as the success and ease an individual evidences in adapting to the varying demands and challenges of daily living. It refers to the ability to negotiate between intra- and interpersonal demands, the ability to adapt according to situational criteria and to know what is wanted and how to achieve it within the context of the interpersonal situation.

In summary, therefore, adjustment may be seen as linked to the

individual's self-acceptance, psycho-social functioning, ego-capacity and strengths. It represents the functionality of the overall personality.

### 2.1.1. Intelligence

According to Munsen et al (1969, Pg 447) Jean Piagets' theory of intellectual development has been the most influential contribution to the study of intelligence this century. Piaget saw the individual's intellectual activities as a function of his biological adaptation to the environment, involving the processes of organisation and re-organisation of thought and action. Implicit in this process are the concepts of assimilation and accommodation by which an individual either incorporates new perceptions into his existing mental structure or adapts the latter so as to make sense of the new perceptions.

Piaget assumed that there existed an idealized adult psychological state and formulated a developmental theory of the stages that an individual passes through in order to achieve it. He suggests 4 major periods of intellectual development:

#### 1. The Sensor-Motor Stage

This stage covers the time from birth to 1½ years when the infant has not yet acquired language ability. His intelligence is thus manifested by his actions. The infant has to master the two tasks of assimilation and accommodation and utilize them to resolve the conflict between using old responses for new situations and acquiring new responses to fit new challenges.

#### 2. Pre-Operational stage (1½ - 7 years)

This is the beginning period of symbolization - The child has now developed language and is able to manipulate the meanings of objects and events. He has not necessarily organised his words and images into fixed rules and concepts but is able to treat objects as symbolic of things other than themselves i.e.

his schemes now consist of symbolic units.

3. The Stage of Concrete Operations (7 - 12 years)

The tasks during this stage are complex and manifold. The child has to develop the capacity for making mental representation of a series of actions. He has to negotiate the concept of conservation and serialization as well as learning to understand relational terms and see them as the relations holding between objects as opposed to absolute attributes of objects. During this stage the child develops the ability to reason simultaneously about a part and a whole.

4. Stage of Formal Relations (12 years)

This stage sees the development of abstract thought and reasoning. The adolescent is able to think in terms of hypothesized propositions that may not be realistic. He is able to use abstract rules to solve a whole class of problems. Formal thought is rational and systematic and orientated to isolate the elements of a problem and systematically explore all the possible solutions.

From the above it is clear how important intellectual development is in scholastic performance. The child has to be able to synthesize past experiences, adjust his existing schemata to assimilate new ideas and behaviours and utilize previous knowledge in the solution of new problems.

Intelligence in infancy is thus qualitatively different from intelligence at primary school and again at senior school level. Socially, educationally and emotionally a person encounters typical behavioural demands and problems at different life stages. Successful resolution of these is determined by mastery of earlier tasks and a combination of acquired skills.

Piaget sees the course along which intellectual development proceeds as being biologically determined and attributes differences in rates of development to genetic as well as psychological factors. Humphreys (1971) concurs with this view of biological and psychosocial factors interacting in the development of intelligence. He believes that it is not possible for a person to acquire mathematical and language skills if he has not been exposed to appropriate stimuli. However, the ease with which these skills are acquired is determined by genetic and constitutional factors as well as by the social reinforcement that the child receives. Humphreys (1971) Bijou (1971) and Piaget, (in Phillips, 1975) stress the interrelations of nature and nurture in the function of intelligence. Genetic and/or biological factors determine neural functioning, the speed with which individuals learn and their capacity for abstract reasoning and flexibility of thought. Psychosocial and environmental factors influence the individual's ability to learn, his willingness to attempt new tasks, his confidence in accommodating new ideas and his anxiety about failure.

\* Much research has been undertaken to assess the effect of environmental factors on intellectual functioning (Rutter et al, 1976 and Plomin et al, 1985). Factors such as parental expectations, socio-economic level, parental educational level, nutrition, parent-child interaction and exposure to language and mathematical stimuli were found to be significant in determining a child's intellectual ability and motivation.

### 2.1.2. Self-Concept

It is interesting to note how closely these above factors relate to the formation of a positive or negative self-concept. Research in the area of self-concept has reached vast proportions and it is possible to find support to substantiate virtually any viewpoint. (Brookover and Erikson, 1975; Shavelson, et al, 1976; Rosenberg, 1967; Wylie, 1974.) Research has, however, been hindered by the inherent subjectivity of the construct and the difficulty in conceptualizing and operationalizing it. (Hansford and Hattie, 1982.)

Furthermore, most of the assessment tools are in the form of self-reports which, by definition have limitations. For example the tendency on the part of subjects to respond in a socially desirable manner; the tendency on the part of the subject to respond consistently in one direction and interviewer bias.

Byrne (1984) in her review of research focusing on the construct validation of the self-concept in an educational framework identified four theoretical models. The oldest perspective - the nomothetic model (Soares & Soares, 1984 in Byrne : 430) reviewed self-concept as a unidimensional construct. The other three models all stress the multidimensionality and hierarchical nature of the construct. In these models the self-concept is seen as having one overall general facet and several specific facets e.g. academic; social and physical. Shavelson, 1978, lists five additional characteristics which can be attributed to the self-concept It is organized, stable, developmental, evaluative and differentiated.

Shavelson's (1976) definition of self-concept is both evaluative and descriptive. "Self-concept is an individual's perception of self which is formed through experiences with the environment and interaction with significant others and attributions of his or her own behaviour." It is multi-dimensional and hierarchical, organized with perceptions ranging from inferences about self in sub-areas (e.g. academic) to broader areas (e.g. non-academic) and finally to general self-concept. (Marsh et al, 1983 ; 173.)

Scheirer and Kraut (1979) proposed three theoretical perspectives for explaining the formation of the self-concept.

#### 1. Symbolic Interaction Theory

This is based on Cooley's (1902) and Mead's (1934) social psychological model and stresses the importance of significant others, especially the nuclear family, in the formation of self-concept. As a result of parental teaching of labels

and the evaluation of symbols, praise for appropriate behaviour and modelling of expected behaviour within the context of family interactions, the individual constructs a picture of himself in accordance with what he expects others want him to be.

## 2. Identification-With-Group-Theory

This model focuses on group interaction and the self-concept is seen as derived from the application of socially assigned groups characteristics to oneself. The person thus adapts the characteristics of the ascribed membership group. (Scheirer and Kraut, 1979.)

## 3. Internal Needs Theory

This model focuses on the internal needs experienced by a child. The extent to which these needs are met by the immediate environment determines the extent to which the child perceives himself as "good" and thus develops a positive concept of himself.

All these theories stress interaction with significant others as being determinants of self-concept. If one remembers the importance of parent-child interaction and environmental factors in the enhancement of intellectual development, then it would seem that similar factors are involved in the development of a self-concept in a child.

As the individual matures so too does the self-concept become increasingly multifaceted. The changing nature of the concept has implications for counselling, individual growth, improved intellectual functioning and adjustment. As an infant, the person is without a self and it is only when the child begins to distinguish between self and others that she begins to form a concept of self based on her experiences with significant others.

Basing his evaluation on the latter, the child develops a self-perception of himself that is either positive or negative. According to Erickson (1959) the first two years of a child's life are crucial as to the development of self-perception.

Although the child enters school with some sense of self-worth and of the ability to cope successfully with the environment already partly formed, the transition from home to school has implications for the child's self-perception. On entering school and being exposed to new pressures in a wider sphere of social and intellectual interactions the child may be required to revise its perception of itself. No longer is it unconditionally accepted but it has to earn acceptance from its peers. The child's adjustment of self-concept is aided by increased skills and greater ability for abstraction from the immediate environment.

Adolescence is again a crucial time for overall developmental changes in self-concept. According to Tierno (1983) the psychosocial demands of this stage create a state of ego disequilibrium and self-concept disturbance which results in the adolescent feeling socially and physically inferior, self-conscious and generally negative about herself.

While it is important for the individual to be able to alter his self-concept in keeping with new experiences and situations, he must also ensure stability of self that permits the maintenance of interpersonal relationships, organized social living and personal adjustment.

Marx and Winne (1980: 434 in Byrne, 1984) mention the compensatory nature of the self-concept and believe it is possible for an individual to maintain a stable positive general self-concept by balancing negative perceptions of the self in one facet with a positive perception of self in another facet of the self-concept.

This approach implies that people have the ability to identify both their strengths and their weaknesses and to organize them into one overall perception. The development of the self is phenomenological in nature and is comprised of many perceptual experiences encountered in the context of interpersonal relationships. As the child develops intellectually, the self becomes conceptualized:- memory, images and perceptions are built up into a multidimensional, hierarchical, relatively stable framework which forms the individual's self-concept.

### 2.1.3. Adjustment

As previously stated, the individual's sense of self is a determinant of how successfully he maintains and establishes social relationships necessary for positive adjustment and social living. Adjustment is a continuous process that demands active participation on the part of the individual as he accommodates to and assimilates new experiences in all spheres of his life. It is a complex process and is an attempt by the individual to manipulate environmental elements in order to meet his needs while simultaneously adapting both his attitudes and behaviour to meet the demands made on him by internal conflicts and social relationships.

The internal demands which the individual has to negotiate relate to physiological and psychological needs ranging from basic needs for physical security and warmth to the need for self-actualization. (Maslow 1954).

What is the link, then, between intelligence, self-concept, adjustment and scholastic success? The literature remains divided. Coleman, et al (1966) suggested that adjustment levels mediated between background variables such as social class ability and achievement and as such were influential in determining achievement. Maruyana, et al, (1981) suggested that adjustment and achievement were

reciprocally related and that adjustment can be seen either as causing or being caused by achievement. Scheirer and Kraut's view is that adjustment may reflect past achievement.

*self-concept  
academic  
achievement*

Purkey's (1970, : 27) view of a self-fulfilling prophecy makes sense. He believes that a positive self-image in a child leads to positive perception of his ability and expectations of future success. This, in turn, ensures favourable achievement, increased ability and heightened self-regard. Purkey's view thus presupposes that a self-concept is causally related to academic achievement. Piers-Harris (1964) found a positive if low, correlation between self-concept and academic achievement, but the underlying causal dynamic remained uncertain. Wylie (1979 in Hansford & Hattie, 1982, : 273) found no evidence of correlation between self-concept and achievement.

In some ways the dilemma as to the direction of causality between achievement and self-concept is like the "chicken-or-the-egg" problem. That pupils hold certain attitudes about themselves and their abilities, which ultimately have a strong impact on their academic performance, is obvious. However, it is also true that their scholastic performance has a heavy bearing on the attitudes pupils develop about themselves and their abilities. It is not, however, within the scope of this research to determine the direction of the causality between these two constructs.

It is the author's belief that the psychosocial and environmental conditions that gave rise to a positive self-concept in a child also foster intellectual development, as far as it is genetically possible, as well as personal and social adjustment. When a child feels respected and worthwhile as a person, when it is given freedom to explore and discovers within a secure and nurturing environment, then it is able to undertake new tasks and experiment with new solutions from a basis of inner stability and self-confidence.

### 3. METHOD

#### 3.1. Design

A descriptive, exploratory study of two groups of pupils, the Lower Grade and Higher Grade was undertaken. Quantitative and qualitative methods were used in data collection. That is i.e. three pen-and-paper tests were administered and case studies of four pupils were used to demonstrate individual differences.

#### 3.2. Hypothesis

- 3.2.1. (a) Ho: There is no significant difference between the I Q scores of Lower Grade and Higher Grade pupils as assessed by the NSAGT.
- 3.2.1. (b) Ha: There is a significant difference between the I Q scores of Lower Grade and Higher Grade pupils as assessed by the NSAGT.
- 3.2.2. (a) Ho: There is no significant difference between the self-concept of Lower Grade and Higher Grade pupils as assessed by the Piers-Harris Children's Self-Concept Scale.
- 3.2.2. (b) Ha: There is a significant difference between the self-concepts of Higher and Lower Grade pupils as assessed by the Piers-Harris Children's Self-Concept Scale.
- 3.2.3. (a) Ho: There is no significant difference between the adjustment of Higher and Lower Grade pupils as assessed by the PHSF Relations Questionnaire.
- 3.2.3. (b) Ha: There is a significant difference between the adjustment level of Higher and Lower grade pupils as assessed by the PHSF Relations Questionnaire.

### 3.3. Subjects

The subjects in this study were selected from a population of 350 Standard 8 and 9 pupils attending a Jewish - Day School in Cape Town. Only pupils who spoke English as a first language were included. Home circumstances were not variables that were controlled. The subjects came from varying backgrounds and their parents ranged from professionals to tradespeople.

Subjects selected for this study were selected on the following basis: All of the 29 pupils (bar one) in the Lower Grade stream in Std 8 and 9 were automatically included in the study. The pupil who refused to participate will be discussed in the case study section. 28 Higher Grade pupils were randomly selected from Std 8 and 9 and a proportionally equal representation of standards in the 2 subject groups (ie Lower Grade and Higher Grade) was achieved by employing stratified sampling procedure with regard to selection of the latter group. None of the Higher Grade pupils selected for the study refused to participate. Both sexes were represented in the samples.

### 3.4. Apparatus

#### 3.4.1. New South African Group Test (N S A G T)

This is a group intelligence test with three levels:-

Junior - Ages 8 - 11 years 11 months)  
Intermediate - Ages 10 - 14 years 11 months)  
Senior - Ages 13 - 17 years 11 months)

In this study the subjects had been tested in their Std 3, Std 5 and Std 7 year. The Senior level of the test was used in the case when the subjects would have been in Std 7. Each series of the NSAGT consists of non-verbal and verbal tests administered as follows:-

Non-Verbal

Test 1: Number Series

Test 3: Figure Analogies

Test 5: Pattern Completion

Verbal

Test 2: Classification of  
pairs of words

Test 4: Verbal Reasoning

Test 6: Analogies of Words

There are 30 items in each test, the first five of which serve as practise examples. The items are all of the multiple choice variety and the subject is required to choose the correct answer from a set of 5 possible answers. Verbal, non-verbal and total I Q scores are calculated. The reliability of the test was calculated by means of the K-R21 formula for verbal, non-verbal and total scores. It ranges from ,89 to ,96 for both groups in the Junior series and, likewise, the range of correlation co-efficients for the Intermediate series is ,88 to ,96. The validity of the NSAGT in predicting school success is demonstrated by a correlation of ,86 and ,81 for the Junior series verbal and non-verbal correlation with a Silent Reading test. Similarly, correlations of ,87 and ,88 are shown to exist in the case of the Intermediate Series.

In the present study the researcher did not administer the NSAGT. The subjects had been routinely tested by a school psychologist in Std 7 and the data were available from their cumulative record cards.

3.4.2. The Piers-Harris Children's Self-Concept Scale

There are few, if any, really effective measuring devices of the self-concept. In order that the problem of measurement be circumvented, it has been necessary to infer the nature of the self-concept from the behaviour of the individual. What the individual has to say about himself is one useful basis from which such inferences can be made.

The Piers-Harris Children's Self-Concept Scale has been used in this study. The Piers-Harris is a self-report instrument designed for research into the development of children's self attitudes and correlates of these attitudes. The self-concept as assessed by this instrument is in accordance with the "phenomenological approach" and is "assumed to refer to a set of relatively stable self-attitudes." (Piers, 1977.) Such attitudes are both descriptive and evaluative. For example, "I am happy"; "I am dumb at most things" and the items are scored in a positive and negative direction to reflect this dimension of evaluation. Thus a high score is indicative of a favourable self-concept. This test has been revised several times (Piers and Harris 1969; Piers, 1977) and presently comprises 80 short statements worded at the Std 3 reading level. The subject answers "yes" or "no" according to how he generally feels. As a result of a factor analysis Piers & Harris (1969) identified the following clusters:-

1. Behaviour
2. Intellectual and School Status
3. Physical Appearance and Attributes
4. Anxiety
5. Popularity
6. Happiness and Satisfaction.

The present study utilized the Revised Cluster Scores.

#### Reliability

On the 80 item form, Piers and Harris (1969) found that the 2 and 4 month test-retest reliability for fifth grade subjects to be ,77. Wylie (1974) considers these reliabilities to be satisfactory for research purposes.

### Validity

Phenomenologically it is irrelevant whether the self-concept corresponds to ratings by others. However, where this has been attempted (Cox, 1966 in Piers & Harris, 1969), there has been a significant correlation between self-rating on the Piers-Harris and teacher and peer ratings of socially effective behaviour. (.43 and .31.)

### 3.4.3. The P H S F Relation Questionnaire

The initial form of this test was released in 1951 but was found to be inadequate as a measuring instrument of personal and social adjustment. It was thoroughly revised and a new questionnaire was compiled and finalized in 1969, viz the Personal, Home, Social and Formal Relations Questionnaire. This test consists of 180 items and is used to measure the levels of personal and social adjustment of Std 8, 9 and 10 pupils. Adjustment is seen as a dynamic process whereby an individual strives to satisfy his inner needs through efficient and healthy responses while simultaneously coping successfully with the demands of the environment.

The PHSF measures 11 components of adjustment which are divided into 4 main adjustment areas:-

- a) Personal relations, which refer to intra-personal factors that are of primary importance in adjustment e.g.
  - Self-confidence
  - Self-esteem
  - Self-control
  - Nervousness
  - Health.
  
- b) Home relations, which refer to the relations experienced by the individual as a dependent within the home and family e.g.
  - Family influences
  - Personal freedom.

- c) Social relations, which refer to the manner in which the individual interacts with his social environment e g  
Sociability - G - referring to group interaction  
Sociability - S - referring to interaction with a specific person of the opposite sex.
- d) Formal (moral sense) relations, which refer to relations occurring in formal situations in the school, college etc.
- e) Desirability scale - this is a validity scale indicating the honesty with which a person answered the questionnaire.

#### Reliability

The reliability of the PHSF was calculated according to the split-half method.

#### Validity

Research done with the preliminary form of the PHSF showed that it possessed a high degree of construct validity as well as concept validity.

The 180 items on the questionnaire are answered according to a 4 point scale (always, often, sometimes, never.)

As all the questionnaires are in the form of self-reports, attention will need to be paid to the problems common to self-reporting and allowances made when analyzing the results. A possible tendency on the part of the subjects to defensively inflate their self-estimates may also present as a confounding variable.

#### 3.4.4. Case Studies

The issue of academic achievement and placement of a pupil in either the Lower Grade or Higher grade stream is a multi-faceted one. The pupil is not just an I Q; self-concept or adjustment score but is a complex human being who needs to be understood within the context of his socio-economic, interpersonal and intra-personal situations. Four case studies of pupils with whom the author was therapeutically involved during the course of her work as social worker at the aforementioned school will be presented. All the pupils except for Bill participated in the pen-and-paper questionnaire. These pupils have all been transferred from the Higher Grade to Lower Grade or vice versa and the data for these studies have been obtained through face-to-face interviews with the pupils, from psychologist's reports and from interviews conducted by the author with the pupils' parents.

The studies will focus, inter alia, on issues such as the pupil's perceptions of themselves; their social interactions; parental reaction to the transfer. Some of the data is historical in so far as it was collected by the researcher prior to the present study.

Case studies have been utilized in this study for several reasons. This method views the subject-in-context and thus offers a more comprehensive form of understanding than, say, purely psychometric methods. It illustrates social structures and processes and the dynamic interplay of forces operating on and within the individual. When used in conjunction with other methods, for example participation, observation, questionnaires etc, the case study method can substantiate the findings obtained by these other methods and illustrate the interrelationship of the variables being measured.

These particular case studies have been selected because they highlight how many issues need to be considered in placing a pupil in the Lower Grade.

Intellectual level, personality factors, home environment and parental expectations are all factors that influence the success of placement in the Lower Grade. These cases illustrate the importance of these factors. They also demonstrate that there is clearly no such thing as a "Lower Grade pupil" and that the Lower Grade is comprised of as widely a divergent selection of pupils as is the Higher Grade.

These cases also reveal the interplay of other dynamics that contribute to certain pupils accepting their placement and that prevent others from being able to cope in the Lower Grade. The importance of this is in the implications it has for placement of future pupils in the Lower Grade and the need for more clearly defined selection criteria.

The contextual nature of case studies allows the investigator to demonstrate the interrelationships of the individual's life events and place them in their appropriate social, cultural and historical framework. (Bromley, 1986: 15.)

According to Bromley (1986) it was Richmond in 1917 who recognized the "quasi-judicial" nature of the case study method as used in social work but it was psychology which provided this method with a more objective and reliable method of assessment.

The case study method used in this study will be the quasi-judicial method as postulated by Bromley (1986: 25-27.) This approach aims to understand scientifically what is happening to a particular individual and then to formulate a rational argument to explain the behaviour of that person i.e. to present a theory or explanation of that individual's adjustment.

"The quasi-judicial case study provides a paradigm for the study of personality and adjustment in clinical psychology and social work." (Bromley, 1986, : 39.)

As early as 1968, case studies were used to compare the characteristics of two groups in order to obtain a comprehensive picture of individuals under study. Grenell (1982) recommends the use of case studies in order to assess possible causality in a study that is exploratory.

As with pen-and-paper self-reports, so too, does face-to-face interviewing pose certain limitations on the reliability of the data. Cognisance has been taken of possible interviews bias and a tendency to "see what one is looking for" in interpreting a subject's response.

### 3.5. Procedure

The two groups of 28 Lower Grade and 28 Higher grade pupils comprise the sample for this study. The study took place during September 1986 once the researcher had obtained permission from both the school and the parents of the relevant pupils to conduct the research. The subjects were selected according to the sampling procedure discussed in 2.2.

The NSAGT I Q scores were obtained from the subject's cumulative record cards and were thus archival data in that the subjects had had this test administered to them when they were in Std 7.

The Piers-Harris Self-Concept Scale and the PHSF Relations Questionnaire were administered to the subjects during the long break in the school day. Subjects who did not complete the tests during this time were allowed to do so in the following period. Refreshments were provided for the subjects to reduce the possible confounding variable of situational factors-i.e. hunger, resistance to being kept in at break time.

4. RESULTS

Table I presents a summary of the means and standard deviations of scores obtained by the Lower and Higher Grade pupils on the instruments used to assess I Q scores and self-concept measures. As the PHSF Relations Questionnaire does not measure an overall adjustment level the mean and standard deviation scores obtained on the 12 sub-categories of the test are presented in Table III and IV on pages 33 and 34.

TABLE I

MEAN SCORES, STANDARD DEVIATION SCORES AND LEVELS OF SIGNIFICANCE OF DIFFERENCES BETWEEN THE LOWER AND HIGHER GRADE PUPILS AS MEASURED ON THE NSAGT AND PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

INSTRUMENT	MEAN SCORE FOR LOWER GRADE PUPILS	MEAN SCORE FOR HIGHER GRADE PUPILS	STANDARD DEVIATION FOR LOWER GRADE PUPILS	STANDARD DEVIATION FOR HIGHER GRADE PUPILS	T-TEST SCORE	LEVEL OF SIGNIFICANCE
NSAGT	92.75	107.04	10.03	11.33	4.91	$P \leq 0.01$
PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE	51.61	58.43	13.24	8.10	2.28	$P \leq 0.05$

The t-test scores for the NSAGT and Piers-Harris Children's Self-Concept Scale are presented in Table I as well. These t-test scores are both significant at the 0.05 level and indicate that Lower Grade and Higher Grade pupils differ significantly on two of the three assessment instruments used. The t-test score for the NSAGT was 4.91 (df=2.00) and 2.28 (df=2.00) for the Piers-Harris Children's Self-Concept Scale.

Table II presents a summary of the means and standard deviation scores of Lower and Higher Grade pupils on the six sub-scales of the Piers-Harris Children's Self-Concept Scale. For five of these sub-scales there was no significant difference indicated between the two groups at either the 0.01 or 0.05 level. The t-test scores for these sub-scales are Behaviour  $t=1.74$ ; Physical Appearance and Attributes  $t=0.89$ ; Anxiety  $t=1.51$ ; Popularity  $t=1.05$  and Happiness and Satisfaction  $t=0.79$ . However, on the 6th sub-scale - Intellectual and School Status, the t-test score did reveal a significant difference between the two groups at the 0.01 level. Here the t-test score was  $t=5.23$ .

TABLE II

MEAN SCORES, STANDARD DEVIATION SCORES AND LEVELS OF SIGNIFICANCE OF DIFFERENCES  
BETWEEN THE LOWER AND HIGHER GRADE PUPILS AS MEASURED ON THE SIX SUB-SCALES  
OF THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

SUB-SCALE	MEAN SCORE FOR LOWER GRADE PUPILS	MEAN SCORE FOR HIGHER GRADE PUPILS	STANDARD DEVIATION FOR LOWER GRADE PUPILS	STANDARD DEVIATION FOR HIGHER GRADE PUPILS	T-TEST SCORE	LEVEL OF SIGNIFICANCE
BEHAVIOUR	11.61	13.18	3.83	2.69	1.74	$P > 0.05$
INTELLECTUAL	8.36	12.28	3.08	2.42	5.23	$P \leq 0.01$
PHYSICAL	8.00	8.82	3.87	2.83	0.89	$P > 0.05$
ANXIETY	8.00	9.36	3.43	3.16	1.51	$P > 0.05$
POPULARITY	8.11	9.00	3.81	2.25	1.05	$P > 0.05$
HAPPINESS	7.82	8.39	2.28	1.63	0.79	$P > 0.05$

Table IV summarizes the mean and standard deviation scores achieved by MALE Higher and Lower Grade pupils on the 12 sub-scales of the PHSF Relations Questionnaire. This test only indicated significant differences on two of the 12 subscales at a 0.05 level. These two sub-scales were Self-Confidence  $t=3.04$  and Formal Relations  $t=2.14$  ( $df = 2.064$ ). The t-test scores obtained on the other 10 sub-scales for which there was no significant difference are Self-Esteem  $t=1.94$ ; Self-Control  $t=1.86$ ; Nervousness  $t=1.20$ ; Health  $t=1.97$ ; Family  $t=0.94$ ; Personal Freedom  $t=1.31$ ; Sociability - G  $t=0.95$ ; Sociability - S  $t=1.28$ ; Moral Sense  $t=2.00$  and Desirability  $t=0.18$

TABLE IV

MEAN SCORES, STANDARD DEVIATION SCORES AND LEVELS OF SIGNIFICANCE OF DIFFERENCES BETWEEN THE LOWER GRADE AND HIGHER GRADE MALE PUPILS AS MEASURED ON THE TWELVE SUB-SCALES OF THE PHSF RELATIONS QUESTIONNAIRE

SUB-SCALE	MEAN SCORE FOR LOWER GRADE PUPILS	MEAN SCORE FOR HIGHER GRADE PUPILS	STANDARD DEVIATION FOR LOWER GRADE PUPILS	STANDARD DEVIATION FOR HIGHER GRADE PUPILS	T-TEST SCORE	LEVEL OF SIGNIFICANCE
SELF-CONFIDENCE	25.09	28.07	3.47	3.75	3.04	$P \leq 0.01$
SELF-ESTEEM	26.54	23.85	4.05	6.89	1.94	$P > 0.05$
SELF-CONTROL	23.82	26.00	4.45	4.17	1.86	$P > 0.05$
NERVOUSNESS	25.55	27.23	4.89	5.38	1.20	$P > 0.05$
HEALTH	29.45	32.23	5.07	5.31	1.97	$P > 0.05$
FAMILY	26.00	27.77	6.35	7.55	0.94	$P > 0.05$
PERSONAL FREEDOM	30.18	32.23	6.25	5.17	1.31	$P > 0.05$
SOCIABILITY G	27.73	25.76	6.58	8.48	0.95	$P > 0.05$
SOCIABILITY S	29.00	31.15	6.60	5.69	1.28	$P > 0.05$
MORAL SENSE	26.00	28.38	3.91	4.83	2.00	$P > 0.05$
FORMAL RELATIONS	23.45	27.69	3.17	4.01	2.14	$P \leq 0.05$
DESIRABILITY	20.00	20.23	4.53	4.66	0.18	$P > 0.05$

These data therefore allow the author to accept two of the three hypotheses that the study explored:

1. that there is a significant difference between Lower Grade and Higher Grade pupils with regard to I Q scores as measured by the N S A G T.
2. there is a significant difference between the Lower and Higher Grade pupils, with regard to self-concept as measured by the Piers-Harris Children's Self-Concept Scale.

However, the data do not provide an overall adjustment score for the two groups but the results obtained on the various sub-scales of the PHSF Relations Questionnaire indicate that there is significant difference on only three of these sub-scales and that overall there is no significant difference between the Higher and Lower Grade pupils as regards adjustment. Thus the third hypothesis: i.e. There is a significant difference between the Higher and Lower Grade pupils as regards adjustment as measured by the PHSF Relations Questionnaire must be rejected.

## 5. CASE STUDIES

The following 4 case studies have been selected for a number of reasons. All illustrate the negativity with which placement in the Lower Grade is viewed by the pupils concerned. Initially, all the parents had been agreeable to the placement and it was only Bill and Sandra's parents who later felt that placement in the Lower Grade had been detrimental to their children. This, in the case of Sandra served to increase her own dissatisfaction and sense of inferiority. However, all the cases indicate that the pupils initially experienced a decrease in their self-esteem, and that some of their social isolation and depression were related to the transfer.

The cases of Janice and Francis reflect the later relief and confidence gained as a result of being removed from the pressures of Higher Grade and being able to find a niche for themselves where they felt successful and worthwhile. The case of Sandra indicates the value of placement in the Lower Grade for a period of time in order to consolidate academic skills and regain confidence before returning to the Higher Grade. However, she still needed to address certain emotional problems.

The success or failure of placing a pupil in the Lower Grade is largely determined by how that pupil's parents, peers and self respond to the placement. The author found that if the parent's co-operation could be gained and if they saw the value in the move, then the pupil would adjust more easily and with less of a feeling of failure at having been placed in the Lower Grade.

Another factor that can mitigate against successful placement is the pupil's referent figure or hero. If the pupil aspires to be, say, an accountant, lawyer or high achiever like his elder sister, cousin or friend, then he is likely to perceive placement in the Lower Grade very negatively and will most certainly perceive himself to be less than adequate. If, however, he identifies more with his friend or sibling who is a great rugby player, plumber or electrician, then he is not likely to be as traumatized by the transfer.

5.1. CASE I

1. IDENTIFYING DATA

Name of Client : Janice  
Date of Birth : 26/10/70  
Sex : Female  
Marital Status : Single  
Occupation : School Pupil  
Religion : Jewish

Referred by : School Principal  
Reason for Referral : (1) Janice's poor scholastic performance in June 1984 Std 6 exams; (2) her disruptive classroom behaviour and (3) her anxiety related to scholastic achievement.

Family Composition

Relationship to Client	Age	School Std or Occupation	Special Details
Father	44 yrs	Attorney	Degenerative neurological disease
Mother	42 yrs	Nursery School Teacher	Highly anxious, denies feelings
Brother	16 yrs	Std 10	High achiever, both scholastically and in sports
Janice	14 yrs	Std 6	Child under discussion
Brother	8 yrs	Sub B	High achiever

2. SOURCES OF INFORMATION

School Principal

Mother

Janice

Psychologist's reports

3. PROBLEMS AS SEEN BY INFORMANTS

Mother saw Janice's problem as being one of lack of concentration related to her anxiety. She felt Janice was a very "unhappy girl" and had been so for a long time. She saw this as related to the fact that Janice's elder brother was highly successful in all areas of school life; to the fact of her husband's illness which placed a heavy financial and emotional burden on the family and was a source of embarrassment to Janice. Mother also thought that Janice's epilepsy could have led to her scholastic problems.

The school principal attributed Janice's poor scholastic performance to her inability to handle the academic pressure due to her anxiety and emotional problems.

Janice saw her scholastic failure as a result of her being "stupid" and said she was "disruptive" in class as she became very anxious when she could not understand something. She said she was embarrassed by her father and often worried about finances and fact that she may also have inherited his illness.

Previous psychologist's reports see the problem as being an emotional one related to poor mother-child relationships; competition between the siblings; poor self-confidence and subsequent anxiety. There is no evidence of intellectual deterioration or any memory defect. Her I Q score on the NSAGT in 1983 was NV - 109; V - 94 and full score - 101. She thus falls in the average range and the

psychologist felt she should be able to cope in the Higher Grade stream if her "emotional problems" could be resolved.

#### 4. PERSONAL DEVELOPMENT

Janice was a planned baby and the pregnancy was normal. However, the labour was difficult and the birth was by forceps delivery. Janice weighed 6lb 12oz. On day 2, the doctors suspected that Janice had a polycystic kidney and she was incubated for 2 weeks after which she was discharged home as investigations revealed nothing of note. Janice was initially a poor feeder and had gastric problems, such that she was admitted to hospital at  $\pm$  7 weeks old for 10 days in order to stabilize her on the "right food." After this she picked up well and was a fat baby.

Mother was uncertain of milestones but seemed to think they were normal except for walking which occurred at 22 months. She thought that Janice had sat at  $\pm$  7 - 8 months and crawled at about 14 months. Words came early and she spoke in sentences before 2 years.

Janice was reported to be a "model baby and divine." She slept well and had friends. When she was about 4, Janice began to manifest behavioural problems. She became defiant and had temper tantrums. However, she did not have any specific fears or habits but did experience nightmares.

As regards siblings, Janice did not respond well to birth of her younger brother and there has always been a great deal of competition between her and her elder brother. In terms of interests Janice enjoyed modern dancing, ballet and swimming. She began nursery school at age 3 years and remained there for 3 years. She then went to primary school where she did well in Sub A but began struggling towards end of Sub B. In Std 1 she continued to struggle particularly with maths and reading and was put on a remedial programme. Janice continued to experience scholastic difficulties and to achieve below her potential.

It was suggested she be referred to a remedial school but assessment there found that it was not required. Despite the schooling problems, Janice did not fail a standard.

Physically Janice is now healthy but as a child spent much time at doctors. At birth there was foetal distress; she spent 2 weeks in an incubator after birth for suspected polycystic kidney; at age 1 month there was an episode of limpness after a feed; at age 7 weeks, Janice was hospitalized to stabilize her feeding; at 4 years old she was referred to a psychologist for temper tantrums; In 1979 she was referred for an EEG as she would sometimes stare and have a vacant look and not answer when spoken to. She would also scream for no reason several times a day. At this stage the EEG was found to be abnormal with a left temporal lobe focus. Janice was placed on Tegretol and Ritlin. She is currently on no medication.

Discipline is inconsistent and usually carried out by mother. The latter sees Janice as being unhappy, moody, easily frustrated and disappointed. She cries often and does not seem to feel she fits into the family. She is very demanding and attention-seeking, but can also be very loving and gentle. Janice enjoys being on her own and reading. Mother says she does not currently have many friends or go out much.

## 5. CLIENT'S FAMILY

- 1) Father: Father is a man in his late forties who until 1981 was a highly successful professional man. He is currently unemployed due to a serious degenerative neurological disease which presents with periods of dementia. Prior to his illness, Janice was not close to her father who would not spend time alone with her and favoured her brothers. She is very embarrassed by his illness and worried that he may die.

- 2) Mother: Mother is now sole breadwinner and works in the morning as a nursery school teacher. She is a highly anxious and defended woman who finds it hard to express her feelings. She finds Janice hard to manage and does not feel she understands her.

### Current Family Functioning

The family is in a state of chaos with members seeming to function individually as opposed to being united. Mother is responsible for meeting the instrumental needs and to a large extent Janice's elder brother has become a father figure in the family. Affectional needs are seldom expressed and communication is masked and indirect. Discipline is inconsistent and there is no set definition of roles or duties for each member.

### A. Evaluation

#### 1) The current problem

Janice sees the current problem as being her placement in the Lower Grade and the fact that this means, to her, that she is now a failure and inferior to her brothers as well as to other children in the school. She sees her anxiety as being a problem as it prevents her from concentrating which then causes difficulties in the classroom and also at home with her mother. She sees the latter as also being a problem and feels that her mother does not really love her. She is very worried about her father and fears that she has the same disease. She is also worried about her lack of friends, her attractiveness and her future especially now that she is in the Lower Grade.

#### 2) Predisposing factors

- 1) Placement in incubator for first 2 weeks of life.
- 2) Hospitalization at age 7 weeks.
- 3) Temporal lobe epilepsy.

- 4) Achievement orientated ethos of the family. 5) Position in family as middle child and only daughter. 6) Hyper-activity.

#### Precipitating factors

- 1) Father's illness. 2) Janice's developmental life-stage + i.e. adolescence. 3) Attendance at highly competitive school.
- 4) Brother's nomination as prefect. 5) Family stress as result of illness with resulting lack of time for mother to spend with Janice. 6) Continued poor mother-child relationship.

#### Perpetuating factors

- 1) Long history of poor relationship with mother. 2) Long history of behavioural problems and failure of family to continue in therapy. 3) Competitive nature of sibling relationships. 4) Father's favouritism of 2 brothers and "neglect" of Janice. 5) Mother's fear that Janice also has the same disease as her father. 6) Achievement orientation of both family and school.

#### 3) Client's problem solving efforts

Janice has seen numerous psychologists and psychiatrists for both individual, family and pharmacological therapy. She has had remedial assistance and it was suggested that she attend a remedial school. Nothing appears to have been successful. The author sees the problem as largely being related to unresolved issues in the family resulting in inconsistent discipline; a lack of nurturance and unrealistic expectations for Janice. Her scholastic difficulties seem to reflect emotional problems arising from a lack of self-esteem and self-worth with accompanying anxiety when faced with new or potentially difficult situations.

The poor relationship with mother does not provide Janice with the support and acceptance that she needs and is further made difficult by mother's subtle rejection of Janice and her own fear that Janice is also suffering from the same disease as her father.

B. Organic Factors

Abnormal EEG indicating left temporal lobe focus suggestive of epilepsy. However, Janice has not had any fits in several years and is no longer on medication. She is otherwise in good health and is of average weight and height. Her only periods of hospitalization were as an infant, in her first 2 weeks of life and for 10 days in hospital at 7 weeks.

C. Intellectual/Cognitive factors

Janice is of average intelligence with deficits in non-verbal logical sequencing and in figure / ground perception. Her vocabulary is slightly below average. These results were obtained on the WISC-R test in 1982. Her full score was 102. She is not working to her full potential. Her concentration is poor and her attention span is limited. Janice does however, have a good memory.

D. Client's personality system and functioning

1) Ego capacity and functioning

Janice's perception of reality is coloured by her negative self-image and her defensive use of projection. She thus tends to see the world as being hostile and critical which reinforces her lack of self-worth. As a result she has difficulty in establishing meaningful relationships. She experiences great anxiety and guilt and describes herself as being unhappy and sad.

Her impulse control is poor and she deals with her frustration by crying and swearing. However, she has good verbal skills and is aware of some of her feelings and difficulties. She is able to establish a relationship in a context which she sees as supportive and accepting. Her sense of humour is a definite strength.

2) Super-ego functioning

Her super ego functioning is inconsistent and punishing. It is not sufficiently well developed to control her temper tantrums but is then very critical and punitive causing guilt and anxiety regarding her destructive feelings.

3) Drives

Janice has conflicts between dependency and independency resulting from unresolved issues from the oral and oedipal stages of development. Her temper tantrums and the underlying aggression are indications of difficulties in the anal and oedipal stage of development. Janice has certain traits which make mature love relationships difficult and reflect hostilities towards her parents - especially her mother.

4) Symptomatology

Janice manifests definite anxiety with underlying depression.

Dynamic Diagnostic Formulation

Janice was a planned baby who was separated from her mother shortly after a fairly traumatic birth. The fact that she had eating difficulties so severe as to necessitate further admission to hospital suggests that Janice had difficulties in negotiating the initial stage of trust vs mistrust (Erikson's)

and that the bonding between mother and child needed in order for the child to develop a positive sense of self and view of the world as nurturing did not occur. This lack of a positive self-image is clearly visible throughout Janice's development and it can be conjectured that it caused difficulties in resolution of subsequent stages. Janice's anxiety regarding her self-worth and anger at mother can be seen when she is placed in a competitive situation at nursery school and is manifested in temper tantrums. This further exacerbated the poor relationship with her mother.

The lack of a positive and warm relationship with her father and the birth of a brother while Janice is in the oedipal phase of development leaves her with a sense of worthlessness as a female and as a person; and initiates a competitive relationship with her younger brother which continues as the latter succeeds where she fails.

At school, Janice's sense of self is further eroded as she fails to succeed according to family expectations and is referred for numerous physical and psychological examinations. She perceives the diagnosis of epilepsy as being a further blow to her psychic self and when her father's illness is diagnosed, her anxiety escalates as, she too, may have the illness.

Janice enters adolescence with a poor sense of both psychic and sexual identity; her self-confidence on both a personal and scholastic level is low and when she is unable to meet the academic demands her anxiety escalates and her image of herself as a failure is confirmed.

#### Evaluation of Therapeutic Intervention

##### Duration of treatment

Mid 1984 - December 1986.

Nature of treatment

Initial interview with Janice and mother; individual work on a weekly basis with Janice for 1 year; work with mother and Janice for 6 months; irregular contact with Janice when she felt she had issues to discuss; guidance to teachers regarding classroom management of Janice.

Issues arising out of treatment

1. Janice's jealousy and envy of her two brothers.
2. Her feelings of rejection and anger at both parents.
3. Her guilt that perhaps these angry feelings had caused her father's illness.
4. Her embarrassment and worry regarding her father.
5. Her fears relating to her also being affected by the disease.
6. Her sense of failure as a pupil.
7. Her sense of ugliness and lack of belief in herself as a female.
8. Her difficulty in peer relationships and her need to be liked which caused her to try and destroy other people's friendships.
9. Parent's poor marital relationship.
10. Mother's difficulty in accepting Janice's limitations and her sadness and anger at her husband for being ill.
11. Mother's difficulty in limit setting resulting from guilt she felt towards Janice.

Janice as she presented at end of intervention

By December 1986 Janice was in Lower Grade Std 8 and had been given the option of entering Std 9, doing some of her subjects on the Higher Grade. She was socially well integrated into her class; was usually top pupil; was participating in extra mural activities; was less anxious and more confident both about her scholastic ability and self-worth; no longer had temper tantrums either at home or at school; reported improvement in relationships with her siblings and with her mother (the latter substantiated this); satisfaction with her placement in the Lower Grade and enjoyment of the high status she has in that class.

5.2. CASE 2

1. IDENTIFYING DATA

Name of Client : Sandra

Date of Birth : 26/9/69

Sex : Female

Religion : Jewish

Referred by : Class Teacher

Reason for Referral : (1) Anxiety; (2) demanding disruptive behaviour in class; (3) inability on part of Sandra and parents to accept her placement in Lower Grade.

Family Composition

Relationship to Client	Age	School Std or Occupation	Special Details
Father	53 yrs	Manufacturer's Representative	Much conflict with Sandra
Mother	46 yrs	Housewife	Finds Sandra difficult
Sister	23 yrs	Speech Therapist	Does not live at home
Sister	19	Studying at U C T	Closest sibling to Sandra
Sandra	14	Std 7 Lower Grade	Child under discussion
Sister	13	Std 6	A highly competitive relationship with Sandra

## 2. SOURCES OF INFORMATION

Class Teacher

Parents

Psychiatric/Psychological reports

Sandra herself

## 3. PROBLEMS AS SEEN BY INFORMANTS

Class teacher felt Sandra's problems were as a result of unrealistic parental expectations and inconsistent parental discipline. She felt that Sandra's anxiety and subsequent need for constant reassurance resulted from issues in the family and their inability to set appropriate limits for Sandra. The parents felt that Sandra had always been "difficult" and demanding. She had had a history of temper tantrums and difficulties in the family; seemed to always feel as if she was not "good enough" and would become very clingy, especially with mother. They also felt that her placement in the Lower Grade in Std 6 had increased Sandra's lack of confidence and poor self-image.

The problem according to psychological/psychiatric reports was one of poor scholastic achievement, related to Sandra's basic unhappiness. She was socially isolated at school and also did not relate well to her siblings or parents. She was clinging and very attention-seeking at home which embarrassed her sisters and frustrated her parents. She was obese and had been on diets from a young age.

Sandra saw the problem as being largely related to her placement in the Lower Grade. She admitted to feeling very competitive towards her sisters and feeling inferior to them. She saw herself as being anxious and would worry in case she did not understand the school work. She also worried about her weight and it was a source of embarrassment to her.

#### 4. PERSONAL DEVELOPMENT

Mother had been struggling to fall pregnant and had had a miscarriage one year prior to Sandra's birth. She was not aware that she had conceived a child and was actually four months pregnant before the pregnancy was confirmed. Both parents were very happy about it and the pregnancy was easy. Sandra was born by Caesarian section. Sandra was a very active baby and mother was tense handling her - describes her as being difficult from birth. Mother was not able to breastfeed and Sandra was allergic to milk and would vomit up her feeds. This allergy lasted until  $\pm$  9 months.

As regards her milestones, mother remembers them as being within normal limits - crawled at 5/12; walked at 13/12; talked at 1½ years and was toilet trained with no problems at  $\pm$  3 years. Sandra's health was generally good. She had a tonsilectomy at  $\pm$  8 years old and remained in hospital overnight; had normal childhood illnesses. However, Sandra is an obese child and has a severe hay fever problem which mother sees as being stress-related. As regards her sexual development, Sandra's menarche was at 14 years - she had been informed about sexual matters and menstruation both by her mother and by the school. Her periods are still irregular. Sandra has not had a boyfriend or sexual intercourse. Mother is fairly open about discussing sex with the children.

Sandra used to be a poor sleeper and would wake up having had bad dreams and come to her parent's bed at night. She is now sleeping much better and no longer has nightmares.

Sandra has few interests but she does enjoy reading and listening to music. She does not take part in extra-mural sports but does attend speech and drama classes. She also did dancing until  $\pm$  12 years. Socially Sandra is isolated and does not feel accepted by her peers, relating better to older people.

As regards sibling relationships, Sandra is not close to any of her sisters. She is jealous of her younger sister who is doing better academically than she is and Sandra is a source of embarrassment to her elder sisters as when they have friends over, Sandra is attention-seeking, demanding or aggressive.

The only significant other relationship that Sandra had was with Lorna - the family maid. Lorna was very attached to Sandra and was very important to Sandra when mother was in hospital having her last child. Lorna retired when Sandra was  $\pm$  4 years old and the latter was very disturbed about this. Discipline has been largely inconsistent and mother alternated between the shouting, hitting and removing privileges. The parents supported each other on discipline issues but mother often failed to implement her "threats."

The parents describe Sandra as being difficult, demanding, attention seeking, sensitive, easily upset, jealous, loving and caring when she is on her own with one or other of them and soft-hearted.

### Education

Sandra attended nursery school at age 4 years and found it hard to separate from her mother. She would cry and cling. This continued until Sub B. She began primary school at  $\pm$  6½ years and changed schools in Std 1. This was because she was not coping scholastically and it was felt that a less competitive environment would benefit Sandra. However, her second school closed and she returned to her current school in Std 3. Due to the difficulties experienced that year, especially with regard to Hebrew, she was referred for remedial lessons. However, by the end of Std 5, Sandra was still  $\pm$  1 year behind scholastically. Instead of failing Sandra (which would have resulted in the latter being in the same class as her younger sister), the school suggested placement in Std 6 Lower Grade. Initially both the parents and Sandra accepted this idea but are currently very dissatisfied with the situation and feel it has compounded her problems.

Sandra is at present in Std 7 Lower Grade.

5. CLIENT'S FAMILY

Father: Father is a 53 year old, obese man who presents as dominating and defensive. He gets "het up" easily and is irritable and tired when he gets home from work. He works very hard and finds Sandra's moods difficult to handle. He does not see himself as being close to Sandra and feels the latter is insolent and disrespectful towards him. He is a wealthy man and works as a manufacturer's representative.

Mother: Mother is a 46 year old housewife who "is not as placid as I look." She is a warm and caring woman who is very concerned about Sandra but does find her difficult to handle. She does not know what Sandra wants and finds her dependency difficult to tolerate. She tends to see Sandra's problems as being of a scholastic nature rather than as a reflection of family difficulties.

Client's Parents' Marital Relationship

The parents have been married for 24 years and have a stable marriage. They quarrel about finances but not about the children. Mother is responsible for bringing problems to attention of family and father is supportive of mother. There is a fair amount of fighting amongst the siblings. The family are financially secure and active in the community.

A. Evaluation

1) Current problem as seen by client

Sandra sees the problem as being related to her unhappiness in being in the Lower Grade. She feels that this has resulted in her social isolation. She feels ashamed of being in this class and does not feel it is necessary.

She acknowledges that she does struggle scholastically but feels that if she wanted she could cope in the regular class. She sees her weight as being a problem and this makes it difficult to partake in sporting activities during school as the pupils tease her. She admits to finding it hard to control her temper. The placement in the Lower Grade makes Sandra feel "like a failure" and as if her sisters "are better than her."

2) Length of problem

Sandra has always had difficulties at home and at school. Her parents feel she was difficult from birth. She was restless and "hyperactive" and that this has caused scholastic problems.

Predisposing factors

1) Feeding difficulties. 2) Mother's anxiety regarding handling Sandra. 3) Birth of sibling 13 months after Sandra's birth. 4) Family history of obesity.

Precipitating factors

1) Presence of sibling only 1 year younger and thus possible lack of mothering. 2) Parents' inability to manage Sandra and their perception of her as "difficult." 3) Inconsistent disciplining. 4) High achieving siblings. 5) Placement in the Lower Grade. 6) Adolescence.

Perpetuating factors

1) Ongoing conflictual relationship with mother and father. 2) Sibling rivalry. 3) History of academic difficulties. 4) Obesity. 5) Parental "shopping around" from psychologist to psychologist in search of "magical solution." 6) Lack of consistent discipline leading to poor impulse control.

3) Client's problem solving methods

The family has seen numerous psychologists, psychiatrists and remedial teachers in order to get help in the management of Sandra. Sandra has had individual therapy as well as being involved in family therapy. The family seems unable to follow through with management suggestions or to deal with the major problems underlying Sandra's behaviour.

Sandra, herself, suggested seeing a dietician. The family would now like help in management of Sandra and the latter would like help in dealing with her anxiety, social isolation, and would like to go back to the regular class. She would also like to lose weight.

B. Organic/Physical factors

The family has a history of obesity and Sandra is very overweight which leads to being fairly passive physically. She suffers from severe hayfever which is stress related but she is otherwise healthy.

C. Intellectual factors

Sandra is of average intellectual ability. The large discrepancy between her verbal and practical score was suggestive of minimal brain disfunction. However, her judgement was found to be age specific and intact and it seems as if her responses are more related to a functional than to an organic problem. Sandra has a good memory for facts but finds abstract reasoning difficult as she tends to operate on a fairly concrete level. She is not fully utilizing her potential.

D. Client's personality system and functioning

Sandra is an anxious child and tends to deal with her anxiety and frustration by acting out and crying. She has poor impulse control and experiences guilt about her disruptive behaviour. She makes use of projection, denial and sublimation in order to deal with her hostile and sad feelings. She is in touch with reality but tends to view the world as fairly hostile as a result of her projections.

Sandra does, however, have a capacity to make relationships and responds well to praise and limit setting. She is a warm and friendly girl if she feels accepted.

As regards super-ego functioning, Sandra's super-ego is not consistent and though she has intellectually integrated her parents' moral code, she has not internalized it and this leads to problems in delaying gratification.

Drives

Sandra's unresolved oral issues manifest in her obesity and demanding behaviour. She has not negotiated dependency issues and her aggressive behaviour can be seen in terms of unresolved hostilities towards her parents for not meeting them. It can be conjectured that her sexual drives are sublimated in her eating.

As regards symptomatology-Sandra presents with definite anxiety and some depression and appears to have an oppositional disorder.

Diagnostic Formulation

Sandra is the third same sex child born after a miscarriage and though mother claims to have wanted another child and to have been very pleased about being pregnant, the fact that she was

4 months pregnant before being aware of it suggests perhaps some unconscious rejection of the child. When Sandra is then born she is an active and restless child and her mother reacts negatively to her. She feels inadequate as a mother and unable to handle Sandra who is now allergic to milk. Thus, right from Stage I of Erikson's stages of psychosocial development, there are difficulties with eating and one can conjecture in view of Sandra's obesity and clinging behaviour, that issues of trust or mistrust were not resolved. Sandra was thus not confirmed as a "worthwhile and good" (i.e. acceptable) child and she in turn failed to confirm her mother as being "good." Sandra, thus (through the process of projective identification) becomes the reason for her mother's projections and the latter's own inner dynamics of needing to be kind and to be liked set the cycle in motion. Sandra becomes the problem and defocuses from family conflicts.

Sandra's problem is further complicated by the birth of a sibling 1 year later and the possible withdrawal of mother's love as a result of her involvement with this pregnancy and child. It can be assumed that Sandra's time for resolution of dependency issues was prematurely halted and her resultant anger and feeling of being abandoned can be seen in her temper tantrums, demanding behaviour and obesity.

Sandra's relationship with both parents continued to be problematic preventing confirmation of her as an attractive female during the oedipal phase and failing to provide her with the support she needed in meeting the demands of school. Sandra's poor scholastic performance in face of high achievement by siblings further weakened her self-image, increased her rage and sense of deprivation and evoked much anxiety in the classroom setting. These behaviours served to maintain Sandra's role of scapegoat in the family and the power of this can be seen in the fact that this family have defeated so many therapists.

Evaluation of Therapeutic Intervention

Duration of Treatment

September 1984 - December 1985.

Nature of treatment

Periodic joint interviews with parents and Sandra; individual weekly sessions with Sandra for 1 year; Once-a-month sessions with Sandra for 3 months and then periodic sessions with Sandra and her mother at their instigation; liaison with teachers about management of Sandra.

Issues arising out of treatment

1. Sandra's feelings of badness and lack of self-worth.
2. Her jealousy and competitiveness and subsequent sense of failure in relationship to her siblings.
3. Her anger at her parents for agreeing to her move to the Lower Grade.
4. Her sense of failure as a scholar and her embarrassment about being in the Lower Grade.
5. Her embarrassment about her weight and the feelings it evoked in regard to heterosexual relationships.
7. Her future career and worry that she would not be able to find a job.
8. Her lack of social skills in dealings with her peers and her feelings of inadequacy in relation to them.

9. Her desire to return to Higher Grade even if it meant being bottom of class.

Sandra as she presented at end of treatment

By the time treatment was terminated, Sandra had just completed Std 8 Lower Grade and was being transferred back to Higher Grade. Her self-confidence and self-image had improved markedly and she was now participating in extra-mural sporting activities; had several male friends and a fairly close circle of female friends. Her school work had improved to the extent that it was felt that Sandra could manage, if not do well, on Higher Grade. She was willing to go for extra lessons and was aware that she would more than likely just pass. However, for Sandra it was better than having the "stigma" of being in the Lower Grade. Sandra was still obese but was on a regular diet and losing weight slowly as well as attending gym classes.

The family relationships were still strained and during exam times Sandra still had outbursts of temper and tears. This no longer occurred at school and her disruptive behaviour was no longer present.

5.3. CASE 3

1. IDENTIFYING DATA

Name of Client : Francis  
Date of Birth : 14/1/70  
Sex : Female  
  
Religion : Jewish  
Referred by : Self; Parents  
Reason for Referral : (1) Anxiety; (2) depression and adjustment reaction to placement in the Lower Grade Std 6 class.

Family Composition

Relationship to Client	Age	School Std or Occupation	Special Details
Father	38 yrs	Watchmaker	Psychosomatic complaints
Mother	37 yrs	Housewife	Overweight
Francis	14 yrs	Std 6 Lower Grade	Child under discussion
Sister	10 yrs	Std 3	Academically successful
Brother	6 yrs	Sub A	Poor relationship with Francis

2. SOURCES OF INFORMATION

Francis  
Parents  
Class Teacher  
Psychologist report

3. PROBLEM AS SEEN BY INFORMANTS

Francis saw the problem as resulting from having lost her self-confidence when she failed Std 3. This led to incredible anxiety regarding failure and a lack of faith in her worth as a person. Her placement in the Lower Grade at the beginning of Std 6 reinforced this sense of worthlessness and led to a feeling of depression and anxiety in Francis. She was also angry with her parents.

Francis' parents saw the problem as being one of long standing. They felt it was linked to her poor scholastic performance and the feelings of inferiority that this induced. They also saw Francis as a very tense child who tended to panic and "put herself down." They felt that transfer to the Lower Grade was a beneficial move and that while presently Francis resented it, she would later benefit from it.

The class teacher saw Francis' problem as largely related to her negative self-perception and her tendency to panic and to pessimism. She felt Francis had the ability to really succeed in the Lower Grade if she could just accept her placement there.

4. PERSONAL DEVELOPMENT AND FUNCTIONING

Francis was a planned baby, born 2 years after her parents were married. Mother had an easy pregnancy except for 2 months of morning sickness. The birth was normal and Francis weighed 3½ kg's.

Mother describes her as an easy baby who was breastfed until  $\pm$  9 months. Mother does not remember her as being a particularly restless child or fussy eater or sleeper.

She began to say "baby words" at  $\pm$  1 year; crawled at 17 months; walked at 19 months and was toilet trained by 3 years. The latter was fairly traumatic.

At the age of  $\pm$  2½ years, Francis began to have temper tantrums which lasted for about two years and mother thinks these may have been linked to the birth of a sibling. At this time Francis still sucked a dummy and was drinking milk from a bottle until  $\pm$  4 years. Mother reports that for a period of  $\pm$  1 year when Francis was 4 years old, that the latter refused to eat as she was "scared to swallow" and thought she may choke. She only drank milk and liquidized food during this period.

Another fear that Francis had at this time was fear of the dark and she used to sleep with the light on. Francis is generally a poor sleeper especially when she is tense. Otherwise she is a healthy child but does suffer from tension headaches and stomach ache when stressed. She had normal childhood illnesses and when she was 4 years old had to have stitches in her forehead as a result of a fall. Her tonsils were removed when she was 7 years old and she was in hospital for 2 nights. She remembers enjoying this experience as "she got a lot of attention", was spoilt and got presents.

Francis began menstruating at 13 years and had been informed regarding these matters by her mother and at school. Sex is not freely discussed at home. Francis' periods are still not regular and she does not evidence much interest in boys. As regards friends, Francis has 1 or 2 close friends but tends to be shy and unassertive in social settings.

She does however, enjoy playing tennis, swimming and dancing. She reads and listens to music. As regards her sibling relationships, Francis is fairly close to her sister but has a poor and antagonistic relationship with her brother.

Mother is essentially the disciplinarian and alternates between shouting and hitting. She says that she is fairly easy-going so there are not too many rules in the house. Father supports mother as regards discipline but mother does not always support father in this matter.

Francis began playschool at 3 years and then went to pre-primary when she was 5 years old. She was in Sub A at age 6 and when she failed Std 3, she moved schools to the one she is currently attending. Francis struggled through school especially with languages and learning subjects. In Std 5, she was given the option of repeating Std 5 or going into Std 6 Lower Grade. The latter option was selected and Francis is currently in Std 6 Lower Grade.

Francis is described as being anxious, generous, sensitive, "a worrier", serious with a poor sense of humour and according to mother is very similar in temperament to her father.

#### 5. CLIENT'S FAMILY

Father: Francis' father is a quiet, gentle man who takes life seriously and tends to suffer from psychosomatic complaints. He is close to Francis and has realistic expectations for her. He is a hard worker and during the week comes home late.

Mother: Francis' mother is an overweight, attractive woman who describes herself as "easy-going and too soft" on her children. She is concerned about Francis but is not that close to her. She tends to be fairly simplistic and finds it hard to set limits for her children as well as her family of origin.

She is over involved with her mother and sister.

#### Client's Parents' Marital Relationship

Parents have been married for 16 years and say they have been happy together. They do quarrel and fight but divorce has never been an option and they share common interests. Mother sometimes helps her husband in his business.

#### Current Family Functioning

The family is a close and supportive one with fairly loose rules and structure. Mother usually identifies problems and dad is responsible for solving these, both instrumental and to a lesser extent emotional ones. Communication is usually direct and anger and love are both openly expressed. There is tension at present between the siblings which mother attributes to Francis' poor self-image and fact that she feels a failure compared to her siblings.

#### A. Evaluation

##### 1) Current problem

Francis sees the current problem as her being in the Lower Grade. She is aware that she would most likely not cope in the regular Std 6 but she now feels a great sense of failure and shame. She feels she will never be able "to be anything", and that she has lost all confidence in herself. She feels the problem first began when she failed Std 3. This engendered great anxiety in her regarding her abilities and consequently each test and exam was highly stress-inducing.

##### 2) Predisposing factors

1) Francis is the first born child and as such is a carrier

of family expectations. 2) Placement at playschool the same year her sister was born. 3) Inheritance of father's "nervous temperament." 4) Relatively low intellectual potential.

Precipitating factors

1) Attendance at highly competitive school. 2) Failure in Std 3. 3) Sister's scholastic achievements. 4) Poor exam results in Std 5. 5) Placement in Lower Grade. 6) Francis' developmental life stage i. e. adolescence.

Perpetuating factors

1) Francis' basic intellectual limitations. 2) Scholastic pressure and failure to succeed. 3) Concomitant anxiety and lack of self-esteem. 4) Sister's continued success at school. 5) Francis' particular temperament.

3) Client's previous problem-solving attempts

Francis tried to improve her scholastic performance by working harder and harder, staying up late at night; trying to learn facts she did not understand and becoming increasingly anxious and thus less productive.

Francis' problem is related to her unrealistic expectations of herself and the difficulty in accepting her limitations. The anxiety that this engenders immobilizes her and the vicious cycle of non-achievement develops. Her parents are happy with her being in the Lower Grade and fully accept that she has limited intellectual potential. They do not mind if she leaves school in Std 8 as long as she is happy.

B. Organic Factors

Apart from Francis' tendency to present with headaches and nausea when stressed, she is in good health. She is the correct weight and height for her age. She does lack energy - due largely to the fact that she studies late into the night and sleeps restlessly when she is asleep.

C. Intellectual factors

She has difficulty remembering facts and tends to operate on a fairly concrete level. She is well placed in the Lower Grade but at present her anxiety prevents her from realizing her full potential.

D. Client's personality system and functioning

1) Ego functioning

Francis' judgement and reality testing is marginally clouded by her anxiety and poor self-image. She is highly anxious and experiences much guilt in relation to her poor scholastic performance. Francis' defences are insufficient to protect her against her anxiety and as a result her impulse control is inconsistent. However, Francis is able to establish relationships, is motivated to change her behaviour and has some insight into the nature of her problem.

2) Super-ego functioning

Francis has a strict and punitive super-ego.

3) Drives

Francis is a fairly self-reliant young girl who experiences ambivalence when in a dependency position. She tends to introject her aggressive impulses which result in feelings of depression. Though physically mature, Francis is not ready for sexual involvement and her sexual feelings appear to be sublimated.

4) Symptomology

Depression and anxiety.

Diagnostic Formulation

Francis' genetic predisposition to anxiety and her limited intellectual ability combined with the stress of a highly academic school results in her having a sense of inadequacy, depression and general anxiety. Her lack of self-confidence is further increased by her failure in Std 3 and her younger sister's academic success. Francis developed a negative sense of self and an image of herself as a failure. This caused severe performance anxiety and depression when she failed to live up to her own expectations. Her placement in the Lower Grade confirmed Francis' view of herself as a failure and she became isolated and withdrawn. She was also entering puberty and struggling to deal with formation of a sense of identity when her sense of self was already fragile.

Evaluation of Therapeutic Intervention

Duration of Treatment

April 1984 - December 1986.

Nature of Treatment

- 1) Interview with parents. 2) Interviews with parents and Francis on several occasions. 3) Individual weekly sessions with Francis for  $\pm$  1 year. 4) Thereafter contact with Francis was usually around exam times and of a supportive nature.

Issues arising out of therapy

1. Francis' shame and anger at being in the Lower Grade.
2. Her worry that her parents, by allowing her to be placed in the Lower Grade, also perceived her as a failure.
3. Her anxiety and lack of confidence in herself with regard to anything scholastic.
4. Her generalization of negative feelings from scholastic area to other areas of her life for example feeling that she was unattractive and unloveable.
5. Jealousy with regard to siblings' academic abilities.
6. Parental acceptance of Francis' limitations and support for her. Linked to this was their concern and anxiety with regard to the manner in which she studied during exams. - Francis would seldom sleep more than 5 hours a night and would be very irritable, tense and pale.
7. Francis' anxiety in area of heterosexual relating and her shyness in social/sexual settings.
8. Worries regarding her future career and what options are available to her with a Lower Grade Matric.

Francis as she presented at end of treatment

Francis completed Std 8 Lower Grade with high marks and a belief in herself as not only a worthwhile student but also as a worthwhile person. She is still anxious during examinations but is better able to contain the anxiety and to limit the hours she studies to a more functional level. She is well liked by her class and also has friends in the Higher Grade. She participates in extra-mural sport and is more assertive and confident in social settings. She still remains immature in heterosexual relating and needs to develop more confidence in this area. She is still uncertain about her future career but is more optimistic in this regard. As regards being in the Lower Grade, Francis feels secure, and accepted by the class and no longer feels stigmatized. She believes it was the best decision to place her there as it gave her an opportunity to consolidate what she did know and also to build up her confidence. Her parents are relieved by the progress, both emotionally and scholastically, that Francis has made.

5.4. CASE 4

1. IDENTIFYING INFORMATION

Name of Client : Bill  
Date of birth : 2/3/69  
Sex : Male  
Religion : Jewish

Referred by : Mother  
Reason for Referral : (1) Social isolation; (2) lack of interest in age appropriate activities; (3) poor relationship with father.

Family Composition

Relationship to Client	Age	School Std or Occupation	Special Details
Father	43yrs	Company Director	He was hearing disabled; poor relationship with Bill
Mother	42yrs	Housewife- works as Bookkeeper for husband	Introverted, practically minded
Sister	18yrs	Travelling in Europe	Matriculated last year
Bill	16yrs	Std 8 Lower Grade	Child under discussion
Brother	15yrs	Std 7	Not at same school as Bill.
Brother	13yrs	Std 5 in school for hearing disabled children	Close to Bill

2. SOURCES OF INFORMATION

Mother

Psychologist's report

3. PROBLEM AS SEEN BY INFORMANTS

Mother was very worried by Bill's lack of friends, especially female friends; his total rejection of "normal" adolescent pursuits for example disco's, parties, dating and his poor relationship with his father. Her major worry was that he may be homosexual. She was also worried about the fact that he seldom verbalized his feelings and she thus "did not know what was going on with him." She felt that her husband did not accept Bill and that the latter sensed this rejection which led to a conflictual situation. According to the psychologist's report, Bill is a child of average I Q who has a learning disorder which was not identified early enough to allow for remediation. She felt that while emotional factors for example rivalry with younger siblings and poor identification with father, compounded his scholastic problem, they were not a causal factor.

4. PERSONAL DEVELOPMENT AND FUNCTIONING

Bill is the second eldest of four children and is the first son in the family. He was a planned baby and mother's pregnancy was happy and relatively trouble-free. When she was 7 months pregnant, the doctors discovered that the baby was lying in the breech position but they manipulated the baby into the correct position. Bill's birth was the easiest of all the children. He was born at full-term, by normal delivery and weighed 3 kg's. Mother's first sight of Bill was traumatic though, as the chord was around his neck. She sat up to see her baby and saw the doctor frantically unwinding "this long bloody thing which looked like a snake." Mother then lost consciousness for a short time. When she recovered, the chord was gone and Bill was fine, "even if he did look a bit like a monkey."

He was breastfed for 7 - 8 weeks but when he failed to thrive, he was put on a bottle and proceeded to grow into a "healthy chubby baby." Both parents were delighted this child was a boy and it was only Bill's elder sister who was very displeased his birth. Bill was an easy friendly child who ate well and slept well. From 9 weeks he slept right through the night.

Bill sat unaided at 7 months, crawled at 8 months and was walking by 13 months. Therefore, according to mom, Bill was very independent. He was slow at learning to talk and only began using sentences at 3 years. Mother feels he was also slow to develop bladder control and was finally toilet trained at 3½ years. Thereafter he was not enuretic except for a period of a few months when he was 5 years old. Mother feels this must have been linked to emotional factors but does not know why.

He was a healthy child and except for usual childhood illnesses was seldom sick. His tonsils were removed when he was <sup>±</sup> 5 years old. Bill remained in hospital overnight and mother stayed with him. When he was 10 years old, his nose was cauterized. Currently Bill is healthy, active and very involved in outdoor activities.

This latter is in contrast to how he was as a child. Then he seldom played outside or engaged in sport - preferring to play indoors and usually alone with lego and other such games. Mother feels that this changed when Bill was <sup>±</sup> 10 and joined 'cubs'. Since then he has been an active participant both in cubs and scouts and is actually an assistant cub master. He has also become a keen and competent sailor and has his own small yacht which he sails either with his brother or a friend. Mother says that over weekends he is seldom home as a result of these two activities.

As regards peer relationships, Bill was relatively isolated as a child. He did have one or two close friends but these friendships did not last. At present he does not appear to have any real friends apart from one with whom he sails.

In terms of his relationships with his siblings, Bill is quite close to his older sister and younger brother and now that he and his 2nd youngest brother are at different schools, he gets on better with him. As children, the 3 boys played happily together and mother feels that this is part of the reason why Bill did not have so many friends.

Discipline was seldom an issue with Bill as he was, in some ways, a "model" child and seldom naughty. If he was, either mother or father would reprimand him and on occasion he would be "spanked." Mother says that while Bill was not actively naughty, he could be stubborn and if he believed he was correct, he could not be persuaded otherwise. As regards his schooling, Bill began at pre-primary school at 4 years and has separated fairly easily from mother. He started Sub A in a school in Constantia and completed Sub B there. He failed Sub B and at this stage Bill was moved to a school in Highlands and later on in the same year to a school in Sea Point. From Sub B - Std 4 Bill was at this school and he and his younger brother were in the same class. This proved particularly traumatic for Bill. However, at the end of Std 4, his younger brother was kept down and it was decided to move Bill into the Std 5 "Lower Grade Pilot Class." This, mother feels, was a further blow to Bill's already low confidence. However, the lack of pressure and Hebrew lessons enabled Bill to develop scholastically to the extent that it was felt he should return to the regular stream in Std 6.

This was a "disastrous move" as he was very behind in languages (already his weak area) as a result of having been in the Lower Grade Std 5. He thus did not manage at all in Std 6 and was transferred back to Std 7 Lower Grade at the end of 1984. He is currently in Std 8 Lower Grade and he is coping with work but does not participate actively in class.

Mother describes Bill as a good, quiet child who never really lets anyone know how he is feeling.

He is a kind and gentle person but when he feels he is correct, he becomes dogmatic and stubborn. She sees him as a very "private" person.

## 5. CLIENT'S FAMILY

Father: Father is an impulsive, hardworking man who himself experienced difficulties at school. He is quick tempered and unrealistic. Bill experiences his father as being unreliable, distant and disinterested in what Bill does. He works hard and long hours and in some ways seems to be like Bill in that he finds it hard to express his emotions.

Mother: Mother is an introverted and depressed woman who is very concerned about her children. She is close to Bill but finds it hard to communicate with him. She is socially isolated and invests much energy in her family.

### Client's Parents' Marital Relationship

Mother describes it as being satisfactory but says they have been through difficult times especially early in the marriage when they were struggling financially and father was working long hours. They do not share many hobbies together but mother helps in his company.

### Current Family Functioning

The family does very little together as a unit and the children seem to be fairly individualistic in their hobbies. Financially, they are now secure and mother is the central focus in the family. She also seems to have the role of mediator between Bill and his father and she is also responsible for day to day organisation of the family.

A. Evaluation

1) Current Problem

Bill does not feel he has a problem as regards friends and "age appropriate activities." He is disdainful of the "things" that his peers do and rejects disco's, clubs and the accompanying smoking and drinking. He does feel though, that he has a difficult relationship with his father. He is upset about this but does not believe it can be changed. The problem as Bill sees it is his father's unreliability and quick temper which make Bill feel as if he is not important. As a result Bill has distanced himself from his father and achieved a pseudo-independence.

2) Predisposing factors

1) Father's history of Learning disabilities suggest a genetic basis to Bill's scholastic difficulties.  
2) Position in family as first son with concomitant expectations . 3) Birth of brother when Bill was one year old, perhaps forced Bill to become independent before he was emotionally ready. 4) It can be hypothesized that the family were stressed financially and possibly emotionally when Bill was born and both parents may not have been as available to Bill as he needed them to be.

Precipitating factors

1) Failure in Sub B which meant younger brother was in his class.  
2) Placement in Lower Grade in Std 5. 3) Failure in Std 6 and move back to Lower Grade in Std 7. 4) Adolescence. 5) Sister's move to Europe which left mother feeling depressed and also maybe gave her time to focus on Bill.

### Perpetuating factors

1) Bill's ongoing scholastic failure. 2) Poor and unsupportive relationship with his father. 3) Bill's habitual way of responding to conflict by passive aggressive behaviour and withdrawal. 4) His lack of confidence in social situations and his independent manner which makes him difficult to approach.

### 3) Previous problem-solving attempts

Bill has attempted to speak to his father about their problematic relationship and when this did not meet with the desired results, Bill withdrew from his father and tended to rely on himself and extra-familiar people for support. He is very doubtful that any change will be brought about as a result of therapy. The author sees Bill as being an insecure and defended young man who has no confidence in himself as a scholar and doubts his attractiveness as a male. He tends to deal with his anger and sadness by passive aggression and introjection which leaves him isolated in his family and trusting of no-one. As a result he has developed a pseudo-independence which further distances him from his family. His poor scholastic performance has generated a fear of failure and sense of inferiority with regard to his peers and as a result he withdraws from competition on both a social and on academic level. Bill needs to be helped to verbalize his fears and anger and by so doing free himself to engage in reciprocal social interactions.

### B. Organic Factors

Bill is a healthy, active young man who is tall and well-built for his age. There appears to be a genetic influence underlying his learning disability and his hyper-activity. He also has a marked visual-motor co-ordination problem.

C. Intellectual Factors

Bill was assessed on the WISC in 1981 and received a score of  $V = 109$ ;  $NV = 92$  and full I Q = 101. This puts him in the average range of intellectual function and suggests that Bill is not maximizing his potential. He has above average ability in comprehension; number concepts; general knowledge and verbal reasoning ability, while his memory is average.

D. Client's personality system and functioning

1) Ego capacity

Bill's poor self-image and his tendency to use introjection and withdrawal as a defense mechanism hinders his capacity to engage in relationships. His judgement and reality testing are to some extent clouded by his feeling about himself and his resulting pessimism is a defence against anxiety, guilt and anger.

2) Super-ego functioning

Bill has a harsh and critical super-ego which is restrictive in allowing Bill to experience pleasure and to express "negative feelings." He has a very strong and rigid moral code.

3) Drives

Both Bill's aggressive and sexual drives seem to be under the firm control of his super-ego and as a result preclude his participation in an intimate relationship. His pseudo-independence linked with his strong super-ego suggests unresolved issues from both the oral and phallic stages of development. He is sexually immature and has much unexpressed hostility towards his father which has been introjected.

4) Symptomology

None of note.

E. Client's social situation

The most significant area of Bill's life is his sailing and his participation in Scouts where he is currently assistant cub master. He is a highly competent and well-regarded yachtsman and spends most weekends sailing. Again this is a fairly solitary form of enjoyment. He sometimes works at his parents' cinema in order to earn extra money. His family are now financially secure and live in a comfortable house. For Bill, the location of the house is a problem as it is far from both the yacht club and his scouts and this means transport is an issue as his parents do not want him to drive a motorbike.

Diagnostic Formulation

Bill's pseudo-independence and difficulty in establishing relationships can perhaps be understood in terms of unresolved issues of the oral stage of development. His mother fell pregnant shortly after his birth and it can be conjectured that she was as a result less emotionally available to Bill. This, coupled with Bill's position as first son in the family, accelerated his development but left him with conflicts regarding trust issues and a fairly insecure image of himself. This self-image is further shaken at school where Bill does not succeed and is intensified when his younger brother and he are in the same class as a result of Bill's failure in Sub B.

Bill's ongoing scholastic difficulties, strained home circumstances (both financial and emotional) and inadequate role model resulted in Bill's perception of himself as a failure not only as a student but also as a male. This was confirmed by his placement in the Std 5 Lower Grade class.

Bill was at this stage withdrawn, possibly depressed, and despairing of ever being a success. Not only did he doubt himself but he also saw the world as a hostile place. His subsequent move out of the Lower Grade Std 5, into academic Std 6 before he was ready to handle the pressure, and then back into Lower Grade Std 7, confirmed his world picture.

By this stage Bill had reached puberty and unresolved issues perhaps came to the fore and caused difficulties in heterosexual relating. They also caused conflicts between his father and Bill which left Bill feeling very unsupported and unconfirmed, causing him to withdraw further from the family.

#### Evaluation of Therapeutic Intervention

##### Duration of Treatment

February 1985 - December 1985.

##### Nature of Treatment

- 1) Initial contact with mother who motivated for treatment for Bill.
- 2) Weekly sessions with Bill for duration of 1985.
- 3) Telephonic liaison with mother.

##### Issues arising out of treatment

1. Bill's difficulty in expressing anger.
2. His feelings of anger and resentment towards father.
3. His longing for a closer relationship with his father.
4. His anger at the school for placing him in Lower Grade and then suggesting he try Std 6 on regular level.

5. His difficulty in trusting people and admitting to feeling vulnerable.
6. His sense of failure as a scholar.
7. His pride and satisfaction achieved as a result of his sailing and through his scouting activities.
8. His disinterest in achieving scholastically.

Bill as he presented at end of treatment

Bill had successfully completed Std 8 Lower Grade, having achieved better results than previously. He was more participant and active in class discussions and was socializing with two of his fellow pupils after school. He had also made friends with some pupils in the Higher Grade with whom he went sailing. His relations with his father were still strained but Bill was better able to discuss with his father issues that bothered him in their relationship and he had a more realistic understanding of his father's behaviour. Bill had been made a full cub master and been awarded a cup for the Best Scout. As regards heterosexual relationships, Bill was still not actively participant in this area but was certainly more clothes conscious and body conscious than he had previously been,

## 6. ANALYSIS OF CASE STUDIES

In examining these case studies, one concludes that Bill, Sandra and Janice all experienced poor relationships with their fathers, that there was generally problematic family interaction and that the pupils experienced difficulties with their siblings. Griffare and Bianchi (1984) mention these 3 factors as contributing to poor academic achievement and negative self-esteem (Shavelson and Bolus 1982; Brookover and Passalacqua 1981).

The adjustment of Janice and Francis to the Lower Grade class can be partially understood in terms of the frame of reference theory discussed by Brookover and Passalacqua(1981) and Shavelson et al (1977) which stresses the importance of the group to which the individual belongs and which then enhances that person's self-concept. Furthermore, with regard to these two case studies, both sets of parents were accepting of their child's placement in the Lower Grade and did not pressurize them to achieve more than they were capable of doing.

### Analysis of individual cases

#### 6.1. Case I

##### Janice

While initially placement in the Lower Grade was a great blow to Janice's ego, she ultimately benefitted from the move and developed in areas of both personal and social adjustment. This increase in self-confidence and improvement in behaviour can be understood in several ways. Janice had always struggled scholastically and had felt inferior to her peers and especially to her siblings. Her diagnosis of epilepsy had increased this sense of inferiority and had perhaps led to an over anxious, over-protective relationship with her mother in which the latter was unable to exercise consistent disciplining and structuring - the lack of which would partially explain Janice's temper-tantrums.

While there is a lack of scientific basis for the definition of an "epileptic personality", Lishman (1983) suggests that an epileptic child may experience feelings of isolation and estrangement which lay the foundation for attitudes of dependency, egocentricity and inadequacy. (Pg 335.) (Lishman, 1983 : 335.)

It is well possible that this was a contributing factor to Janice's poor self-esteem when she entered the Lower Grade, coupled with a non-supportive relationship with her father and a problematic relationship with mother. It is not surprising that Janice was socially isolated, anxious, depressed and doubted her worth as a person and pupil.

Placement in the Lower Grade together with individual therapy altered this. The reduction in academic pressure and the supportive and structured environment of the Lower Grade in which firm behavioural limits were imposed by the teacher allowed Janice to progress at her own pace and provided a sense of containment for her anxiety. Rutler et al (1979) stress the importance of a positive classroom climate in increasing a pupil's scholastic success. They felt that the former could compensate for poor family interactions.

As Janice began to feel more secure and confident of her abilities, her marks and her behaviour improved and for the first time she was actually achieving marks that placed her in the top section of the class. This led to an increase in self-concept, motivation to continue working and improved peer relationships. Her improved self-concept can be understood partly in terms of Marsh's Frame of Reference theory (Marsh & Parker, 1984, Pg 217) which hypothesizes that children compare their own academic ability with the ability of other pupils and use this relativistic impression of their ability as a basis for forming their own academic self-concept.

The change in Janice's behaviour and her increased ability to contain her anxiety and to react to frustration in more socially acceptable ways was evident in her family and extra-mural relationships.

This then produced a change in the nature of the interaction with her parents, particularly her mother, which further enhanced Janice's self-perception and adjustment. This emphasizes the circularity of interactions in families: change in one system leads to changes in the rest of the system. (Minuchin et, al, 1978.)

## 6.2. Case 2

### Sandra

Sandra's emotional difficulties preceed her academic problems and account for the fact that despite having an I Q score falling in the average range (when assessed in 1975), she has not been able to achieve her potential.

As in the case of Janice, Sandra's lack of self-concept, poor impulse control, anxiety and obesity can be understood in terms of the disturbed family interaction patterns. It was the entrenched and enmeshed nature of the latter that hindered Sandra from fully benefitting from placement in the Lower Grade and she thus maintained, to some extent, her poor sense of self.

While Sandra was able to use her years in the Lower Grade to consolidate certain of her academic skills, these years reinforced for her inadequacy. Not only did she see placement in Lower Grade as a sign of failure, but so did her parents. They have high socio-economic status and academic achievement is considered to be an important attribute. Thus, Sandra's referrant group (i.e. her high achieving sisters and one or two peers in the Higher Grade,) contributed to making acceptance of Lower Grade placement difficult.

Sandra's own sense of self was so poor that association with pupils who she perceived as failures (by virtue of being in the Lower Grade) was more threatening than returning to the Higher Grade class where she would certainly be in the bottom half of the class.

At least in this class she would be in the same academic stream as her sisters were.

However, the supportive and structured environment had helped to contain some of Sandra's anxiety and had led to an increase in her confidence as she was now able to cope with the work and was in fact one of only two pupils who were moved out of the Lower Grade that year. So despite her negativity, Sandra had benefitted to the extent of being able to increase her social circle; to participate in extra-mural activities and to better contain her impulses. These changes in Sandra partially support the invitational learning theory discussed by Nelson (1984) which postulates that classroom climates providing support, structure and nurturance invite affective and intellectual growth in pupils.

### 6.3. Case 3

#### Francis

Francis' successful adaption to and utilization of the Lower Grade was linked to her parents' lack of pressure and expectation of Francis; to her ability to be realistic about her limitations, to the satisfaction she obtained from achieving high marks and high status in the class and from being with a group of pupils whose abilities were commensurate with hers.

Francis' initial difficulties in accepting placement in the Lower Grade can be partly explained in terms of the social expectations of adolescence in a school where she felt both socially and academically inferior. The placement also re-evoked early feelings of inadequacy and inferiority with the concomitant feelings of anxiety and despair.

However, the encouragement and support that Francis received from her teachers and class-mates helped to strengthen her sense of self and increased her self-confidence.

The input from the class teacher provided the Lower Grade class with a strong sense of group identity and self-worth which allowed Francis to experience a sense of belonging and acceptance that she had not previously experienced in school. Francis is an example of an "ideal" Lower Grade pupil. She has a history of learning disabilities, a limited intellectual ability, a history of academic failure which has lead to the development of a poor self-concept, anxiety regarding her failure and a feeling of inferiority with regard to her peers.

#### 6.4. Case 4

##### Bill

Bill's scholastic difficulties extend as far back as Sub B and the fact that he was not referred for remediation to treat his audial and visual perceptual problems ensured that they would continue. Bill's failure of Sub B resulted in his younger sibling being in the same class as he was which precipitated much sibling rivalry and feelings of inadequacy in Bill. It was only when he was placed in the Lower Grade in Std 5 and responded positively to the supportive and less pressurized classroom environment, that Bill began to feel better about himself and participate in class.

However, this improvement was short-lived as his move to the regular Std 6 class and then back to the Lower Grade Std 7 re-evoked Bill's early sense of failure and inadequacy. He withdrew completely and distanced himself from his peers and school activity. This response is in keeping with the research findings of Covington, Spratt and Omelich, (1980) who found that failure to achieve represented a threat to the individual's self-esteem as it evoked feelings of inadequacy, anxiety, shame and humiliation.

Covington (1985) also suggests that pupils avoid the threat of failure by not trying. This then enables them to shift the responsibility for failure away from lack of ability to lack of effort. This then serves to protect the pupil's self-concept. In order to maintain the latter, Bill did just this. He did the minimum of work needed to pass and also disinvested himself from the role of pupil and sought status and recognition in other roles for example as a yachtsman and scout leader. Faunce (1984) makes reference to this tendency of poor achievers to disinvest the self so as to avoid being evaluated as as a scholar.

It was as a result of Bill's success and public acknowledgement of his skills in extra-mural activities (i.e. being awarded Scout of the Year cup; winning yachting races) that he began to perceive himself in a less negative light, grow in confidence and begin investing more in his role as scholar. There was an improvement in academic work as well as interpersonal relationships.

## 7. DISCUSSION OF CASE STUDIES AND TEST FINDINGS

In the context of this study, several concepts have been presented and related to two groups of pupils at a Jewish community day school. The comparative study of the Lower Grade and Higher Grade pupils with regard to I Q scores, self-concept and adjustment, yielded some interesting findings - some of which can be understood in terms of current theories about self-concept and achievement. In discussing some of the other results, one needs to look further afield at more sociological theories, for example Social Comparison theory (Festinger, 1962) and the Self-evaluation Maintenance theory (Tesser et al, 1984).

The study revealed a significant difference between Lower and Higher grade pupils as regards intelligence scores which enables the author to reject the null hypothesis that there is no "significant difference between Lower and Higher Grade pupils with regard to I Q scores." This difference is understandable in terms of the selection criteria (see introduction) for placement in the Lower Grade. However, what is interesting is that the range of I Q scores for children placed in the Lower Grade according to Silbert et al (1983) is full scale I Q score between 75 - 95. The mean Lower Grade I Q score in this study was 92, 75 which is significantly higher than the mean of the given stage.

One reason for this could be that there were a greater number of pupils who were in the Lower Grade as a result of emotional difficulties as opposed to limited intellectual potential. This factor is illustrated in some of the case studies. The question here, then, is whether these pupils need an educationally orientated treatment plan or a psychological one, or both.

The results of Piers-Harris Children's Self-Concept Scale show a significant difference between Higher and Lower Grade pupils with regard to their general self-concepts. Thus the second hypothesis i.e. "that there is no significant difference between Lower and Higher Grade pupils with regard to self-concept" must be rejected.

This is in keeping with the findings of West, Fish and Stevans (1980) who reported a significant correlational relationship ( $p \leq 0.05$ ) between general self-concept and a person's academic achievement. (Correlations ranged from 0.18 to 0.50.)

What is of interest in analyzing the results of the self-concept questionnaire and lends support to Shavelson and Bale's (1982) conceptualization of the self-concept as being hierarchical and multidimensional (i.e. composed of academic, non-academic and general components) is the fact that of the various sub-scales used on the Piers-Harris Children's Self-Concept Scale, there is a significant difference between the Lower and Higher Grade groups only with regard to "Intellectual and School Status" ( $t = 5.23$ ;  $p = \leq 0.01$ )

Thus general self-concept and academic self-concept appear to be correlated and it would appear from the lack of significant differences between the other subscales used in the questionnaire, that academic self-concept is fairly central to the individual's overall perception of himself - especially in an academic setting.

These results are important for a number of reasons. They identify the Lower Grade pupil as being different from a pupil who is an underachiever. Harper (1978) administered the same self-concept questionnaire to 30 pupils identified as underachievers and compared their results with those obtained from 49 pupils identified as normal achievers. His results demonstrated a significant difference between the 2 groups on all 6 subscales of the questionnaire.

The results of the current study also suggest that other factors apart from academic achievement are important in determining how an individual perceives himself. This is clearly illustrated in case of Janice and Francis whose self-confidence and peer relationships improved and whose anxiety decreased following placement in the Lower Grade as a consequence of academic failure.

Smith (1979) used Festinger's (1962) social comparison theory to explain the fact that learning disabled children educated separately from the main stream of pupils had a comparable self-concept rating with their age-mates in a "regular" class." They suggested that the increased homogeneity of ability in the learning disabled class allowed these pupils to view themselves in a favourable light, as people tend to compare themselves with those others who are most similar. This, in turn, would appear to foster interpersonal relationships with pupils who are similar with respect to overall ability and supports Winne and Marx' (1981) compensatory model of the self-concept. This model suggests that lack of self-perceived success in one specific area of general self-concept tends to be associated with one's perception of success and satisfaction in another area: The Lower Grade pupil may attribute low intellectual status to himself but see himself favourably in the area of physical attributes and popularity.

A further factor that is perhaps influential in raising the self-concept of Lower Grade pupils in areas apart from intellectual status is the nature of the classroom environment. The Lower Grade classes are smaller in number, they are structured and supportive and the teacher's emphasis is on increasing the pupil's self-confidence by focussing on his strengths (academic as well as non-academic). The competitive nature of the Higher Grade class with its concomitant pressure to perform is also absent. Rutter et al (1979) and Purkey (1978) made reference to the importance of classroom climate in facilitating pupil's affective and social development. The data obtained from analysis of the PHSF Relations Questionnaire do not provide an overall adjustment score to allow for comparison between the two groups. However, as only three of the sub-categories of this questionnaire reveal a significant difference between the two groups, the Null hypothesis :  $H_0$ , "there is no significant difference between the Lower Grade and Higher Grade pupils as regards adjustment", cannot be rejected.

The three categories of the PHSF Relations Questionnaire that do reveal a significant difference between the two sample groups are sociability with the opposite sex ( $t = 2.25, p \leq 0.05$ ) in female pupils and self-confidence ( $t = 3.04; p \leq 0.01$ ) and formal relations ( $t = 2.14; p \leq 0.05$ ) for male pupils.

The relatively small difference between Lower and Higher Grade pupils as regards adjustment can be understood in several ways. All the pupils participating in the study were adolescents and as such subjected to the conflicts and identity confusion of this developmental stage. Mitchell (1979) makes reference to the strong feelings of social inadequacy and inferiority and the state of ego disequilibrium common to adolescence.

The very categories on which these pupils were measured related to the very issues that they were grappling with as adolescents - irrespective of academic potential or achievement. For example negotiating new roles in relation to one's parents and members of the opposite sex; selecting a moral code in relation to parental and peer values or learning to handle aggressive and sexual feelings.

Although adjustment is a dynamic process and not an entity, it would appear to fluctuate most during the period of adolescence in response to the hormonal, emotional and physiological changes that are taking place in an individual. As such it is likely to vary according to an individual's self-concept; the situational demands at a particular time and the individual's ability to respond to varying circumstances.

As stated previously, the main area of difference between the Higher Grade and Lower Grade pupils as regards self-concept, is in the sub-category of Intellectual and School Status. Perhaps this partially explains the overall lack of significant difference between the two groups as regards adjustment.

The author hypothesized that transfer from the Higher Grade class to the Lower Grade class and subsequent labelling as "inadequate", would lead to difficulties in a pupil's adjustment. He would have to alter his perception of himself; adjust to a new group of peers; adjust to his family's altered perception of him. One of the reasons that these adjustment difficulties were not illuminated in the present study could result from the fact that all of the Lower Grade pupils had been in this class for at least 8 months and as such had had time to resolve some of the adjustment difficulties the transfer may have evoked.

Placement in the Lower Grade does not always evoke a negative adjustment reaction and in fact research (Coleman, 1983) supports the view that often the placement of a child in a "special class" (as opposed to the regular stream) is more traumatic for the parents than for the child who respond negatively to the implied labelling. A possible explanation for this acceptance of and adjustment to placement in the Lower Grade could be in terms of the frame of reference theory put forward by Brookover and Passalacqua (1981) and Shavelson et al (1977). This theory recognizes the significance of reference groups, that is the group to which an individual perceives himself as belonging. These reference groups may be influential in enhancing self-concept, protecting the ego (Rosenberg, 1967) and facilitating adjustment by providing a reference point and sense of group identity.

The significant difference between female pupils in the Lower and Higher Grade classes with regard to sociability with the opposite sex is an interesting and surprising finding. Perhaps it can be partially explained by the fact that Lower Grade pupils are, on average, older than their Higher Grade counterparts by virtue of having failed a previous standard. They may thus be more confident in heterosexual relating. Hummel and Roselli (1983) found that poor achievers viewed their social life as being more important than school work and found it harder to defer short term pleasure for meeting long term goals: This could perhaps apply to Lower Grade females.

The author feels that it is also important to look at parental role expectations for females in this school. It was the author's experience during the course of working at the school, that for girls, physical attractiveness and popularity with the opposite sex were as important, if not more so, than academic achievement. While it was a bonus to be able to attend a tertiary educational institution, it was more important for a girl to marry and be a successful wife. It can be hypothesized that once the Lower Grade female pupils (and their parents) had accepted their intellectual limitations, they tended to work on developing their social and sexual attributes in keeping with their future career as wives.

The Higher Grade females are in an invidious position as they have the intellectual abilities to pursue a career yet socio-culturally they are expected to be attractive, popular and successful in hetero-sexual relating. They are perhaps too intelligent to reject the former role and too conventional to reject the latter. As such they are in a double-bind position.

The significant difference between male Lower and Higher Grade pupils with regard to self-confidence and formal relations can perhaps be understood in terms of social competency that is often a concomitant of self-confidence and self-esteem.

The higher self-confidence demonstrated by Higher Grade males can perhaps be understood in terms of role and expectations. It has traditionally been the male's role to be the breadwinners, to have the capacity to earn a good salary and, in terms of the Jewish culture, to go to university. The males in the Higher Grade are on the road to being able to potentially achieve these goals and are thus (one can conjecture) supported and praised by parents and teachers alike.

This then enhances their self-confidence and facilitates relationships with authority figures.

The Lower Grade males are in a less favourable position. They have not succeeded according to role expectations, are thus perhaps less supported and encouraged and consequently lack self-confidence and may tend to see authority figures in a negative light - thus being less able and/or willing to interact with them.

The fact that Higher Grade male pupils demonstrated greater self-confidence can also perhaps be understood in terms of the higher overall self-concept possessed by the Higher Grade group. This coupled with their greater capacity for intellectual functioning enables them to interpret social situations and respond to social demands more appropriately, thereby ensuring continued positive feedback in interpersonal interactions. The Lower Grade male pupil, it is suggested, may lack certain verbal skills which coupled with a lower self-concept, could cause him to act defensively in social situations, thereby precipitating a negative response which may further reduce his self-confidence.

This study was conducted in an educational setting in which it is possible that the Lower Grade male pupils, by virtue of their lack of scholastic success, were viewed in a negative light by teachers other than their own. This may have lessened the extent of teacher-initiated pupil interaction. It can be hypothesized that these pupils, lacking a positive academic self-concept, would be uncertain and lack confidence in interactions with teachers and thus experience difficulty in formally relating to them.

In the case of Bill, reference is made to the poor relationship he experienced with regard to his father. If one looks at the literature (Berger 1953; Morrow and Wilson 1961) it seems as if lack of parental support and approval and the absence of positive father-child interaction were found to be linked to poor academic achievement and would be likely to contribute to

difficulty with authority figures and by definition with formal relationships. One can postulate that lack of encouragement and the absence of adequate male role-models makes it difficult for boys to develop confidence in themselves and faith on the adult (i.e. authoritative) world - once again hindering successful development of formal relationships and self-confidence.

What is interesting to note in comparing the results of the male and female Higher and Lower Grade scores on the PHSF questionnaire is that Lower Grade females score higher on the following sub-scales than do the Higher Grade females:- self-confidence; self-esteem; self-control; nervousness; sociability-S; moral sense and formal relations. This is in contrast to the Higher Grade males who score higher than their Lower Grade counterparts on the following sub-scales of the same test:- self-confidence; self-control; nervousness; sociability-S; moral sense; formal relations; desirability; health and family.

Thus, for six of these sub-scales; self-confidence; self-control; nervousness; sociability-S; moral sense and formal relations, the Lower Grade females and Higher Grade males are comparable. Some of these results can perhaps be understood in terms of stereotyped male and female roles : that females should be less ambitious and more concerned with finding a suitable man on whom she can depend and from whom she can derive status.

(Hare, 1975). For males, the expectation was that they should be successful academically so as to be ultimately able to provide financially.

So Lower Grade females could perceive themselves to be successful according to their role and this would then increase their self-confidence; formal relations; sociability - S and reduce nervousness in terms of expectations. The same would apply for the Higher Grade males. Meanwhile, the Lower Grade males and Higher Grade females are caught between the two roles and as a consequence suffer perhaps from a sense of identity confusion.

## 8. CONCLUSION

During the course of her work at the aforementioned school, certain factors became evident to the author and were highlighted by the present study. Perhaps one of the most relevant factors was that the Lower Grade pupil, apart from his lower intellectual potential and lower academic self-concept was not significantly different from his Higher Grade counterpart.

This has major implications in terms of educational policy and planning and certainly validates the creation of the Lower Grade stream in meeting an educational need in certain pupils. It provides an educational setting in which pupils are able to work at their own pace without pressure to achieve beyond the capabilities and in an environment that is supportive and largely non-competitive. The Lower Grade class has other advantages as well. As mentioned previously, Lower Grade pupils are exempt from studying Hebrew which is a problematic language for many Higher Grade pupils. They are also sent on job placements on a "once-a-week" basis. This creates a higher status position for the Lower Grade pupils vis-à-vis the Higher Grade pupils. He is not only seen as being able to legitimately miss school once a week but he is also exposed to interesting, enviable situations for example working in a surf-board factory; learning how hotels are managed; working in a bakery or nursery school.

Not only does the job placement earn status for the Lower Grade pupil at school, but it also provides him with an opportunity for developing appropriate skills in areas other than academic, thereby enhancing his self-concept and social adjustment.

The author feels that it is these 2 primary factors (i.e. classroom structure and job placement) that, for many of the pupils, reduces the stigma of being in the Lower Grade and enables them to benefit educationally and emotionally. However, this very successful system does have its limitations.

The author became aware that a minority of pupils are unable to utilize the opportunities offered by the Lower Grade and for them the "solution" to their academic problem exacerbates or precipitates emotional and adjustment problems. This has implications for selection criteria for transfer to the Lower Grade and may be this is where the "Lower Grade" social worker could most gainfully be employed where her diagnostic assessment of the pupils could be most useful.

It has been the author's experience in working with the Lower Grade pupils that those pupils who are unable to adjust to placement in the Lower Grade, generally are of high average intelligence and are experiencing academic difficulties largely due to emotional factors. This, therefore, becomes a psychotherapeutic problem with implications for appropriate treatment planning i.e. a non-educational focus. Perhaps these emotional problems need to be investigated and treated before placement in the Lower Grade is considered. It would appear as if the latter merely exacerbates the problem by the possible restriction it places on these pupils' opportunities for tertiary education. As such, placement in Lower Grade and the subsequent limitation on tertiary education is not in keeping with their, and perhaps their parent's, expectations. This is, in fact, a very real problem and one that needs to be addressed by policy planners in tertiary educational settings as well as by professionals involved in transfer of pupils to Lower Grade. If part of the rationale behind the introduction of the Lower Grade was to enhance these pupils' job opportunities, then surely some appropriate tertiary education facility should be open to them.

#### 8.1. Limitations of the study

Perhaps the most serious limitation of the present study is its generalizability. It was conducted in a very specific culture-religious context in which pupils' academic achievements are highly valued and closely correlated to acceptance, both by the school and by the community. The greatest joy in the Jewish culture is for one's children to become scholars or for one to take a scholar as son-in-law. (Menes in Finkelstein; 1971 : 184.) The pupils were also generally of high socio-economic status and tertiary education was assumed to be the logical sequel to school.

One can hypothesize that if the study had been undertaken at a lower socio-economic status school where there was less emphasis on achievement, that the results may have been significantly different. Another limitation is the small sample size and the fact that most of the Lower Grade pupils participating in the study had been in that class for at least 1½ years prior to the study. This would have enabled them to develop the sense of group cohesion and identity influential in enhancing or maintaining their self-concepts and adjustment level.

The fact that all the tests administered were written tests requiring a fair amount of reading ability is another limitation in that there is a possibility that some of the Lower Grade pupils did not fully understand all the questions and thus responded inaccurately. The fact that both Higher Grade and Lower Grade pupils answered the questionnaires at the same time, may have prevented pupils from either grade from asking for clarification for fear of appearing inadequate.

It would also have been useful to incorporate case studies of Higher Grade pupils to illustrate the problems that they encountered and use them as a comparison with Lower Grade pupil case studies. This limitation was to some extent unavoidable in terms of the author's role in the school. She was not directly involved in counselling Higher Grade pupils.

## 8.2. Implications for future research

A similar study needs to be conducted at a Std 6 and Std 7 level to see if the results are similar with this age group of pupils. If the results are similar and these Lower Grade pupils do not also appear to be significantly different from the same age Higher Grade pupils then the school would need to reconsider the position of social worker specifically for the Lower Grade.

Since this present study was conducted, the Lower Grade Std 8 and 9 pupils who participated in it, are no longer in one class, but have been included in the regular classrooms for gym, guidance and registration and only come together as a group for their English, Afrikaans and elective subjects. Thus they do not have one class teacher and are not as united as a group. It would be very interesting to readminister the same tests later on in 1987 and compare the results. The findings would either substantiate this "vague" form of mainstreaming as a way of reducing the stigma of being in the Lower Grade or would mediate for a return to the cohesion of a Lower Grade class.

As the Lower Grade class has so recently been introduced into schools, much more research is needed to assess its efficiency. A follow-up study of these same pupils would be useful in order to see what difference Lower Grade placement made to the career opportunities. It would also be useful to conduct similar studies at the other schools offering Lower Grade subjects as it is the author's belief that this class serves a very important role in the educational system and should be made available to a greater number of pupils.

At present only five schools in the Western Cape, apart from the school used in this study, offer the Lower Grade course, and only the aforementioned school organizes job placements. This, I feel is insufficient in view of the large number of pupils who could benefit from such a course. With the increasing academic demands of University entrance criteria and the current economic situation, more and more pupils will be forced to seek employment immediately on leaving school. A matriculation certificate, albeit a Lower Grade one, and some previous exposure to the employment arena will be an asset in this regard.

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RAW SCORES OF LOWER GRADE PUPILS ON  
THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

PIERS HARRIS CHILDREN'S SELF-CONCEPT SCALE

TOTAL	1	2	3	4	5	6
54	11	5	7	12	10	9
37	12	6	7	3	0	9
68	12	11	13	14	12	10
64	13	11	10	9	12	9
62	16	9	9	8	9	9
46	11	6	8	9	10	7
49	16	7	2	10	2	8
65	13	10	13	8	10	9
60	12	10	7	8	12	9
37	13	5	3	4	7	6
44	14	8	1	6	0	4
40	15	4	5	2	1	4
64	13	12	11	10	11	10
53	8	11	11	11	10	10
69	14	11	11	13	11	10
32	13	5	2	4	3	4
40	12	5	5	6	2	7
39	3	8	12	3	9	7
54	14	7	3	10	9	7
48	12	11	5	6	9	7
53	15	12	6	8	10	6
69	15	13	10	11	10	10
70	15	10	13	14	11	9
16	0	4	3	2	6	1
59	11	12	13	8	9	10
56	6	10	13	11	12	10
60	11	12	11	9	10	9
38	5	9	10	5	10	9

KEY

1. Behaviour
2. Intellectual and school status
3. Physical appearance and attributes
4. Anxiety
5. Popularity
6. Happiness and satisfaction

RAW SCORES OF HIGHER GRADE PUPILS  
ON THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

PIERS HARRIS CHILDREN'S SELF-CONCEPT SCALE

TOTAL	1	2	3	4	5	6
49	9	14	10	9	8	6
65	16	17	5	12	8	10
67	16	13	10	11	8	10
53	8	12	7	8	9	7
68	15	14	11	11	9	10
53	14	12	5	9	8	9
68	11	14	11	14	12	10
72	16	15	11	14	10	10
46	16	10	3	5	3	6
53	16	13	5	5	9	5
62	11	13	9	12	11	10
57	8	13	13	10	10	10
47	15	10	7	8	2	8
69	10	14	15	14	12	10
52	9	12	9	8	11	7
56	14	8	6	9	9	9
63	10	12	12	12	11	9
61	15	13	10	11	9	9
53	14	9	8	5	7	8
61	14	13	9	9	10	9
54	12	8	7	12	11	8
48	15	11	7	1	7	7
75	16	16	12	13	10	10
60	16	10	9	9	8	8
69	13	16	13	11	10	10
50	13	8	7	5	11	6
51	16	10	6	9	10	9
55	11	14	10	6	9	5

KEY

1. Behaviour
2. Intellectual and school status
3. Physical appearance and attributes
4. Anxiety
5. Popularity
6. Happiness and satisfaction

RAW SCORES OF LOWER GRADE MALE  
AND FEMALE PUPILS ON THE PHSF RELATIONS QUESTIONNAIRE

PHSF RELATIONS QUESTIONNAIRE

<u>FEMALES</u>	1	2	3	4	5	6	7	8	9	10	11	12	<u>KEY</u>
	18	20	23	30	29	21	31	22	18	31	18	28	1. Self-confidence
	24	13	27	27	24	36	27	25	18	32	28	21	2. Self-esteem
	12	12	12	16	24	13	21	28	34	25	15	27	3. Self-control
	29	20	27	19	30	24	29	19	25	36	34	20	4. Nervousness
	25	20	23	24	26	27	35	19	2	37	27	23	5. Health
	26	22	17	30	25	25	31	29	28	28	26	24	6. Family
	26	31	24	26	26	43	44	33	27	33	24	19	7. Personal freedom
	37	29	27	22	36	35	43	13	14	21	29	19	8. Sociability - G
	28	20	24	25	34	33	34	34	33	26	30	14	9. Sociability - S
	25	19	24	26	27	27	27	20	20	29	27	21	10. Moral sense
	30	23	33	30	34	22	32	33	38	25	24	16	11. Formal relations
	26	26	26	24	30	31	35	31	33	29	28	13	12. Desirability
	21	21	31	27	34	26	23	7	5	31	32	25	
	32	26	26	32	27	32	39	35	26	32	32	20	
	32	24	19	29	33	25	31	24	24	24	26	24	
	31	28	34	35	33	38	37	35	22	32	28	11	
	27	25	32	32	31	16	9	32	32	35	29	15	
<u>MALES</u>	29	25	25	25	24	23	28	22	24	19	18	23	
	29	27	28	30	34	30	29	35	27	29	26	20	
	21	19	24	27	25	20	33	30	21	23	26	15	
	29	24	22	26	30	17	27	28	30	25	28	17	
	26	25	19	16	27	34	34	18	37	28	24	26	
	24	27	24	33	31	30	44	26	38	25	21	17	
	30	32	35	30	38	37	38	41	34	31	27	11	
	21	31	23	21	29	26	27	33	39	33	19	19	
	22	31	19	22	37	19	21	19	21	22	23	24	
	24	30	24	21	28	20	25	25	23	24	25	22	
	21	21	19	30	21	30	26	28	25	27	21	26	

RAW SCORES OF HIGHER GRADE MALE  
AND FEMALE PUPILS ON THE PHSF RELATIONS QUESTIONNAIRE

PHSF RELATIONS QUESTIONNAIRE

<u>FEMALES</u>	1	2	3	4	5	6	7	8	9	10	11	12	<u>KEY</u>
	32	23	27	26	25	6	10	24	20	29	26	27	1. Self-confidence
	22	25	28	26	30	32	22	27	37	28	21	20	2. Self-esteem
	25	13	22	25	30	39	42	37	30	28	10	17	3. Self-control
	30	32	29	29	30	33	32	30	35	33	34	19	4. Nervousness
	34	25	30	24	32	30	32	23	36	30	30	20	5. Health
	23	26	16	19	34	28	34	22	36	30	25	22	6. Family
	24	20	21	30	30	29	37	29	29	21	27	23	7. Personal freedom
	21	12	19	17	27	21	37	29	22	30	27	21	8. Sociability - G
	28	23	25	26	29	27	26	26	22	28	26	24	9. Sociability - S
	21	14	25	24	28	25	33	27	21	28	20	20	10. Moral sense
	25	21	9	25	32	29	39	32	24	26	26	25	11. Formal relations
	14	25	26	32	41	32	33	20	30	24	29	22	12. Desirability
	27	27	31	31	37	36	45	27	28	26	26	17	
	26	22	22	25	31	32	35	33	30	25	20	26	
	28	25	29	34	37	41	39	32	25	35	29	20	
<u>MALES</u>	32	20	23	21	31	23	36	22	33	25	26	20	
	21	26	20	29	32	34	37	39	29	29	26	17	
	27	31	19	28	40	14	34	24	39	20	25	21	
	27	18	27	27	31	17	30	18	26	29	27	24	
	26	23	30	29	34	36	34	27	34	26	22	23	
	29	28	28	33	34	31	32	23	25	33	30	18	
	29	30	27	36	42	33	41	34	36	30	30	17	
	26	21	24	27	24	30	27	19	33	31	25	26	
	35	31	33	34	38	30	27	36	34	38	37	12	
	22	13	22	16	23	21	23	18	22	26	23	21	
	32	31	32	29	30	33	30	35	36	32	33	13	
	30	15	28	23	30	20	28	9	21	20	26	29	
	29	23	25	22	30	39	40	31	37	30	30	22	

THE WAY I FEEL ABOUT MYSELF

NAME .....

AGE ..... GIRL OR BOY.....

GRADE ..... SCHOOL .....

DATE .....

Here are a set of statements. Some of them are true of you and so you will circle the yes. Some are not true of you and so you will circle the no. Answer every question even if some are hard to decide, but do not circle both yes and no. Remember, circle the yes if the statement is generally like you, or circle the no if the statement is generally not like you. There are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me . . . . . yes no
2. I am a happy person . . . . . yes no
3. It is hard for me to make friends . . . . . yes no
4. I am often sad . . . . . yes no
5. I am smart . . . . . yes no
6. I am shy . . . . . yes no
7. I get nervous when the teacher calls on me . . . . . yes no
8. My looks bother me . . . . . yes no
9. When I grow up, I will be an important person . . . . . yes no
10. I get worried when we have tests in school. . . . . yes no
11. I am unpopular . . . . . yes no
12. I am well behaved in school . . . . . yes no
13. It is usually my fault when something goes wrong . . . . . yes no
14. I cause trouble to my family . . . . . yes no
15. I am strong . . . . . yes no
16. I have good ideas . . . . . yes no
17. I am an important member of my family . . . . . yes no
18. I usually want my own way . . . . . yes no
19. I am good at making things with my hands . . . . . yes no
20. I give up easily . . . . . yes no

21. I am good in my school work . . . . . yes no
22. I do many bad things . . . . . yes no
23. I can draw well . . . . . yes no
24. I am good in music . . . . . yes no
25. I behave badly at home . . . . . yes no
26. I am slow in finishing my school work . . . . . yes no
27. I am an important member of my class . . . . . yes no
28. I am nervous . . . . . yes no
29. I have pretty eyes . . . . . yes no
30. I can give a good report in front of the class. . . . . yes no
31. In school I am a dreamer . . . . . yes no
32. I pick on my brother(s) and sister(s) . . . . . yes no
33. My friends like my ideas . . . . . yes no
34. I often get into trouble . . . . . yes no
35. I am obedient at home . . . . . yes no
36. I am lucky . . . . . yes no
37. I worry a lot . . . . . yes no
38. My parents expect too much of me . . . . . yes no
39. I like being the way I am . . . . . yes no
40. I feel left out of things . . . . . yes no

- 41. I have nice hair . . . . . yes no
- 42. I often volunteer in school . . . . . yes no
- 43. I wish I were different . . . . . yes no
- 44. I sleep well at night . . . . . yes no
- 45. I hate school . . . . . yes no
- 46. I am among the last to be chosen for games . . . . . yes no
- 47. I am sick a lot . . . . . yes no
- 48. I am often mean to other people . . . . . yes no
- 49. My classmates in school think I have good ideas . . . . . yes no
- 50. I am unhappy. . . . . yes no
- 51. I have many friends . . . . . yes no
- 52. I am cheerful . . . . . yes no
- 53. I am dumb about most things . . . . . yes no
- 54. I am good looking . . . . . yes no
- 55. I have lots of pep . . . . . yes no
- 56. I get into a lot of fights . . . . . yes no
- 57. I am popular with boys . . . . . yes no
- 58. People pick on me . . . . . yes no
- 59. My family is disappointed in me . . . . . yes no
- 60. I have a pleasant face . . . . . yes no

61. When I try to make something, everything seems to go wrong . . . . . yes no
62. I am picked on at home . . . . . yes no
63. I am a leader in games and sports . . . . . yes no
64. I am clumsy . . . . . yes no
65. In games and sports, I watch instead of play . . . . . yes no
66. I forget what I learn . . . . . yes no
67. I am easy to get along with . . . . . yes no
68. I lose my temper easily . . . . . yes no
69. I am popular with girls . . . . . yes no
70. I am a good reader . . . . . yes no
71. I would rather work alone than with a group . . . . . yes no
72. I like my brother (sister) . . . . . yes no
73. I have a good figure . . . . . yes no
74. I am often afraid . . . . . yes no
75. I am always dropping or breaking things . . . . . yes no
76. I can be trusted . . . . . yes no
77. I am different from other people . . . . . yes no
78. I think bad thoughts . . . . . yes no
79. I cry easily . . . . . yes no
80. I am a good person . . . . . yes no

Score: \_\_\_\_\_

1. Are you sure that you can execute a task which has been assigned to you ?
2. Do you go out together as a family ?
3. Do you break a rule which you regard as unreasonable ?
4. Do you have a headache ?
5. Do you feel happy because you are more successful than others ?
6. Do you seek affection from someone of the opposite sex ?
7. Do you feel depressed when you enter the classroom/or place where you work ?
8. Are you inclined to tremble when you are excited or scared ?
9. Have you felt that your parents have forbidden you too many things ?
10. Are you unable to control your temper ?
11. Do you enjoy talking to people ?
12. Do you think of others more than you think of yourself ?
13. Are you able to handle a new situation with certainty ?
14. Do you try to spend your leisure time away from home ?
15. Do you try to avoid hurting someone else ?
16. Do you feel dizzy ?
17. Do you feel satisfied with yourself ?
18. Do you enjoy going out with someone of the opposite sex ?
19. Do you try to avoid discussing work with your teacher/or lecturer/or superior ?
20. Do your hands perspire ?
21. Do you feel that your parents have been too strict with you ?
22. Do you become so angry that you hardly know what you are doing ?
23. Do you feel ill at ease when you enter a room full of people ?
24. Have you told a white lie ?

often ...

25. Do you feel happy when an important task has been assigned to you ?
26. Do members of your family make you unhappy ?
27. Do you avoid something because it is regarded as being wrong ?
28. Do your eyes hurt or burn ?
29. Do you worry about something that has gone wrong for you ?
30. Do you prefer the company of someone of the opposite sex to that of someone of your own sex ?
31. Will you ask your teacher/lecturer/superior to explain when the work is not clear to you ?
32. Do you drum with your fingers on an object ?
33. Do you feel that your parents have given you enough opportunity to develop independently ?
34. Do you become agitated when arguing ?
35. Do you feel that you do not easily mix with others ?
36. Do you try to eavesdrop when something is said about you ?
37. Do you feel sure that the plans you have made will succeed ?
38. Are you dissatisfied with conditions in your parents' home ?
39. Do you try to do things that are regarded as being right ?
40. Do you have a cold ?
41. Do you find fault with yourself ?
42. Do you devote more of your attention to a person of the opposite sex than to someone of your own sex ?
43. Are you dissatisfied with the rules at your school/college/university/work ?
44. Do you awake with a start ?
45. Have your parents not allowed you to do the things you like at home ?
46. Is it possible for you to hide your disappointments ?
47. Do you find it easy to introduce strangers to each other ?
48. Are you selfish ?

- often ...
49. Do you feel that you know what you are talking about ?
  50. Are you satisfied with the way in which your family is composed ?
  51. Do you feel it is justifiable to cheat someone who has cheated you ?
  52. Do you sneeze or cough ?
  53. Do you feel that you are bungling things ?
  54. Do you make friends with a member of the opposite sex ?
  55. Are you prepared to assist your teacher/ lecturer/ superior ?
  56. Do you get an "empty" feeling in your stomach when you have to do something important ?
  57. Do you feel that your parents have treated you as a self-reliant person ?
  58. Do you laugh uproariously ?
  59. Do you make new friends ?
  60. Have you, as a child, pretended not to hear when someone was calling you ?
  61. Are you sure of your conduct when something unexpected occurs ?
  62. Are you satisfied with the neighbourhood in which you live ?
  63. Have you copied homework from your friends at school ?
  64. Do you get dull pains in your body ( eg. head, joints, etc. ) ?
  65. Does it hurt you when you are criticised ?
  66. Do you go out of your way to meet someone of the opposite sex ?
  67. Do you discuss the work with your class-mates/ colleagues ?
  68. Do you feel relaxed ?
  69. Have your parents allowed you to arrange things for yourself ?
  70. Do you feel that you cannot prevent yourself from saying something ?
  71. Do you help to organise a party or outing ?
  72. Do you speak only well of others ?

73. Do you feel anxious when you have to express your opinion unexpectedly ?
74. Do some of the habits of the members of your family irritate you ?
75. Will you also do wrong when you see others doing so ?
76. Do you feel out of breath ?
77. Would you like to be someone else ?
78. Would you rather stay at home than go out with a stranger of the opposite sex ?
79. Do you feel that your teacher/lecturer/superior appreciates your work ?
80. Are you startled by an unexpected noise ?
81. Have you been allowed by your parents to spend your spare time as you please ?
82. Are you patient ?
83. Are you at your happiest when alone ?
84. Do you admit that you also have faults ?
85. Do you enjoy accepting responsibility for something ?
86. Has there been discord in your family ?
87. Do you take care to hand over to the police or other authorities something valuable you have picked up ?
88. Do you feel healthy ?
89. Do you feel that there are only a few things you do well ?
90. Do you enjoy chaffing someone of the opposite sex ?
91. Do you not enjoy your work ?
92. Do you remain calm when you have to wait for something ?
93. Have your parents allowed you to choose your own clothes ?
94. Can you keep a secret ?
95. Do you feel uneasy when you have to get up in front of a group of people ?
96. Are you jealous of someone with whom you are competing ?

often ... 97. Do you have faith in your own ideas ?

9.

98. Do you feel that you have a happy home life ?

99. Do you avoid swearing ?

100. Do you feel worn out ?

101. Do you feel happy because you do things better than others ?

102. Do you try to avoid being alone with someone of the opposite sex ?

103. Do you find your work interesting ?

104. Do you toss about in your sleep ?

105. Do you feel that your parents think you are not old enough to decide for yourself ?

106. Do you show it when you get annoyed ?

107. Are you shy in the company of others ?

108. Do you feel that your opponent deserved to beat you in a game or match ?

109. Do you have the feeling that something you are going to undertake will fail ?

110. Do you like doing something together with your family ?

111. Does it bother you when you have done wrong ?

112. Do you worry about your health ?

113. Do you feel that you possess good qualities ?

114. Do you try to avoid contact with someone of the opposite sex ?

115. Do you feel that your teacher/lecturer/superior does not like you ?

116. Do you bite your nails or chew on something you have in your hands ?

117. Have your parents allowed you to make your own decisions ?

118. Do you find it easy to break a bad habit ?

119. Are you at ease at a party ?

120. Are you prepared to sacrifice everything for a loved one ?

- W often .. 121. Do you hesitate before making a decision ?
122. Do you discuss your problems with your parents ?
123. Do you prefer to be honest with someone ?
124. Were you ill during your childhood ?
125. Do you feel very bad when your bad qualities are revealed ?
126. Do you enjoy kissing someone of the opposite sex ?
127. Do you feel that you are on good terms with your teacher/lecturer/superior ?
128. Can you sit still for any length of time ?
129. Do you feel that your parents have dominated you ?
130. Do you think clearly even though you are excited ?
131. Do you prefer talking to only one person rather than to a group ?
132. Are you satisfied not to receive acknowledgement for your achievements ?
133. Are you not sure that you act correctly in difficult situations ?
134. Do you feel that your parents appreciate what you have been doing for them ?
135. Do you try to do good to others ?
136. Can you easily get rid of a cold ?
137. Do you feel that you possess more good than bad qualities ?
138. Do you try to avoid dancing with someone of the opposite sex ?
139. Are you dissatisfied with the tasks given to you by your teacher/lecturer/superior ?
140. Do you rub your fingers or hands together involuntarily ?
141. Do you feel that your parents have been too inquisitive about your private affairs ?
142. Are you able to concentrate your attention on everyday things ?
143. Do you attend social gatherings ?
144. Do you act differently when a strange person is talking to you, from when your friends are talking to you ?

- often .. 145. Do you doubt your ability to solve problems on your own ?
146. Do you feel that your parents are dissatisfied with you ?
147. Do you feel that you are justified in doing things that are prohibited ?
148. Do you feel happy about the state of your health ?
149. Are you disappointed in yourself ?
150. Do you try to avoid being in a secluded spot alone with someone of the opposite sex ?
151. Do you forget to do some part of your work ?
152. Are your hands still while you are explaining something ?
153. Have your parents permitted you to participate in social activities ?
154. Do you show it when you are jealous ?
155. Would you like to be alone ?
156. Are you prejudiced against strangers ?
157. Do you try to avoid making decisions ?
158. Do you feel that your parents are glad that you are their child ?
159. Have you secretly helped your friends in a test or examination ?
160. Do you see black spots in front of your eyes ?
161. Do you feel that you compare very well with others ?
162. Do you try to associate with someone of the opposite sex ?
163. Do you welcome a discussion of work with which you are concerned ?
164. Do you shake your foot, leg or any other part of your body involuntarily ?
165. Do you feel that your parents have placed too many restrictions on your activities ?
166. Is it possible for you to restrain your inquisitiveness ?
167. Are you quiet in the company of others ?
168. Are you envious of someone who achieves more than you ?

How often .. 169. Are you not keen on making arrangements  
yourself ?

12.

170. Do you feel that your parents do not understand  
your needs ?

171. Do you feel it is wrong to do mean things  
to people who deserve it ?

172. Do you have a backache ?

173. Do you feel that you have a considerable  
number of talents ?

174. Do you enjoy embracing or being embraced  
by someone of the opposite sex ?

175. Do you feel that your work has more pleasant  
than unpleasant aspects ?

176. Are you calm when you have nothing to do ?

177. Have your parents allowed you to choose  
your own friends ?

178. Do you buy no more than you need ?

179. Do you enjoy doing something together with  
a group of people ?

180. Do you find it easy to admit that you have  
made a mistake ?

-000-

66 DEC 1987

1987

THE PIERS-HARRIS  
CHILDREN'S SELF CONCEPT SCALE

*(The Way I Feel About Myself)*

*by*

ELLEN V. PIERS, Ph.D.

and

DALE B. HARRIS, Ph.D.

*Published by*

Counselor Recordings and Tests

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TABLE

RAW SCORES OF LOWER AND HIGHER  
GRADE PUPILS' I Q SCORES AS MEASURED  
ON THE N S A G T

LOWER GRADE

HIGHER GRADE

TOTAL I Q		TOTAL I Q
87		91
96		104
81		125
97		103
112		108
110		99
84		109
75		122
80		117
94		105
102		106
90		107
83		104
90		104
92		94
100		86
100		102
88		110
88		126
102		119
100		137
102		104
72		105
86		101
85		92
109		117
97		105
95		95