

A Comprehensive View of Self-Concept and Its Effect With Respect To Self-Mutilation among the Institutionalized and Non- Institutionalized Adolescents

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ABSTRACT

The objective of this study is to synthesize information from existing literatures on measures of the self-concept among institutionalized and non-institutionalized adolescents with respect to self-mutilation. As for an adolescent is concerned, it is important to develop a positive self-concept and high self-esteem in order to enhance a healthier personality. So the main objectives and focus of this study is to monitor the self-worth of adolescent students and help improve one's self-concept and thus to develop a sense of healthy personality as an autonomous individual. 985 adolescent students, Kerala, India formed the sample for the study. The Self-Concept Questionnaire ((Kagen, Moore, & Bredekamp, 1995)) and Self-Harm Inventory (Randy A. Sansone, and Lori A. Sansone 1998), were used. 2x2x2 factorial ANOVA, Regression Analysis and Correlation technique were used to analyse the data. The findings showed that the levels of self-concept seem to influence the levels of self-mutilating behaviour among the adolescent students.

Keywords: *Family-Functioning, Institutionalization, Peer-Influence, Self-Concept, Self-Mutilation.*

Self-concept is the 'corner stone of both social and emotional development' in all people in general and adolescents in particular (Kagen, Moore, & Bredekamp, 1995). Researchers reveal that the enhancement of this construct in one's life, as a vital factor, especially, in achieving and fostering academics as well as social and emotional experiences is of greater importance (Byrne et al., 1992; Harter, 1983; Marsh et al., 1991; Rambo, 1982; Stipek, Recchia, & McClintic, 1992). Clinical psychologists expose that a healthy and positive self-concept is a better means to deal with life stresses which in turn helps to achieve more in lives (Coopersmith, 1967).

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Cook, (1987) on the other hand, described self-concept, in broader sense, as the sum of all experiences across the life span that affect not only our opinions, behaviours, and social interactions but also, the evaluations as well. As for an adolescent is concerned, it is important to develop a positive self-concept and high self-esteem in order to enhance a healthier personality which of course helps one to put up a happy and satisfying adulthood. So the main objectives and focus of this study is to monitor the self-worth of adolescent students and help improve one's self-concept for the reason that, the key task in confronting the adolescent is to develop a sense of 'self' as an autonomous individual. Nevertheless, the development of self-concept occurs, as a result of one's experiences with the environment and one's evaluations of these experiences. Besides this, the opinions from significant others, family members, family functioning, peers, casual attributions, and concrete feedback play a crucial role in the process of self-concept development (Shavelson, Hubner, & Stanton, 1976).

There are categories of adolescents one come across in the society, especially, institutionalized, non-institutionalized and orphan, juvenile and street adolescents, Here the focus of the study is based on the first two categories, i.e., institutionalized and non-institutionalized adolescents. Even though, adolescents of institutionalized and non- institutionalized may not be the similar, identifying the levels of self- concept of these two categories is essential in order to understand clearly the psycho-sociological levels of adolescents.

Institutional adolescents are those children who have been receiving long term service or who resides in an institutional setting or care homes can be called institutionalized adolescents (Ainsworth& Frank& Leon, 1981), will not be enjoying the positive and creative atmosphere, which in turn, can create a low level of self –concept and greater psycho-social problems later on. The lack of confidence, the fearful nature, behavioural problems, such as, self-mutilation (self-injury) immaturation, feeling of over attachment, dependence, suspecting everybody, inadequate communication, lack of sleep, etc are some of the major features one find in adolescent students, which can bring down the levels of self-concept.

Non-Institutionalized adolescents are those students who stay with parents, family and near and dear ones. Positive and frequent family involvement has a significant role in fostering confident self-concept in adolescents. So the adolescents with family and parents may not be having many difficulties, because, the creative family and energetic parents give the ways to eliminate the problem of negative views about one's self-concept. The more communication between parents and the children, more achievement will be the result in them. If the family fails to give adequate assurance and provide flexible environments that respond to the adolescents' emerging maturity and independence the end will be terrible. Self-concept is not an empty process, as it has greater influence in the family context, even though, self-concept is also be influenced by outside the family, such as peers, and school. Family atmosphere has significant role in moulding up and predicting the adolescent externalizing behaviour. As it is stated, positive family communication

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is a key in helping adolescents to maintain a constructive self-concept and high self-esteem (Ochoa, Lopez, and Emler, 2007).

Another important element in constructing one's self-concept in adolescent period is school. To enhance self-concept, teachers, educators will then be more apt individuals (Moller et al, 2009). Teachers are big influential factors to clearly delineate between self-concept and self-esteem. When students have negative self-concept and a low self-esteem, the emotional welfare of the students suffers, while, when adolescents have a strong self-concept, they are able to conquer a better positions in society and this in turn can facilitate a strong personality (Trautwein et al. 2006). As for many students with institutionalization, it can be frustrating to cope with one's disability within the general behavioural settings. Research has shown that students with institutionalization have a more negative self-concept compared to students who are non-institutionalized. For the reason that, self-concept pertains to a student's overall sense of worth.

Peer influence is a further significant constituent in up bringing the sense of self-concept in adolescents. The good or bad, creative or non-creative peer groups have major role to obtain this special construct. Compared to children under age 10, adolescents spend a good amount of time outside of the home. They spend much more time with peers who are relatively equal in terms of interpersonal power and authority. In this connection, Marsh (2005) found that a student's self-concept is partially dependent on his or her surroundings. He describes this as the 'big-fish-little-pond effect' (BFLPE). If the average ability of classmates is high, equally able students most likely will have a more negative self-concept.

However, if the average ability in a given student's class is low, then he or she is more likely to have a positive self-concept.

This limitation on self-concept can have a direct influence on the development of an adolescents' overall performance in establishing a healthier personal identity. Furthermore, higher peer stress and less companionship have been associated with a lower social self-concept in adolescents (Wenz-Gross, Siperstein, Untoh, & Widaman, 1997). The research literature suggests that peer group programs can produce orderly, productive, and positive academic and rehabilitative environments. Above all, one can conclude that, self-concept is the perception that individuals have of one's own worth, which comprises the feelings of oneself, as well as, view of one's social acceptance in the society (Belmore & Cillessen, 2006).

Self-concept has greater impact in setting up one's goal and therefore healthy, realistic views of oneself (Clinic, 2009). The adolescents with low self-concept keep little value on oneself and the accomplishments that are to be done. Furthermore, worthless feeling, the feeling of good for nothing, etc, can harm one's self-confidence. At times one may have the greater reflections of shamefulness of one's state of life, which in turn can become a cause to engage in negative self-

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talk. These perennial issues may create nervousness in one's life and can create a stress and anxiety–depression that puts down in developing lowering self-concept and self-confidence.

Self-Concept and Self-Mutilation

There are many problems that adolescents come across all over the world and one of the greatest behavioural problems of adolescents is the self-mutilation (SM). Self-mutilation, which is also known as self-injury, has been referred to as the “fastest-growing adolescent behavioural problem” (Purington & Whitlock, 2004). It has been reported that the increase in the rate of self-mutilation has its derivation since 1960s, even then, the report of SM have been well known throughout the history. Moreover, the concept of self-mutilation(SM) has become an increasing problem among adolescents since the 1990s. According to Peterson, & Seligman, (2004), self-mutilation which is also known as non-suicidal self injury (NSSI) is usually seen in adolescent and young adult populations. The research done in community study in recent years have found that one-third to one-half of adolescents in the total population have engaged in some type of non-suicidal self injury.

Taylor, (2003) described it as any behaviour that is not good for the human body. Galley, DeGeer, Deur, Alfonso, and Fenton, (2003, 2005 and 2007), illustrates self-injury as a ‘silent school crisis’ due to insufficient knowledge, confusion, lack of effective interventions in dealing directly with the tissue. Favazza (1998) defines self-mutilation as the deliberate destruction to the body tissue without the conscious suicidal intention. And again victimization by peers, parental emotional neglect, childhood sexual abuse, insecure attachment, anxiety, depression, low self-esteem, body dissatisfaction, poor school achievement, drug consumption, dissociative symptoms, and general psychopathology are well said to be associated with the SM (Brodsky, Bjärehed & Lundh, 1995 and 2008).

Youngleson, (1973) investigated study comparing 24 institutionalized children and a matched control group, and the findings show that institutionalized children were less well put up in the self-concept and that they manifest less self-esteem so much so more prone to self-harming behaviour and are less adjusted compared with a control group. Tizard and Hodges, (1978) extended the study between 65 of the institutionalized and 26 formerly institutionalized children showed that significant differences were found between institutionalized or previously institutionalized children and their non-institutionalized counterparts on total problem behaviours and anti-social scores. Deviations included restless behaviour, highly mutilating one, poor peer relations, disciplinary problems and disruptive attention-seeking behaviour among children who had been institutionalized.

Suneetha and Vijayalaxmy (2007), done research with 75 adolescents of employed mothers and 75 adolescents of homemakers of North Karnataka, explains that, self-concept, emotional maturity and achievement motivation of the adolescent children of employed mothers and

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homemakers, have significantly higher self-concept. Muni (1995), observed that adolescents of employed mothers had a positive physical, intellectual and educational self-concept and were better adjusted than the children of housewives. Milan, (2008) reveal that there exist a significant relationship between self-concept levels and sex of the students of 11th class students. Self-concept of the boys of std 11th was found very less while the levels of self-concept of girls were high.

Ubangha and Oputa, (2008) carried out a study in differences in self-concept, academic orientation and vocational interests of normal and institutionalised adolescents in logos metropolis. Institutional Children differed in academic orientation and vocational interests, in which the vocational orientation was not well oriented with the the institutionalized adolescents. These findings were discussed in the light of their implications for bridging the gap between institutionalized and normal children. Kimani Chege Gabriel, Cheboswony, Kodero and Misigo Benard, (2009) reveals that, there was a difference in self-concept and academic performance between institutionalized adolescents and those living with extended families, guardian homes and in parental homes.

Pamela, Sarah and Laurie, (2000) investigated on self-Injury and self capacities among adolescents. Here the researchers were trying to find out the individuals who are in Crisis. The participants were 233 from clinics and normal answered questions with regard to self-injury, abuse history, and three self capacities which constitute the ability to tolerate strong affect, the ability to maintain a sense of self-worth, and the ability to maintain a sense of connection to others. In the study 60% reveal childhood abuse, nearly half reported self-injury. These two groups showed greater impairments in self capacities and self-administration. The feeling of self-worthiness is not seen in the subjects who took part in the investigation. Individuals with a history of childhood abuse showed greater impairment than did individuals who did not report childhood abuse. Greatest impairment was associated with both self-injury and abuse.

Rory, Susan and Jeremy, (2009) point out that 13.8% of the adolescents had the habit of self-harm at least for once in life. Girls were more addicted to these behavioural problems and about 3.4 times more likely to report self-harm than boys. The researchers found that the associations with these are smoking, bullying, worries about sexual orientation, self-harm by family and anxiety were associated with self-harm in both genders. In addition, drug use, physical abuse, serious boy or girlfriend problems, self-harm by friends and low levels of optimism and low self-concept were also associated with self-harm in girls. Therefore, the investigators suggest that emotional awareness programmes in schools and family which highlight the importance of promoting positive mental health among adolescents are mandatory.

The existing literatures prove that self-concept play a vital role in forming the person's healthy personality. This study is thus centred on a descriptive areas specifically investigating: (1) how

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high self-concept helps and enhances one to minimise the self-mutilating behaviour, (2) how gender differs from each other especially in augmentation of self-concept, and (3) how this perceived individual make it better in social consequences.

FOCUS OF THE STUDY

Objectives:

- To find out the relationships between the dimensions of self-concept, and self-mutilation among the institutionalized and non-institutionalized adolescents.
- To assess the effect of self-concept on self-mutilation and its sub-dimensions among the institutionalized and non-institutionalized adolescents
- To determine whether self-concept predicts the changes in self-mutilation among the institutionalized and non-institutionalized adolescents.

Hypotheses:

1. There will be significant relationships between dimensions of self-concept and self-mutilation among the institutionalized and non-institutionalized adolescents.
2. There will be significant difference between high and low self-concept groups and gender and types with respect to Self-Mutilation(SM) of the institutionalized and non-institutionalized adolescents
3. It is possible to predict the changes of self-mutilation by the independent variable self-concept

METHODS

Participants/samples

Descriptive Statistics of the Sample

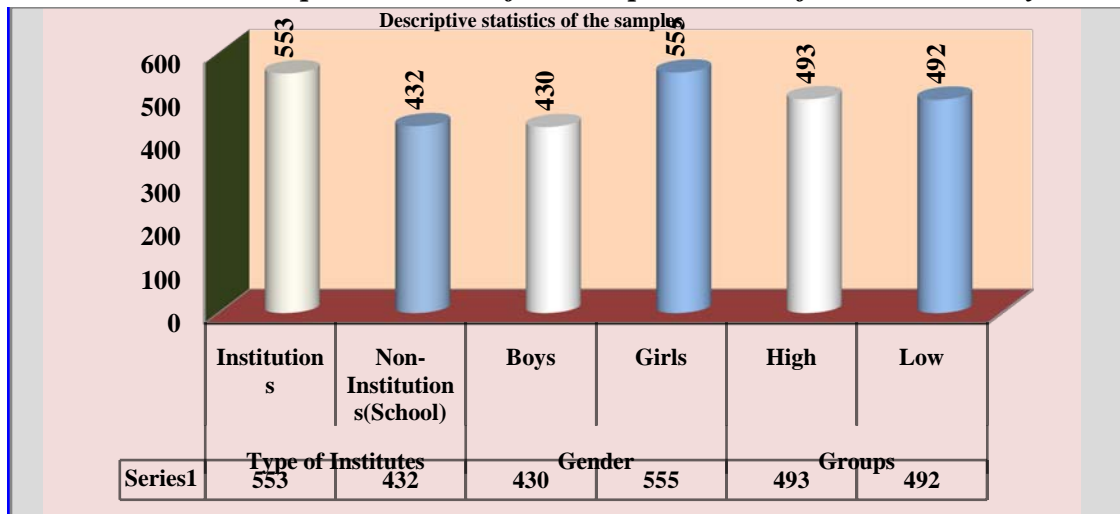
The Table 1 and the figure 1 shows the descriptive statistics of the samples collected for the research. The total data collected from the institutionalized adolescents are 553 and non-institutionalized adolescents are 432 and total sample represent 985. For the better notion of the samples, the researcher arranged the samples as gender-boys and girls, and self-concept high and low. The table reveals that the total number of gender, namely boys is 430, and girls 555 respectively. The description of groups, namely high group are 493, and low group 492 respectively.

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Table: 1 shows the descriptive statistics of the samples taken for the study.

Category			Total
Type of Institutes	Institutions	553	985
	Non-Institutions(School)	432	
Gender	Boys	430	985
	Girls	555	
Groups	High	493	985
	Low	492	
Total			985

Figure: 1: shows the descriptive statistics of the samples selected for the main study



Instruments and Procedure

- I) The level of self-concept was measured using Self-Concept Questionnaire (SCQ) developed by Raj Kumar Saraswat (1981). This is a 48 item self-report questionnaire designed to measure factors that reflect self-concept of the respondents.
- II) The self-mutilating behaviour of adolescent students is measured by using Self-Harm Inventory developed by Randy A. Sansone, and Lori A. Sansone (1998). It is a one-page, 22-items, YES/NO, self-report questionnaire that explores respondents' histories of self-harm. A short socio-demographic section investigates participant's gender, types, were also calculated.

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Statistical tools

Statistical Analysis and Techniques

Following statistical techniques are used for the analysis of present investigation and they are:

- Probability plot to check the normality of the sample.
- Correlation among the variables to find out the relations ships between types, gender, groups on the self-concept, and self-mutilation.
- 2x2x2 factorial ANOVA to check the effect and interaction effect among the self-concept high and low group, types of institutions-institutional and non-institutional and gender-boys and girls.
- Regression Analysis to account for the expansion of prediction of the variables i.e., self-mutilation by the independent variable self-concept as well as to account for the changes in the dependent variable upon the changes in the independent variable.

RESULTS AND DISCUSSION

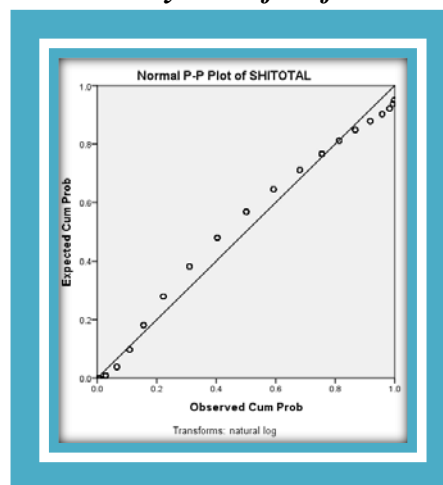
The Probability –Bar chart of the Data

According to Thorndike, (1913) perfect normality may not occur in the social sciences. Therefore, variations of normality to a small extent are accounted in the present study as well. Moreover, the researcher whispered that the statistical power will be ample to meet the criteria of normality limit and large sample size being met. Since the sample sizes covers nearly 1200 the researcher selected the Kolmogorov-Smirnov Z test of normality was used to screen all the variables in the data. The results pertaining to the frequency distribution of the variables self-concept, self-mutilation are given in table 2.

Table 2: shows the Kolmogorov-Smirnov Z test of normality for self-mutilation scale.

Variable	Normal Parameters		Kolmogorov-Smirnov Z	Sig.
	Mean	SD		
Self-mutilation	9.247	3.835	1.075	NS

Figure 2: Shows the Normal Probability Plot of Self-Mutilation total score (N=985)



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From the table and figure 2, it can be inferred that the observed data for self-concept, and self-mutilation are nearing to normal. The ascending nature of the slope in the figures point out that the data is in close approximation. Besides, the big number of samples collected for the study gives the researcher a huge expectation with high statistical power. This makes the investigator to proceed with a parametric test for analysing the variables of the descriptive survey to understand the effect of self-concept on self-mutilation among institutionalized and non-institutionalized adolescents.

1. Correlations of Variables

The relationships among the variables studied in the sample were analysed using the statistical technique of Correlation Matrixes. The hypothesis corresponding to the relationship between the variables of self-concept, and self-mutilation is presented below in order to facilitate comprehending the results presented in this section. The hypotheses formed for showing relationships between all these are displayed once again here below.

1. There will be significant relationships between dimensions of self-concept and self-mutilation among the institutionalized and non-institutionalized adolescents.

Table 3: shows the Correlation matrixes among the variables, of the participants’ self-concept and self-mutilation

<i>Variables</i>		<i>Self-Concept</i>						<i>Self-Mutilation</i>
		PHY	SOC	TEM	EDU	MOR	INT	Self-Mutilation
<i>Self-Concept</i>	PHY	1.000	0.633**	0.662**	0.615**	0.570**	0.580**	-0.076*
	SOC		1.000	0.604**	0.587**	0.590**	0.587**	-0.020
	TEM			1.000	0.633**	0.578**	0.608**	-0.002
	EDU				1.000	0.603**	0.578**	-0.063*
	MOR					1.000	0.561**	-0.058
	INT						1.000	-0.043
<i>Self-mutilation</i>	SM							1.000

** Correlation is significant at 0.01 levels.

* Correlation is significant at 0.05 levels.

PHY-Physical, SOC-Social, TEM-Temperamental, EDU-educational, MOR-Moral, INT-Intellectual and SM-Self-Mutilation

The table 3 displays the correlation on the results obtained among the variables. The correlation has done in all psychological variables’ sub-dimensions. Such as, correlation between self-concept and its six dimensions, between these three and self-mutilation, respectively. Among these, 2 cases show there exist negative correlation at the $P < .05$ level. Rests of the correlations are not significant. Among the self-mutilation there was no significant correlation found. Self-

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mutilation showed negative correlation with other dimensions of self-concept such as, social, temperamental, moral, and intellectual dimensions.

2. Comparison of the variables

The data collected were analyzed for comparison using the technique of 2x2x2 factorial ANOVA. Here the main comparisons were made between self-concept high and low group, types of institutions and gender-boys and girls on psychological variables, and self-mutilation.

H.2.1 There will be significant difference between the high and low levels of self-concept of the adolescents on self-mutilation.

H.2.2 There will be significant difference between institution and non-institution adolescents on self-mutilation.

H. 2.3 There will be significant difference between adolescent boys and adolescent girls on self-mutilation.

H.2.4 There will be significant interaction between the levels of self-concept with respect to institutional and non-institutional adolescents, boys and girls on self-mutilation.

Table 4: shows the summary of 2x2x2 way ANOVA on self-concept with respect to self – mutilation

<i>Source</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between high and low self-concept groups	23.158	1	23.158	1.382	Ns
Between types-institutional and non-institutional	28.969	1	28.969	1.729	Ns
Between gender-boys and girls	14.499	1	14.499	0.865	Ns
Interaction between groups and types and gender	22.645	1	22.645	1.351	Ns
Total	16515.194	984			

Ns= Not Significant

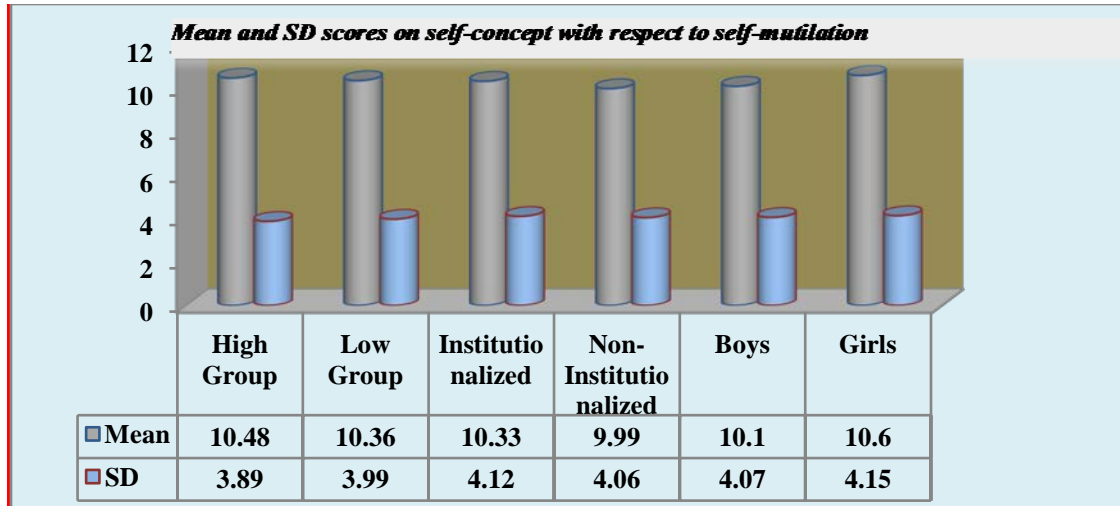
The Table 4 shows the result summary of 2x2x2 way ANOVA on self-concept with respect to self-mutilation.

The calculated *f*- ratio value relating to high and low self-concept groups on their self-mutilation is 1.382. It has not attained statistical significance. Hence, hypothesis 2.1.is rejected. The *f*-ratio value relating to types on self-mutilation is 1.729. It has not attained statistical significance. Hence, hypothesis 2.2 is rejected. Moreover, the calculated *f*-ratio value for gender comparison between male and female is 0.865. It has not attained statistical significance. Hence, hypothesis 2.3 is rejected. Besides, three way interaction effects between male and female and between institutionalized and non-institutionalized and between self-concept high groups and low groups were studied. Since the *f*-ratio relating to interaction effect is 1.351, it shows that it has also not

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attained significant interaction effect between male and female and between institutionalized and non-Institutionalized and between self-concept high and low groups. Hence, hypothesis 2.4 is rejected.

Figure 3: shows the Mean and SD scores on self-concept with respect to self-mutilation(SM)



As may be seen from the figure 3, the mean values of the high and low self-concept groups are 10.48, 10.36 and the mean values of institutionalized and non-institutionalized are 10.33 and 9.99. Moreover, the mean values of boys and girls are 10.10 and 10.60 respectively. Hence, it is evident that all the students regardless of groups, types and gender are having the more or less equal mean values.

3. Multiple Regression Analyses

Regression analysis enables the researcher for predictive model in order to use it to predict the value of the dependent variable from one or more independent variables. And the multiple regression analyses help a researcher to predict an outcome from several predictors. The results obtained using these statistical techniques are reported in the following sections.

3.1 It is possible to predict the changes of self-mutilation by the independent variable self-concept

The effect of self-concept on self-mutilation was studied using Regression analysis. The Regression results are best explained given in following section. From the table it is clear that self-concept have positive effect on self-mutilation. That is, increase in each of these dimensions will result in proportionate increase in overall self-mutilation scores.

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Table 5: shows the Regression Coefficients of the participants associated with self-concept and its dimensions predicts to self-mutilation.

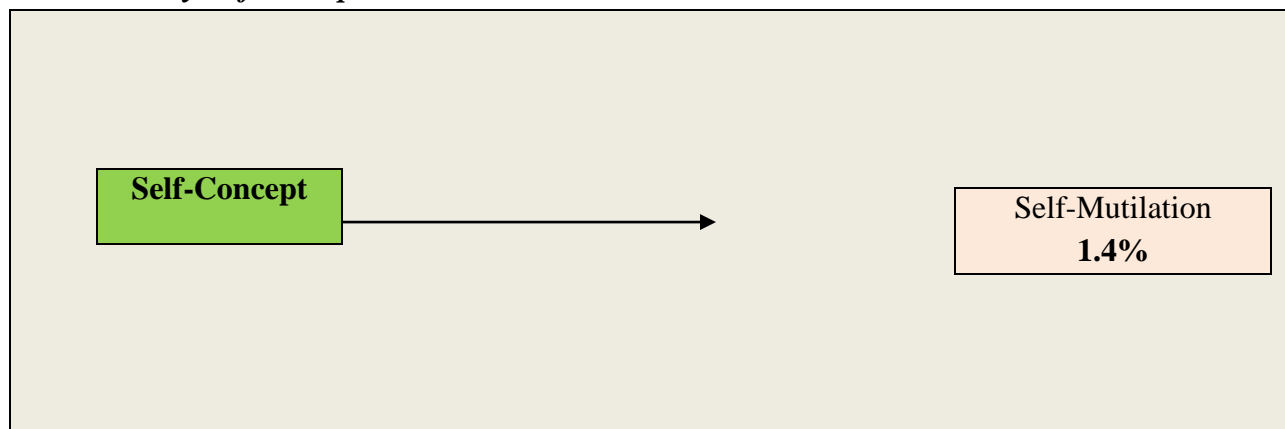
<i>Predictors</i>	<i>DV</i>	<i>(B)</i>	<i>Std. Err</i>	<i>R</i>	<i>R Square</i>	<i>F</i>
Self-Concept	SM	-0.005	0.007	0.120	0.014	0.394*

DV-Dependent Variables, SM-Self-Mutilation.

In the Table 5, it is inferred that the regression of independent variable self-concept contribute significantly for the dependent variable self-mutilation. The ‘B’ values are unstandardized coefficients. The unstandardized coefficients are -0.005 for self-mutilation with the standard errors of 0.007. . This implies that for every unit of change in self-mutilation there is -0.005 units of change in self-concept concordantly as per the influence of the variable self-mutilation. This gives us the idea that the independent variable self-concept has a greater role in predicting the dependent variable self-mutilation.

In the table 5, the multiple ‘R’ is 0.120 and ‘R’ square is 0.014 for self-mutilation. The ‘R’ value indicates that there is a moderate level of correlation between the dependent variable and the independent variable taken together. The R -square value indicates that, 1.4 % for self-mutilation score is contributed by the independent variable self-concept. This is also meant that the self-concept accounted in predicting the self-mutilation among the adolescents. The results indicate that there is a moderate positive correlation between the self-concept self-mutilation. Hence, hypothesis 3 .is accepted.

Figure 4: shows the Regression of social competence, emotional competence and self-mutilation by self-concept



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The results have been displayed in figure 4 points out that the self-concept predicts self-mutilation at 1.4% levels.

The regression equation by figure 4, clearly substantiates for the hypothesis relating to the prediction of the dependent variable. The value of self-mutilation is found to be 1.4 at $P < 0.05$ level that is the maximum significance level. Hence, it is evident that the independent variables constantly contribute for the influencing prediction of the dependent variables self-mutilation.

DISCUSSION:

The results of present study seem to be successful in measuring the effect of self-concept on self-mutilation among the institutionalized and non-institutionalized adolescents. Developmental psychopathologists thus greatly emphasize that self-concept as a key domain of intensification for preventing problems and also for understanding and positive development (Masten, Best, & Garnezy, 1990).

The findings of the current investigation have brought out comprehensible and candid conclusion. . From the present study it is revealed that living in institutions minimizes the levels of self-concept and on the contrary non-institution living facilitates the growth of self-concept of the adolescents (Asbah & Razal, 2013; Millet et al., 1995).

In the present investigation interestingly, high and low self-concept groups remained similar with regard to their self-mutilation behaviour. Adolescents belong to both groups have moderate level of self-mutilation behaviour. It seems that, self-concept could not have any influencing role on self-mutilation behaviour of adolescents. Even the institutionalized and non-institutionalized background, could also show any significant variation on the self-mutilation behaviour of the adolescents studied. The institutionalized adolescents showed very minimum hike on the self-mutilation behaviour but not to the extent of significant variation. Hence, remaining either in institution or non-institution, the adolescents remain the same. Further, the adolescent boys and girls compared showed no difference between them on self-mutilation. This again suggests that, even the gender variation could not have any effect on the self-mutilation behaviour of the adolescents. The present study advocates that self-mutilation behaviour of the adolescents remains the same for all types of variations they have face in their life. The possible underlying principle could be understood that the adolescent period itself give the impression that may be inducing personal damaging behaviour. Erikson (1968) has opined that the adolescents pass through his or her life span, it is inevitable that, they will be experiencing certain amount of fluctuation between identity verses role confusion, which is the major psychological crisis any adolescents has to face. Hence, the homogeneity of the groups on self-mutilation may be the state of adolescent's contribution cutting across the institutionalization or non-institutionalization, the gender and the self-concept.

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The view that certain amount of self-mutilating behaviour will be there for any adolescents have been supported by a host of researchers in this field (Perry & Herman, 1991; Strong, 1998; Tobin & Griffing 1996; Nixon, 2008; Morey, 2008; Yates, 2008; Matsumoto, 2008; De Leo, 2004; Cassandra, 2005; Pamela, et al., 2000; Rory et al., 2009; Julia & William, 2008; Ross & Heath, 2002; Carroll, et al., 1980). The finding on self-mutilation has obviously and bluntly establishes that, it is the usual and normal behaviour pattern observed among adolescents. And other variables studied in the investigation, such as, self-concept, types of institutions and gender could not elicit any types of impact on the self-mutilating behaviour of adolescents. It is to be highlighted that adequate care must be a great consideration among the institutionalized adolescents in enhancing, planning, recognizing that self-worth is a prime factor to annihilate other forms of behaviour. To boast greater competence in the adolescents, social skills training could be appropriate tool (Ashcroft, 2004). This would enhance the adolescents to have effective social interaction and competence skills that will influence students' academic success, career paths, life style and lifelong relationships with the society at large. One of the best ways to learn competence style and social skills is through role play with same age peers during the growing up process. To improve mutual interactions, class room and school environmental conditionings, this sort of instructions would be greater means among the adolescents (Erwin, 1994).

CONCLUSION:

- High levels of self-concept minimise the possibility of Self-mutilation among the adolescents.
- The self-mutilation behaviour found to be a common feature during the adolescents stage.
- Institutionalization and non-institutionalization initiate and shape different kinds of psychological characteristics of the adolescents.
- It could be concluded that self-concept has a moderating effect on the levels of self-mutilating behaviour among Institutionalized and Non-Institutionalized adolescent students.

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