



Psychological Theories of the Self

Bryan Jay M. Lumabas
BSIT 1D

A. Recognize psychological theories regarding the "self".

1. Sigmund Freud's Psychoanalytic Theory (1923) explains human behavior, personality, and psychological disorders.

Key Concepts:

- ❖ Unconscious Mind: Thoughts, feelings, and memories outside awareness.
- ❖ Conscious Mind: Current thoughts and feelings.
- ❖ Id: Primitive, instinctual part of the mind.
- ❖ Ego: Rational, logical part of the mind.
- ❖ Superego: Moral component, incorporating societal norms.

Theory's Main Points:

- a. Human behavior driven by unconscious motivations.
- b. Conflict between id, ego, and superego shapes personality.
- c. Childhood experiences and repressed memories influence adult behavior.
- d. Defense mechanisms protect against anxiety and stress.

Defense Mechanisms:

- a. **Repression:** Pushing uncomfortable thoughts away.
- b. **Denial:** Refusing to acknowledge reality.
- c. **Projection:** Attributing own feelings to others.
- d. **Rationalization:** Justifying unacceptable behavior.

Stages of Development:

- 1. **Oral Stage (0-1.5 years):** Trust and attachment.
- 2. **Anal Stage (1.5-3 years):** Control and autonomy.
- 3. **Phallic Stage (3-6 years):** Exploration and identity.
- 4. **Latency Stage (6-12 years):** Socialization and learning.
- 5. **Genital Stage (12+ years):** Adolescence and adulthood.

Implications:

- a. **Psychotherapy:** Exploring unconscious motivations.
- b. **Personality Development:** Understanding childhood experiences.
- c. **Psychological Disorders:** Treating repressed conflicts.
- d. **Social Behavior:** Recognizing defense mechanisms.

Applications:

- ❖ **Psychoanalytic therapy.**
- ❖ **Counseling and psychotherapy.**
- ❖ **Personality assessment and development.**
- ❖ **Forensic psychology.**

Practical Strategies:

1. Self-reflection and introspection.
 2. Recognizing defense mechanisms.
 3. Exploring unconscious motivations.
 4. Developing emotional regulation.
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2. William James' Self-Concept Theory (1890) explains how individuals perceive and understand themselves.

Key Concepts:

- ❖ Self-Concept: One's mental representation of themselves.
- ❖ Self-Awareness: Recognition of one's thoughts, feelings, and experiences.
- ❖ Identity: Sense of continuity and unity.

Theory's Main Points:

- a. Self-concept develops through experiences and interactions.
- b. Self-awareness is essential for self-concept formation.
- c. Self-concept influences behavior, attitudes, and relationships.

Components of Self-Concept:

1. Self-Knowledge: Understanding one's strengths, weaknesses, and characteristics.
2. Self-Esteem: Evaluative aspect of self-concept.
3. Identity: Sense of continuity and unity.

Types of Self-Concept:

- ❖ Actual Self: Current self-concept.
- ❖ Ideal Self: Desired self-concept.
- ❖ Social Self: Self-concept shaped by social interactions.

Implications:

- a. Education: Foster positive self-concept.
- b. Psychotherapy: Address self-concept issues.
- c. Parenting: Encourage healthy self-concept development.
- d. Social Psychology: Understand group dynamics and self-concept.

Applications:

- ❖ Self-concept enhancement programs.
- ❖ Cognitive-behavioral therapy (CBT).
- ❖ Identity formation and development programs.
- ❖ Social skills training.

Practical Strategies:

1. Practice self-reflection and self-awareness.
2. Develop realistic self-knowledge.
3. Enhance self-esteem through positive experiences.
4. Cultivate a positive social self through healthy relationships.

3. Abraham Maslow's Self-Esteem Theory (1943) emphasizes the importance of self-esteem in human development and motivation.

Key Concepts:

- ❖ Self-Esteem: Evaluative aspect of self-concept.
- ❖ Self-Actualization: Realizing one's potential.
- ❖ Hierarchy of Needs: Physiological, safety, love, esteem, and self-actualization.

Theory's Main Points:

- a. Self-esteem is essential for psychological health.
- b. Unmet esteem needs hinder self-actualization.
- c. Self-esteem develops through positive experiences and feedback.

Levels of Self-Esteem:

1. Low Self-Esteem: Negative self-image, insecurity.
2. Moderate Self-Esteem: Balanced self-image, some confidence.
3. High Self-Esteem: Positive self-image, self-assurance.

Implications:

- a. Education: Foster positive self-esteem.
- b. Psychotherapy: Address self-esteem issues.
- c. Parenting: Encourage self-esteem development.
- d. Workplace: Promote positive work environment.

Applications:

- ❖ Self-esteem enhancement programs.
- ❖ Cognitive-behavioral therapy (CBT).
- ❖ Positive psychology interventions.
- ❖ Leadership development and coaching.

Practical Strategies:

1. Practice self-compassion and self-acceptance.
2. Focus on strengths and accomplishments.
3. Develop realistic expectations and goals.
4. Seek positive feedback and support.

Maslow's Hierarchy of Needs:

- ❖ Physiological Needs (basic needs)
- ❖ Safety Needs (security and stability)
- ❖ Love Needs (social connections)
- ❖ Esteem Needs (self-esteem and recognition)
- ❖ Self-Actualization Needs (personal growth and fulfillment)

4. Abraham Maslow's Self-Actualization Theory (1943) emphasizes the highest level of human need, where individuals realize their full potential.

Key Concepts:

- ❖ Self-Actualization: Realizing one's unique potential.
- ❖ Hierarchy of Needs: Physiological, safety, love, esteem, and self-actualization.
- ❖ Peak Experiences: Moments of intense fulfillment and joy.

Theory's Main Points:

- a. Self-actualization is the highest human need.
- b. It requires fulfillment of lower-level needs.
- c. Self-actualizers exhibit characteristics like autonomy, creativity, and purpose.

Characteristics of Self-Actualizers:

1. Autonomy: Independence and self-directed.
2. Creativity: Innovative and open-minded.
3. Purpose: Clear values and meaning.
4. Resilience: Coping with challenges.
5. Self-awareness: Understanding strengths and weaknesses.

Implications:

- a. Education: Foster self-actualization.
- b. Psychotherapy: Support personal growth.
- c. Leadership: Encourage autonomy and creativity.
- d. Personal development: Pursue peak experiences.

Applications:

- ❖ Humanistic psychology and therapy.
- ❖ Personal growth and development programs.
- ❖ Leadership and management training.
- ❖ Education and instructional design.

Practical Strategies:

1. Identify and pursue personal values and passions.
2. Develop autonomy and self-directedness.
3. Cultivate creativity and innovation.
4. Seek peak experiences and challenges.
5. Practice self-awareness and reflection.

Maslow's Hierarchy of Needs:

- ❖ Physiological Needs (basic needs)
- ❖ Safety Needs (security and stability)
- ❖ Love Needs (social connections)
- ❖ Esteem Needs (self-esteem and recognition)
- ❖ Self-Actualization Needs (personal growth and fulfillment)

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5. Social Identity Theory (SIT), developed by Henri Tajfel and John Turner in 1979, explains how individuals derive a sense of identity and belonging from group memberships. This theory revolutionized our understanding of group dynamics, intergroup relations, and social psychology.

Key Components:

- ❖ **Social Identity:** Individuals define themselves based on group memberships (e.g., nationality, religion, profession).
- ❖ **In-Group vs. Out-Group:** People favor their in-group (own group) and discriminate against out-groups.
- ❖ **Group Membership:** Individuals categorize themselves and others into groups.
- ❖ **Social Comparison:** Groups compare themselves to others to maintain a positive distinctiveness.

Theory's Main Points:

- a. Individuals strive for positive social identity.
- b. Group membership influences self-concept and behavior.
- c. In-group favoritism and out-group discrimination occur.
- d. Social change and conflict arise from group dynamics.

Implications:

- a. Understanding group conflicts and prejudices.
- b. Explaining social movements and collective action.
- c. Informing strategies for reducing intergroup tensions.
- d. Illuminating the impact of social identity on mental health.

Real-Life Applications:

1. Conflict resolution and peacebuilding.
 2. Diversity and inclusion initiatives.
 3. Social marketing and persuasion.
 4. Educational programs promoting intergroup understanding.
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5. Self-Determination Theory (SDT) by Edward Deci and Richard Ryan (2000) explains human motivation, development, and well-being.

Key Components:

- ❖ Autonomy: Experiencing control and agency.
- ❖ Competence: Feeling effective and capable.
- ❖ Relatedness: Having meaningful connections and relationships.

Theory's Main Points:

- a. Intrinsic motivation (autonomous) surpasses extrinsic motivation (controlled).
- b. Satisfaction of basic psychological needs fosters well-being.
- c. Social contexts and relationships influence motivation and development.

Types of Motivation:

1. Intrinsic: Driven by interest, enjoyment, or personal values.
2. Extrinsic: Driven by external rewards, pressures, or expectations.
3. Amotivation: Lack of motivation or interest.

Implications:

- a. Education: Promote autonomy, competence, and relatedness.
- b. Workplace: Foster autonomous motivation and well-being.
- c. Healthcare: Support patient autonomy and self-management.
- d. Parenting: Encourage autonomy, competence, and relatedness.

Applications:

- ❖ Motivation and goal-setting interventions.
- ❖ Autonomy-supportive teaching and coaching.
- ❖ Workplace well-being and engagement initiatives.
- ❖ Parent-child relationship and parenting programs.

Practical Strategies:

1. Promote autonomy: Offer choices and involve individuals in decision-making.
2. Foster competence: Provide feedback and opportunities for skill-building.
3. Encourage relatedness: Build positive relationships and social connections.
4. Support intrinsic motivation: Focus on interest, enjoyment, and personal values.
7. Narrative Self Theory, proposed by Dan McAdams in 1996, suggests that individuals construct their sense of self through personal stories and narratives. This theory emphasizes the role of storytelling in shaping identity, meaning-making, and human behavior.

Key Components:

- ❖ Personal Myths: Individuals create unique stories about themselves, integrating experiences, values, and goals.
- ❖ Narrative Identity: People's sense of self is organized around their personal myths.
- ❖ Life Stories: People reconstruct their past, present, and future through narrative.
- ❖ Redemption and Contamination: People seek redemption (positive transformation) and avoid contamination (negative experiences).

Theory's Main Points:

- a. Narrative is essential to human identity.
- b. Life stories provide meaning, purpose, and direction.
- c. Personal myths influence behavior, motivation, and well-being.
- d. Narrative identity evolves through life experiences and reflections.

Implications:

- a. Understanding personal growth and transformation.
- b. Informing psychotherapy and counseling practices.
- c. Explaining human motivation and behavior.
- d. Illuminating the role of storytelling in human development.

Applications:

- ❖ Narrative Therapy: Helping individuals reauthor their life stories.
- ❖ Personal Development: Using storytelling for self-reflection and growth.
- ❖ Education: Integrating narrative techniques for engaging learning.
- ❖ Research: Analyzing life stories to understand human behavior.

8. Self-Discrepancy Theory (SDT), developed by Tory Higgins in 1987, explains how individuals experience emotional discomfort when their self-concept diverges from their ideal or ought selves.

Key Components:

- ❖ Actual Self: One's current self-concept.
- ❖ Ideal Self: One's desired or aspirational self.
- ❖ Ought Self: One's duty-bound or responsible self.
- ❖ Self-Discrepancy: The gap between actual and ideal/ought selves.

Theory's Main Points:

- a. Self-discrepancy leads to negative emotions (e.g., anxiety, depression).
- b. Different types of discrepancies produce distinct emotional responses:
 - ❖ Actual-Ideal discrepancy: Depression, sadness.
 - ❖ Actual-Ought discrepancy: Anxiety, fear.
 - ❖ Ideal-Ought discrepancy: Confusion, uncertainty.
- c. Self-discrepancy motivates behavior change to reduce discomfort.

Implications:

- a. Understanding self-motivation and goal-setting.
- b. Explaining mental health issues (e.g., depression, anxiety).
- c. Informing psychotherapy and counseling practices.
- d. Illuminating the role of self-reflection in personal growth.

Applications:

- ❖ Self-Discrepancy Therapy: Helping individuals reduce self-discrepancies.
- ❖ Goal-Setting Interventions: Encouraging realistic goal-setting.
- ❖ Education: Fostering self-awareness and self-regulation.
- ❖ Marketing: Understanding consumer self-discrepancies and motivations.

9. Self-Perception Theory (SPT), proposed by Daryl Bem in 1967, suggests that people form attitudes and beliefs by observing their own behavior and making inferences about their own preferences, values, and identities.

Key Points:

- ❖ Self-Perception Process: People observe their own behavior, then infer their attitudes and beliefs.
- ❖ Cognitive Dissonance Reduction: People adjust their attitudes to align with their behavior.
- ❖ Self-Attribution: People attribute causes to their behavior, influencing self-perception.

Theory's Main Points:

- a. People often lack access to internal thoughts and feelings.
- b. Self-perception is based on observable behavior.
- c. Attitudes follow behavior, rather than vice versa.

Implications:

- a. Understanding attitude formation and change.
- b. Explaining behavioral influences on attitudes.
- c. Informing persuasion and social influence strategies.
- d. Illuminating self-awareness and introspection.

Applications:

- ❖ Marketing: Encouraging behavior to shape attitudes.
- ❖ Education: Using self-perception to promote learning.
- ❖ Psychotherapy: Helping clients recognize and change maladaptive behaviors.
- ❖ Social Change: Encouraging prosocial behavior to foster positive attitudes.

10. Erikson's Identity Theory (1950) proposes that identity formation is a critical aspect of human development, occurring throughout life but particularly during adolescence.

Key Components:

- ❖ **Identity vs. Role Confusion:** Adolescents explore identities, seeking a sense of self.
- ❖ **Identity Formation:** Integration of past experiences, values, and goals.
- ❖ **Identity Diffusion:** Lack of clear identity or direction.
- ❖ **Identity Crisis:** Conflict between desired and actual identities.

Erikson's 8 Psychosocial Stages:

1. Trust vs. Mistrust (0-1 year)
2. Autonomy vs. Shame and Doubt (1-3 years)
3. Initiative vs. Guilt (3-6 years)
4. Industry vs. Inferiority (6-12 years)
5. Identity vs. Role Confusion (12-18 years)
6. Intimacy vs. Isolation (18-40 years)
7. Generativity vs. Stagnation (40-65 years)
8. Integrity vs. Despair (65+ years)

Theory's Main Points:

- a. Identity shapes self-concept and behavior.
- b. Social and cultural contexts influence identity formation.
- c. Identity crisis can lead to growth or stagnation.
- d. Successful identity formation enhances mental health.

Implications:

- a. Understanding adolescent development.
- b. Informing identity-related interventions.
- c. Explaining social and cultural influences on identity.
- d. Illuminating the role of identity in mental health.

Applications:

- ❖ Adolescent counseling and therapy.
- ❖ Diversity and inclusion initiatives.
- ❖ Education: Fostering identity exploration.
- ❖ Social work: Supporting identity formation.

B. Psychologically-identified factors

2.1. Internal Factors:

A. Jean Piaget's Cognitive Development Theory (1954) explains how children construct knowledge and understanding through active interaction with their environment.

Key Stages:

- a. Sensorimotor (0-2 years): Learning through senses and motor activities.
- b. Preoperational (2-7 years): Symbolic thinking emerges, but logic is limited
- c. Concrete Operational (7-11 years): Logical thinking develops, but only with concrete objects.
- d. Formal Operational (11-15+ years): Abstract reasoning and logical thinking.

Key Concepts:

- a. Schemas: Mental frameworks organizing knowledge.
- b. Assimilation: Integrating new info into existing schemas.
- c. Accommodation: Changing schemas to fit new info.
- d. Equilibration: Balancing assimilation and accommodation.

Theory's Main Points:

1. Children actively construct knowledge.
2. Cognitive development progresses through stages.
3. Environment and social interactions influence development.
4. Children's thinking differs significantly from adults'.

Implications:

- a. Understanding child development and learning.
- b. Informing educational practices and curricula.
- c. Explaining individual differences in cognitive abilities.
- d. Illuminating the role of social interaction in cognitive growth.

Applications:

- ❖ Education: Child-centered learning and constructivist approaches.
- ❖ Child Development: Understanding cognitive milestones.
- ❖ Cognitive Psychology: Studying mental processes.
- ❖ Neuroscience: Investigating brain development.

B. Daniel Goleman's Emotional Intelligence (EI) theory (1995) emphasizes the importance of emotional awareness, regulation, and effective expression in personal and professional relationships.

Key Components:

- ❖ Self-Awareness: Recognizing one's emotions and motivations.
- ❖ Self-Regulation: Managing one's emotions and impulses.
- ❖ Motivation: Using emotions to drive goal-oriented behavior.
- ❖ Empathy: Understanding and respecting others' emotions.
- ❖ Social Skills: Effective communication and relationship management.

EI Model:

- a. Intrapersonal Intelligence (self-awareness and regulation).
- b. Interpersonal Intelligence (empathy and social skills).

Theory's Main Points:

1. EI is essential for personal and professional success.
2. EI can be developed and improved.
3. EI influences mental health, relationships, and job performance.
4. EI is distinct from traditional intelligence (IQ).

Implications:

- a. Leadership development and effective management.
- b. Conflict resolution and negotiation.
- c. Mental health and well-being.
- d. Education and social-emotional learning.

Applications:

- ❖ Workplace training and development programs.
- ❖ Mental health interventions and therapy.

- ❖ Education: Integrating social-emotional learning.
- ❖ Personal development and coaching.

C. John Bowlby's Attachment Style theory (1969) explains how early relationships with caregivers shape our attachment patterns and influence relationships throughout life.

Key Concepts:

- ❖ Attachment: Emotional bond between child and caregiver.
- ❖ Internal Working Model (IWM): Mental representation of self, others, and relationships.
- ❖ Secure Base: Safe and supportive environment for exploration.

Attachment Styles:

- a. Secure: Comfortable with intimacy, independence, and emotional expression.
- b. Anxious-Preoccupied: Fearful of rejection, seeking constant reassurance.
- c. Dismissive-Avoidant: Emotionally distant, prioritizing independence.
- d. Fearful-Avoidant: Fearful of intimacy and rejection.
- e. Disorganized-Disoriented: Lack of coherence in attachment behaviors.

Theory's Main Points:

1. Early attachment experiences shape adult relationships.
2. Attachment styles influence emotional regulation and well-being.
3. Attachment is a lifelong process, evolving with experiences.
4. Attachment security enhances resilience and adaptability.

Implications:

- a. Understanding relationship dynamics and conflicts.
- b. Informing parenting and caregiving practices.

- c. Explaining mental health issues (e.g., anxiety, depression).
- d. Illuminating the role of attachment in personal growth.

Applications:

- a. Psychotherapy: Attachment-based interventions.
- b. Parenting programs: Promoting secure attachment.
- c. Education: Fostering secure attachment in schools.
- d. Social work: Supporting attachment security in vulnerable populations.

D. Antonio Damasio's Neurobiological Processes theory (2004) explains the role of emotions and the brain's emotional systems in decision-making, behavior, and overall well-being.

Key Concepts:

- ❖ Somatic Marker Hypothesis: Emotions guide decision-making through bodily sensations.
- ❖ Emotional Intelligence: Ability to recognize and regulate emotions.
- ❖ Neural Systems: Interactions between emotional, cognitive, and social neural networks.

Neural Regions Involved:

1. Ventromedial Prefrontal Cortex (VMPFC): Emotion regulation and decision-making.
2. Amygdala: Emotional processing and fear response.
3. Insula: Interoception and self-awareness.
4. Prefrontal Cortex (PFC): Executive function and cognitive control.

Theory's Main Points:

- a. Emotions play a crucial role in decision-making and behavior.
- b. Neural systems interact to process emotions and cognition.
- c. Emotional dysregulation contributes to mental health issues.
- d. Neuroplasticity allows for reorganization and adaptation.

Implications:

- a. Understanding emotional processing and regulation.
- b. Informing mental health treatments (e.g., anxiety, depression).
- c. Explaining decision-making biases and heuristics.
- d. Illuminating the role of emotions in creativity and innovation.

Applications:

1. Neurofeedback training for emotional regulation.
2. Mindfulness-based interventions for mental health.
3. Emotion-focused psychotherapy.
4. Neuroscience-informed education and learning strategies.

2.2. External Factors:

A. Diana Baumrind's Parenting Style theory (1991) identifies three main parenting styles that influence child development and behavior.

Parenting Styles:

1. Authoritarian: Strict, punitive, and demanding.
2. Permissive: Lenient, indulgent, and avoidant.
3. Authoritative: Balanced, responsive, and demanding.

Key Characteristics:

Authoritarian:

- ❖ High expectations
- ❖ Low warmth
- ❖ Punitive discipline

Permissive:

- ❖ Low expectation
- ❖ High warmth
- ❖ Avoidant discipline

Authoritative:

- ❖ High expectations
- ❖ High warmth
- ❖ Balanced discipline

Theory's Main Points:

- a. Parenting style significantly impacts child development.
- b. Authoritative parenting promotes optimal outcomes.

- c. Parenting style influences child's social, emotional, and cognitive development.
- d. Cultural and contextual factors influence parenting style.

Implications:

- a. Understanding parenting style's impact on child development.
- b. Informing parenting interventions and education.
- c. Explaining individual differences in child behavior.
- d. Illuminating the role of parenting in social-emotional learning.

Applications:

- ❖ Parenting programs and interventions.
- ❖ Teacher training and education.
- ❖ Family therapy and counseling.
- ❖ Policy initiatives supporting authoritative parenting.

B. Albert Bandura's Social Learning Theory (1977) explains how people learn new behaviors, attitudes, and knowledge by observing and imitating others.

Key Components:

- ❖ Observational Learning: Learning by observing others.
- ❖ Modeling: Imitating observed behaviors.
- ❖ Reinforcement: Rewards or punishments influencing behavior.
- ❖ Self-Efficacy: Belief in one's ability to perform tasks.

Theory's Main Points:

- a. Learning is a cognitive, observational, and imitation process.
- b. Observing others' behaviors and consequences influences learning.
- c. Self-efficacy and reinforcement impact motivation and behaviorSocial learning occurs through reciprocal determinism (person, environment, behavior interact).

Implications:

- a. Understanding aggressive behavior and violence.
- b. Informing education and training programs.
- c. Explaining attitude and behavior change.
- d. Illuminating the role of observation in learning.

Applications:

- ❖ Modeling therapies (e.g., behavioral therapy).
- ❖ Education: Demonstrating skills and strategies.
- ❖ Training programs: Observational learning and feedback.
- ❖ Media and advertising: Influencing attitudes and behaviors.

C. Markus and Kitayama's Cultural Influences theory (1991) explains how cultural backgrounds shape individuals' selves, motivations, and behaviors.

Key Concepts:

- ❖ Independent Self (Western cultures): Emphasis on individualism, autonomy, and self-expression.
- ❖ Interdependent Self (Eastern cultures): Emphasis on collectivism, harmony, and group membership.
- ❖ Cultural Context: Influences perception, cognition, and behavior.

Theory's Main Points:

- a. Culture shapes self-concept and identity.
- b. Cultural differences impact motivation and behavior.
- c. Cultural context influences cognitive processes.
- d. Cultural variation affects emotional experiences.

Implications:

- a. Understanding cultural differences in behavior and cognition.
- b. Informing cross-cultural communication and collaboration.
- c. Explaining cultural influences on mental health.
- d. Illuminating the role of culture in shaping values and norms.

Applications:

- ❖ Cross-cultural training and education.
- ❖ International business and management.
- ❖ Multicultural counseling and therapy.
- ❖ Cultural diversity and inclusion initiatives.

D. Judith Herman's Trauma and Adversity theory (1992) explains the impact of traumatic experiences on individuals and communities.

Key Concepts:

- ❖ Trauma: Overwhelming, frightening, or harmful experiences.
- ❖ Complex Trauma: Prolonged or repeated traumatic exposure
- ❖ Post-Traumatic Stress Disorder (PTSD): Anxiety, avoidance, and hyperarousal following trauma.

Trauma's Impact:

- a. Emotional Regulation: Difficulty managing emotions.
- b. Dissociation: Disconnection from thoughts, feelings, or experiences.
- c. Shame and Guilt: Negative self-perception and self-blame.
- d. Loss of Control: Powerlessness and helplessness.

Theory's Main Points:

1. Trauma disrupts normal coping mechanisms.
2. Traumatic experiences shape worldview and self-concept.
3. Recovery requires safety, support, and empowerment.
4. Trauma impacts individuals, families, and communities.

Implications:

- a. Understanding trauma's effects on mental health.
- b. Informing trauma-informed care and therapy.
- c. Explaining intergenerational trauma transmission.
- d. Illuminating the role of trauma in social and cultural contexts.

Applications:

- ❖ Trauma-focused cognitive-behavioral therapy (TF-CBT).
- ❖ Eye movement desensitization and reprocessing (EMDR).
- ❖ Trauma-informed care in healthcare and education.

- ❖ Community-based trauma interventions.

2.3. Interpersonal Factors

A. John Bowlby's Attachment Relationships theory (1969) explains the significance of early relationships in shaping attachment patterns and influencing human development.

Key Concepts:

- ❖ Attachment: Emotional bond between child and caregiver.
- ❖ Internal Working Model (IWM): Mental representation of self, others, and relationships.
- ❖ Secure Base: Safe and supportive environment for exploration.

Attachment Styles:

1. Secure: Comfortable with intimacy, independence, and emotional expression.
2. Anxious-Preoccupied: Fearful of rejection, seeking constant reassurance.
3. Dismissive-Avoidant: Emotionally distant, prioritizing independence.
4. Fearful-Avoidant: Fearful of intimacy and rejection.
5. Disorganized-Disoriented: Lack of coherence in attachment behaviors.

Theory's Main Points:

- a. Early attachment experiences shape adult relationships.
- b. Attachment styles influence emotional regulation and well-being.
- c. Attachment security enhances resilience and adaptability.
- d. Attachment patterns can change through experiences and relationships.

Implications:

1. Understanding relationship dynamics and conflicts.
2. Informing parenting and caregiving practices.
3. Explaining mental health issues (e.g., anxiety, depression).

4. Illuminating the role of attachment in personal growth.

Applications:

- ❖ Attachment-based psychotherapy.
- ❖ Parent-child therapy.
- ❖ Early intervention programs for at-risk families.
- ❖ Social support and relationship skills training.

B. Willard Hartup's Peer Relationships theory (1999) emphasizes the significance of peer interactions in shaping social, emotional, and cognitive development.

Key Concepts:

- ❖ Peer Relationships: Friendships and social connections with equals.
- ❖ Social Support: Emotional support, companionship, and validation.
- ❖ Peer Influence: Impact of peers on attitudes, behaviors, and values.

Theory's Main Points:

- a. Peer relationships affect social competence and self-esteem.
- b. Peer interactions promote social learning and skill development.
- c. Peer relationships influence emotional well-being and mental health.
- d. Peer dynamics change across developmental stages.

Developmental Stages:

1. Early Childhood (3-6 years): Learning social skills and cooperation.

2. Middle Childhood (7-12 years): Developing friendships and peer groups.
3. Adolescence (13-19 years): Intensifying peer relationships and identity formation.

Implications:

- a. Understanding peer relationships' impact on development.
- b. Informing school-based interventions and social skills training.
- c. Explaining peer influence on mental health and well-being.
- d. Illuminating the role of peer relationships in socialization.

Applications:

- ❖ School-based social skills training.
- ❖ Peer mentoring and buddy programs.
- ❖ Youth development programs focusing on social competence.
- ❖ Parent-child and family therapy addressing peer relationships.

C. Murray and Holmes' Romantic Relationships theory (2011) explains the dynamics and processes involved in romantic partnerships.

Key Concepts:

- ❖ **Attachment Theory:** Adult attachment styles influence relationships.
- ❖ **Social Cognitive Theory:** Partners' perceptions and expectations shape interactions.
- ❖ **Self-Determination Theory:** Autonomy, competence, and relatedness drive relationship satisfaction.

Theory's Main Points:

- a. Adult attachment styles predict relationship quality.
- b. Partners' positive illusions and idealization enhance satisfaction.
- c. Self-concept and identity influence relationship dynamics.
- d. Conflict resolution and communication are crucial.

Relationship Phases:

1. **Initiation:** Attraction, infatuation, and relationship formation.
2. **Maintenance:** Intimacy, commitment, and conflict resolution.
3. **Dissolution:** Relationship decline, conflict, and potential termination.

Implications:

- a. Understanding adult attachment styles' impact on relationships.
- b. Informing couples therapy and relationship education.
- c. Explaining relationship satisfaction and dissolution.
- d. Illuminating the role of self-concept in relationships.

Applications:

- a. Couples therapy focusing on attachment and communication.
- b. Relationship education programs.
- c. Conflict resolution and mediation training.
- d. Online interventions for relationship support.

2.4. Societal Factors

A. Social Media theory (Gentile et al., 2017) examines the impact of social media on individuals, relationships, and society.

Key Concepts:

- ❖ Social Media Literacy: Critical thinking and online navigation skills.
- ❖ Online Identity: Self-presentation and digital footprint.
- ❖ Social Comparison: Comparing oneself to others online.
- ❖ Cyberbullying: Online harassment and aggression.

Theory's Main Points:

- a. Social media use affects mental health, relationships, and self-esteem.
- b. Online interactions influence offline behaviors and attitudes.
- c. Social media literacy is crucial for healthy online engagement.
- d. Cyberbullying and online aggression have serious consequences.

Social Media Effects:

1. Social Isolation: Decreased face-to-face interaction.
2. Sleep Disturbances: Disrupted sleep patterns.
3. Anxiety and Depression: Increased symptoms.
4. Cyberbullying: Increased risk of harassment.

Implications:

- a. Educating individuals about healthy social media use.
- b. Developing social media literacy programs.
- c. Addressing cyberbullying and online aggression.
- d. Understanding social media's impact on relationships.

Applications:

- ❖ Social media literacy training.
- ❖ Online safety and digital citizenship programs.
- ❖ Mental health interventions for social media-related issues.
- ❖ Parent-child and family therapy addressing social media use.

B. Dan McAdams' Cultural Narratives theory (1996) explores how cultural stories and myths shape individuals' identities, values, and behaviors.

Key Concepts:

- ❖ **Narrative Psychology:** Studying stories and their psychological impact.
- ❖ **Cultural Narratives:** Shared stories and myths within cultures.
- ❖ **Identity Formation:** Shaping self-concept through cultural narratives.
- ❖ **Redemption Stories:** Overcoming adversity and finding meaning.

Theory's Main Points:

- a. Cultural narratives influence personal identity and values.
- b. Narratives shape moral development and decision-making.
- c. Redemption stories promote resilience and well-being.
- d. Cultural narratives evolve through historical and social contexts.

Types of Cultural Narratives:

1. **Heroic Narratives:** Overcoming challenges and achieving success.
2. **Tragic Narratives:** Experiencing loss and learning from failure.
3. **Redemptive Narratives:** Finding meaning and purpose in adversity.

Implications:

- a. Understanding cultural narratives' impact on individual identity.
- b. Informing cross-cultural communication and understanding.
- c. Explaining the role of narrative in moral development.
- d. Illuminating the power of storytelling in shaping values.

Applications:

- ❖ Narrative therapy and counseling.
- ❖ Cross-cultural training and education.
- ❖ Storytelling-based interventions for well-being.
- ❖ Cultural competency training for professionals.

C. Socioeconomic Status (SES) theory (Bradley & Corwyn, 2002) explains how economic and social factors impact individual development, health, and well-being.

Key Concepts:

- ❖ Socioeconomic Status (SES): Combination of income, education, and occupation.
- ❖ Economic Deprivation: Limited access to resources and opportunities.
- ❖ Social Capital: Networks, relationships, and community resources.
- ❖ Health Disparities: SES-related differences in health outcomes.

Theory's Main Points:

- a. SES affects cognitive, emotional, and physical development.
- b. Economic deprivation impacts stress, anxiety, and mental health.
- c. Social capital influences access to education, employment, and healthcare.
- d. SES disparities perpetuate health inequalities.

SES Factors:

1. Income: Financial resources and stability.
2. Education: Access to quality education and cognitive development.
3. Occupation: Job security, prestige, and work environment.
4. Neighborhood: Community resources, safety, and social cohesion.

Implications:

- a. Understanding SES impact on health and development.
- b. Informing policy and interventions addressing poverty and inequality.
- c. Explaining health disparities and socioeconomic gradients.
- d. Illuminating the role of social capital in resilience.

Applications:

- ❖ Economic support programs (e.g., poverty reduction initiatives).
- ❖ Education and job training programs.
- ❖ Community-based interventions promoting social capital.
- ❖ Healthcare access and health equity initiatives.

3. The relationship between one's real self and ideal self is complex and dynamic. Understanding this connection is essential for personal growth, self-awareness, and well-being.

Real Self:

1. Current personality, values, and behaviors.
2. Authentic, genuine, and imperfect.
3. Influenced by experiences, environment, and socialization.

Ideal Self:

1. Desired personality, values, and behaviors.
2. Aspirational, perfect, and often unrealistic.
3. Influenced by societal expectations, cultural norms, and personal goals.

Differences:

1. Discrepancy: Gap between real and ideal selves.
2. Self-esteem: Affected by perceived differences.
3. Motivation: Driving force for self-improvement.

Theories:

1. Carl Rogers' Self-Discrepancy Theory (1951): Explains the tension between real and ideal selves.
2. Albert Bandura's Self-Efficacy Theory (1977): Emphasizes self-perception and goal-setting.

Implications:

- a. Self-awareness: Recognizing real and ideal selves.
- b. Personal growth: Bridging the gap through self-improvement.
- c. Mental health: Managing self-discrepancy and promoting self-acceptance.

Practical strategies:

1. Self-reflection: Identify real and ideal selves.
2. Goal-setting: Set realistic, achievable goals.
3. Self-compassion: Practice self-acceptance and understanding.
4. Mindfulness: Focus on present-moment awareness.
5. Social support: Surround yourself with positive influences.

Challenges and limitations:

- a. Unrealistic expectations
- b. Self-criticism
- c. Cultural and societal pressures
- d. Personal biases and limitations

Future research directions:

1. Exploring cultural differences in real and ideal selves.
2. Investigating the impact of technology on self-perception.
3. Developing interventions for self-discrepancy reduction.

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- ❖ Psychology Today: "The Real Self and the Ideal Self".
- ❖ MindTools: "Self-Discrepancy Theory".

3. Therapies:

- ❖ Cognitive-behavioral therapy (CBT)
- ❖ Humanistic therapy
- ❖ Self-awareness and mindfulness practices.