CHAPTER-1

INTRODUCTION

Human life starts from the conception and goes through various stages of development. Each stage of development is equally important. And each has age specific behavior patterns. However, adolescent period is considered much more crucial and critical. Adolescence as a concept is said to have appeared in literature in the 15th century. Prior to that during the Middle Ages children were treated as miniature adults. Children and adolescents were believed to entertain the same interests as adults and, since they were simply miniature adults, they were treated as such, with strict, harsh discipline. In the Middle Ages neither the adolescent nor the child was given status apart from the adult (Muuss, 1989). Similarly, industrialization in the mid-19th century prompted the emergence of adolescence from childhood, where several social conditions required the prolongation of childhood. The industrialized society demanded new skills and larger numbers of workers, prompting a population shift to the cities. With large numbers of youth of the same age concentrated in urban settings, it became possible to have separate classes and schools for youths of different ages, and a noticeable new age group was born. Further, with the widening of knowledge, understanding and scientific development the conceptualization of adolescence has undergone a sea change. As far as the definition of adolescence has concerned much water has flown under the bridge.

According to Macmillan Dictionary (1981) the word ‘Adolescent’ was derived from a Latin term ‘adolescere’ which refers to ‘to grow up’. As defined by the Webster’s New Collegiate Dictionary (1977), adolescence refers to the, ‘process of growing up’ or to the ‘period of life from puberty to maturity’. Linguistically as well the word is a Latin word meaning ‘to grow up’ or to ‘come to maturity. Crider, Goethais, Kavanaugh and Solomon (1989) stated that, adolescence is usually defined as the period that begins with the onset of puberty and ends somewhere around age eighteen or nineteen. According to G. Stanley Hall (1904), adolescence starts at the age of 12 or 13. In principle, at least, the outset of adolescence can be determined
objectively, for example, by the presence of the gonadotropin hormone in the urine. It lasts until anything from 22 to 25 (Kalat, 1990). Hence, it can be said that its termination is determined by the achievement of the society’s criteria of psychological maturity. Therefore, it has a biological definition of the beginning of adolescence and a sociological definition of its termination.

Atwater (1992) stated that adolescence is the period of rapid growth between childhood and adulthood, including psychological and social development. Webster Dictionary (2012) documents that this is a transitional stage of physical and psychological human development generally occurring between puberty and legal adulthood (age of majority). Buhler (1954) defined the construct of adolescence as “adolescence is an in-between period beginning with the achievement of physiological maturity and ending with the assumption of social maturity- that is with the assumption of social, sexual, economic and legal rights and duties of the adult.”

The period of adolescence is most closely associated with the teenage years, although its physical, psychological and cultural expressions can begin earlier and end later (Erikson, 1968). For example, although puberty has been historically associated with the onset of adolescent development, it now typically begins prior to the teenage years and there have been a normative shift of it occurring in preadolescence, particularly in females (Roberts, 2005). Physical growth, as distinct from puberty (particularly in males), and cognitive development generally seen in adolescence, can also extend into the early twenties. Thus chronological age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence (Cooney, 2010). A thorough understanding of adolescence in society depends on information from various perspectives, most importantly from the areas of psychology, biology, history, sociology, education, and anthropology.

Santrock (1993) defines adolescence as, the developmental period of transition between childhood and adulthood that involves biological, cognitive and social changes. To sum up, biological changes involve physical development; Cognitive changes involve language, thought, intelligence, and modes of problem solving &
social changes involve relationships with other people in emotions, in personality and
to acquiring traditions, mores, values and faiths in the social milieu.

Adolescence has been described as a transitional stage with uncertain boundaries. In other words, it is difficult to tell exactly at what ages adolescence begins or ends-its inception and termination is difficult to determine. Basically characteristics component of adolescence mark the beginning and ending of key factors of development.

Atwater (1992) has speculated the following Boundaries:

Biological Boundaries - Biological perspective states that adolescence begins at puberty and ends with the attainment of physical and sexual maturity.

Emotional Boundaries - Emotional perspective is concerned adolescence begins at the beginning of autonomy or independence from parents and ends with the attainment of self-revised personal identity and emotional autonomy.

Cognitive Boundaries - Cognitive perspective presumed that adolescence begins with the emergence of logical reasoning, problem solving and decision making skills and ends after attaining adult logical reasoning and autonomous decision making.

Interpersonal Boundaries - this perspective documented that adolescence begins with the shift from parents to peer orientation and ends with increased capacity for intimacy with peers and adults.

Social Boundaries- this approach conceptualized adolescence begins with entry into personal, family and work roles and ends with the attainment of adult privileges and responsibilities.

Educational Boundaries- this perspective assumed that adolescence begins with entry into secondary school and ends with the completion of college education.

Religious Boundaries - Religious theorization presumed that adolescence begins with preparation for confirmation and adult baptism and ends with the attainment of adult status in a religious community.
Chronological Boundaries- Chronological perspective stated that adolescence begins with the attainment of a given age associated with adolescence and ends with the attainment of a given age associated with adulthood. Chronologically, this is usually from about 12 or 13 to 18 or 19 years of age. (Consequently, there are the informal terms teenage years and teenager.) Some authorities suggest that adolescence ends for females at about the age of 21 and for males at about the age of 22.

Legal Boundaries- According to Legal perspective adolescence begins with the attainment of juvenile status and ends with the attainment of legal status. Cultural Boundaries- this perspective viewed that adolescence begins with the training for preparation for ceremonial rites of passage and ends with the ceremonial rites of passage.

For practical purposes the beginning of adolescence remains closely associated with the beginning of puberty although it is no longer synonymous with it. It is however difficult to determine its ending since it merges into early adulthood. In the context of aforesaid perspectives, adolescence is viewed as a transitional period between childhood and adulthood whose cultural purpose is the preparation of children for adult roles (Larson & Wilson, 2004).

Characteristics of Adolescents

Intellectual Development

- Display a wide range of intellectual development.
- Transition from concrete to abstract thinking.
- Intense curiosity and dabble in a wide range of pursuits
- Prefer active over passive learning activities.
- Prefer interaction with peers during learning activities.
- Respond positively to opportunities to participate in real life situations.
- Have a strong need for approval and may be easily discouraged.
- Develop an increased understanding of personal abilities.
• Inquisitive about adults, often challenging their authority, and always observing them.
• May show disinterest in conventional academic subjects but are intellectually curious about the world and themselves.
• Developed a capacity to understand high level or sophisticated humor.

**Moral Development**

• Often show compassion for those who are downtrodden or suffering and have a special concern for animals and environmental problems.
• Moving from acceptance of adult moral judgments to development of their own personal values. (Nevertheless, they tend to embrace values consistent with those of their parents.)
• Capable of and value direct experience in participatory democracy.
• Greatly need and influenced by adult role models who will listen to them and affirm their moral consciousness and actions as being trustworthy role models.
• Are increasingly aware of and concerned about inconsistencies between values exhibited by adults and the conditions they see in society.

**Physical Development**

• Experience rapid, irregular growth.
• Undergo body changes that might cause awkward, uncoordinated movements.
• Have varying maturity rates, with girls tending to mature one-and-a-half to two years earlier than boys.
• May be at a disadvantage because of the varied rates of maturity that require the understanding of caring adults.
• Experience restlessness and fatigue due to hormonal changes.
• Need daily physical activity because of increased energy.
• Develop sexual awareness that increases as secondary sex characteristics appear.
• Are concerned with body changes that accompany sexual maturation and changes resulting in an increase in nose size, protruding ears, long arms, and awkward posture.
• Prefer junk food but need good nutrition.
• Often lack physical fitness, with poor levels of endurance, strength, and flexibility.
• Are physically vulnerable because they may adopt poor health habits or engage in risky experimentation with drugs and sex.

Emotional and Psychological Development

• Experience mood swings often with peaks of intensity and unpredictability.
• Need to release energy, often in sudden, apparently meaningless outbursts of activity.
• Seek to become increasingly independent, searching for adult identity and acceptance.
• Are increasingly concerned about peer acceptance.
• Tend to be self-conscious, lacking in self-esteem, and highly sensitive to criticism.
• Exhibit intense concern about physical growth and maturity as profound physical changes occur.
• Increasingly behave in ways associated with their gender as gender role identification strengthens.
• Are concerned with many major societal issues as personal value systems develop.
• Believe that their personal problems, feelings, and experiences are unique to them.
The tabular formulation (AACAP, 2008) depicts that adolescence is one of the most dynamic stages of human growth and development; and is second only to infancy in the rate of developmental changes that take place.

<table>
<thead>
<tr>
<th>Stages of Adolescence</th>
<th>Physical Development</th>
<th>Cognitive Development</th>
<th>Social-Emotional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Adolescence (Approximately) 11 - 13 years of age</td>
<td>Puberty: grow body hair, increase perspiration and oil production in hair and skin  Girls - breast and hip development, onset of menstruation  Boys - growth in testicles and penis, wet dreams, deepening of voice  Tremendous physical growth: gain height and weight</td>
<td>Growing capacity for abstract thought  Mostly interested in present with limited thought to the future  Intellectual interests expand and become more important  Deeper moral thinking</td>
<td>Struggle with sense of identity  Feel awkward about one’s self and one’s body; worry about being normal  Realize that parents are not perfect; increased conflict with parents  Increased influence of peer group  Desire for independence  Tendency to return to “childish” behavior, particularly when stressed  Moodiness  Rule- and limit-testing  Greater interest in privacy  Growing sexual interest</td>
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<tr>
<td>Middle Adolescence (Approximately) 14 - 18 years of age</td>
<td>Puberty is completed</td>
<td>Continued growth of capacity for abstract thought</td>
<td>Intense self-involvement, changing between high expectations and poor self-concept</td>
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<td>Physical growth slows for girls, continues for boys</td>
<td>Greater capacity for setting goals</td>
<td>Continued adjustment to changing body, worries about being normal</td>
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<td></td>
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<td>Interest in moral reasoning</td>
<td>Tendency to distance selves from parents, continued drive for independence</td>
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<td></td>
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<td>Thinking about the meaning of life</td>
<td>Driven to make friends and greater reliance on them, popularity can be an important issue</td>
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<td>Feelings of love and passion</td>
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<td>Increased sexual interest</td>
</tr>
<tr>
<td>Late Adolescence (Approximately) 19 - 24 years of age</td>
<td>Young women, typically, are physically fully developed</td>
<td>Ability to think ideas through from beginning to end</td>
<td>Firmer sense of identity, including sexual identity</td>
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<tr>
<td></td>
<td>Young men continue to gain height, weight, muscle mass, and body hair</td>
<td>Ability to delay gratification</td>
<td>Increased emotional stability</td>
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<td></td>
<td></td>
<td>Examination of inner experiences</td>
<td>Increased concern for others</td>
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</tbody>
</table>
Early Adolescence, Late Adolescence, and Emerging Adulthood: Adolescence can be distinguished by three stages, each with markedly different developmental issues and experiences. Early adolescence is ushered in by the onset of puberty and the changes that transform the body of a child into that of an adult. In late adolescence, the focus shifts to discovering themselves and achieving mutuality and intimacy in their relationships. The emerging adulthood stage finds them in continued exploration of the direction their life may take with respect to traditional adult commitments-marriage, children, and occupation.

Developmental Tasks during Adolescents- During the period of time between childhood and adulthood, as for other life stages, there are certain developmental tasks to be accomplished before one can move on to the next stage of maturity. The developmental tasks of adolescents include-

- Becoming comfortable with their own bodies
- Working toward independence from parents and other adult authority figures
- Building new and meaningful relationships with others of the same and opposite sexes
- Seeking economic and social stability
- Developing a personal value system
- Learning to verbalize conceptually.

Scales & Leffert, (2004) documented that developmental asset for positive youth development that offer ideas for helping youth achieve their potential. These include four external and four internal assets. External assets include (a) having supportive, positive fulfilling relationships with members of one's communities (schools, families, friends); (b) empowerment (being perceived positively by members of the community); (c) knowing clearly what family and school expects, (d) a community that provides a safe place with rich opportunities for exploration. Internal assets include (a) being committed to learning, (b) positive values for making good choices, (c) social competencies to engage in familiar and new situations, and (d) positive self concept. Using these developmental assets as a guide, teachers can assist youth by arranging environments that foster external assets and engaging in relationships that facilitate internal assets.

**Major Issues of Adolescence Period**

A) Changing Relationships within the Family: Adolescents

1) Time Spent with Family:-

Relationships within the family change in a number of ways during adolescence. With age, adolescents spend less time with their families, becoming more involved in activities outside the home, though maintaining about the same amount of time spent talking with family members.
2) Warmth of Family Interactions:

Adolescents’ emotions when with their families become less positive by junior high, becoming more positive again toward the end of high school. Also, conflict with parents increases as adolescents make bids for more autonomy.

3) Increased Conflict with Parents:

Although adolescents agree that parents have the right to set rules governing the social and moral order in the family, disagreements arise as to which of their behaviors fall within these domains and which are matters of personal choice. The nature of adolescent-parent conflict differs little from one culture to the next, although European American adolescents are somewhat less compliant than those whose families have emigrated from interdependent cultures. Differences in temperament among adolescents are more important in determining the intensity of conflict than differences in parenting. Adolescents avoid many potential conflicts by not fully disclosing their plans to parents.

4) Emotional Climate of Families:

Negative emotions are more easily transmitted within the family than are positive ones and emotions are more likely to flow from parents to children than vice versa.

B) Changing Relationships within the Family: Parents and Parenting

1) Styles of Parenting:

Two dimensions, or characteristic ways of responding to children, are present in all parents’ behavior: demandingness and responsiveness. These dimensions of parenting are independent of each other, and the combinations yield four styles of parenting, each of which fosters different behaviors.
2) Cultural Contexts of Parenting:

Styles of parenting must be considered within the context of ethnicity. Authoritative parenting has been shown to be an effective style of parenting for African American, Asian American, and Hispanic adolescents, as well as for European American adolescents.

During adolescence, the primary struggle is over the central question of “Who am I?” Adolescents yearn to be themselves both in relation and reaction to others, and they need relationships in which experiments with identity will be embraced. The struggle to find a balance between individuation and connection drives identity experimentation and the fleeting passions that often accompany it (Nakkula & Toshalis, 2006).

Knowing What Your Kids Are Doing: Parents can monitor adolescents’ activities even when not physically present, by keeping tabs on who they are with and whether or not another adult is present. Adolescents are less likely to get into trouble when parents are involved in their lives, but also when parents exercise some control over their behavior.

Whose Identity Crisis? →Parents and Middle Age: Most parents face middle age just when adolescents reach puberty. This particular combination of developmental changes and identity crises can heighten the tensions within families with adolescents.

Developing a Sense of Identity

Identity includes two concepts. First is self-concept: the set of beliefs one has about oneself. This includes beliefs about one’s attributes (e.g., tall, intelligent), roles and goals (e.g., occupation one wants to have when grown), and interests, values, and beliefs (e.g., religious, political). Second is self-esteem, which involves evaluating how one feels about one’s self-concept. “Global” self-esteem refers to how much we like or approve of our perceived selves as a whole. “Specific” self-esteem refers to how much we feel about certain parts of ourselves (e.g., as an athlete or student, how one looks, etc.). Self-esteem develops uniquely for each adolescent, and there are
many different trajectories of self-esteem possible over the course of adolescence. (Zimmerman, Copeland, Shope, & Dielman, 1997). Thus, self-esteem, whether high or low, may remain relatively stable during adolescence or may steadily improve or worsen. Low self-esteem develops if there is a gap between one’s self-concept and what one believes one “should” be like (Harter, 1990). How can a professional know whether an adolescent has low self-esteem? The following characteristics have been identified by different researchers as being associated with low self-esteem in adolescents (Jaffe, 1998):

- Feeling depressed
- Lacking energy
- Disliking one’s appearance and rejecting compliments
- Feeling insecure or inadequate most of the time
- Having unrealistic expectations of oneself
- Having serious doubts about the future
- Being excessively shy and rarely expressing one’s own point of view
- Conforming to what others want and assuming a submissive stance in most situations

Because consistently low self-esteem has been found to be associated with negative outcomes, such as depression, eating disorders, delinquency, and other adjustment problems (Harter, 1992), it is important that professionals identify youth who exhibit these characteristics and help them get the extra help they need.

Bulimia and anorexia are closely related eating disorders, and are more likely to occur in adolescents who come from families characterized by enmeshment, overprotectiveness, rigidity, and inadequate conflict resolution. Standards for female attractiveness show thinner models today than in past generations; this trend is problematic in that eating disorders are more common among females. Overweight adolescents are likely to have parents who are overweight. They also eat irregularly, eat food that is denser in calories, and are more inactive than adolescents of average weight. Effective treatments include exercise and involve the family.

However, during the twentieth century expectations of youth began to shift in response to the demands of a changing economy. The need for a better-educated workforce, along with the child welfare movement, propelled youth out of the workforce and into high schools, thus delaying their entry into adult roles. This trend
has continued into the present. Now, young people are expected to stay in school much longer, which means they spend more time with same-age peers and enter adulthood later than ever before.

**Role of maternal employment**

One fundamental change in the structure of the Indian family during the past few decades has been the increase in employment of married woman. Today, the modal family is one in which both husband and wife work. Most of today’s children will spend at least part of their lives in a family with a working mother. Over the past several decades, an increasing number of women with children participated in the labor force. A woman’s labor force participation might impact the health and well-being of her children. In addition, some mothers acquire or improve their family’s health insurance coverage due to their employment. However, maternal employment imposes a burden on a mother's time and may result in the poorer supervision or care of her children. A child's health is at least partially a function of time-intensive activities such as healthy meal preparation and house cleaning. A working mother may have less time to allocate to these types of activities but have more money to purchase services, leading to an ambiguous net effect. The increased absence of mothers from home has raised concerns about the potential negative side effects of maternal employment on child development. The ultimate impact of the mothers’ employment status on children’s outcomes is, however, not immediately obvious. While an increase in market work may yield benefits through additional income, a concomitant reduction in mothers’ time at home may have negative effects on her children.

Many people believe that once children reach early adolescence, their autonomy and independence from parents insulates them from whatever negative or positive consequences might result from maternal absence due to employment. This view may not be warranted however, since adolescents continue to interact with their mothers and alternations of the family system as a result of maternal employment might have a performed effect on adolescent development. Nanda & Monochas (1971) revealed that employment of mothers had negative influence on their children and they become less cooperative, less sympathetic and exhibited indifferent social behavior.
On the positive side, adolescents with working mothers may develop a greater degree of autonomy and adult maturity than those with non working mothers. Working mothers may be models of feminine competence for their adolescence, which might develop less stereotyped and traditional sex role concepts. Mother’s employment forces her remains away from home for an average of eight hours per day. This causing substantial mothering deprivation affects child’s specific attitudes, beliefs, values and social perception of the job. Finally, employed mothers may have a less stressful relationship with their adolescents because they would not be as fully invested in child rearing and therefore could more easily relinquish maternal control than could full time home makers. (Birnbaum, 1975).

To the potential advantages and disadvantages of maternal employment attendant when a child is very young, a number of others can be added in the case of adolescents. Mothers who work while their children are teens may have less time to provide emotional support, to monitor their children’s behavior, and to foster the adolescent’s involvement in activities in the school or community (Chase-Lansdale, 1998).

Of course, whether the impact of maternal employment will be positive or negative will depend in many instances on the family context. Movement into the labor force by a mother will generally affect the parents’ relationship with each other, and have spillover effects on the child. For adolescents, not having a stay-at-home parent implies greater responsibility, with some teens benefiting and others not (Lerner and Noh, 2000).

With respect to mothers’ employment status, research suggests that maternal employment, by itself, is unlikely to impede a child’s social and emotional development (Gottfried & Gottfried, 2006). In fact, the opposite may be true, for children of working mothers, particularly daughters, tend to be more independent, to enjoy higher self-esteem, and to hold higher educational and occupational aspirations and less stereotyped views of men and women than those whose mothers are not employed (Richards and Duckett, 1994). The fact that women have dual
responsibilities placed on them-to provide care and to provide income-justifies a particular focus on the relation of women’s work to child outcomes.

Of course, men’s employment also affects children’s welfare profoundly. This influence occurs primarily though incomes, because men in most developing countries tend to have much less involvement than women in caring for children, as least young children (Evans, 1995 & Anandalakshmy, 1994). In this sense the links are less complex. However, men’s livelihoods, like women’s, are undergoing significant shifts with economic development and globalization that affect their ability to provide economically for children.

Maternal employment plays a vital agent not only in physical health but also in the development of psychological health. Psychological health is also an important aspect of adolescents with respect to how they function and adapt, and with respect to whether their lives are satisfying and productive. Psychologists have found that it actually involves two separate issues. There is an upside and a downside, both of which need to be considered. The upside involves two factors: is your mood generally positive, and do you enjoy a number of “positive emotional ties.” In other words, are you happy and do you have friends? In addition to feelings of emotional satisfaction, a positive mood also depends on whether or not you generally feel calm and peaceful. Psychological health concerns itself with how you cope, how you are doing in response, and whether you find life to be interesting and enjoyable. Although life is better when we are feeling good, there is no avoiding the fact that there will be ups and downs. A positive state of mind engendering a sense of well being that enables a person to function effectively within society. Individuals who have good mental health are well-adjusted to society, are able to relate well to others, and basically feel satisfied with themselves and their role in society. In general, mentally healthy individuals value themselves, perceive reality as it is, accept its limitations and possibilities, respond to its challenges, carry out their responsibilities, establish and maintain close relationships, deal reasonably with others, pursue work that suits their talent and training, and feel a sense of fulfillment that makes the efforts of daily living worthwhile.
SELF CONCEPT

Self-concept is an important aspect of positive psychological health. Self-concept refers to self-evaluation or self perception, and it represents the sum of an individual’s beliefs about his or her own attributes. Self concept reflects how an adolescent evaluates himself or herself in domains (or areas) in which he or she considers success important. An adolescent can have a positive self-concept in some domains and a negative self-concept in others. The self-concept is a complicated, intricate and multifaceted part of an individual's personality (Rosenberg, 1985). Harter (1986) defines general or global self-concept is determined by the degree of importance that we assign to each of its specific components. If, when describing ourselves, our value judgements are satisfactory, then we obtain a positive global self-concept; in the opposite case we generate negative feelings and thus produce a negative global self-concept. In adolescence, school/college experience plays an important role in the development of self-perception and can have powerful and long lasting effect on the self-esteem of the adolescents.

By self, we generally mean the conscious reflection of one's own being or identity, as an object separate from other or from the environment. There are a variety of ways to think about the self. Two of the most widely used terms are self-concept and self-esteem. Self-concept is the cognitive or thinking aspect of self (related to one's self-image) and generally refers to "the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence" (Purkey, 1988). According to Rosenberg (1985) “the self-concept is a complicated, intricate and multifaceted part of an individual's personality.” The task of defining oneself in adolescence may be very difficult because there are many influences on identity formation during this period of transition (Carter and Hall, 1993; MacIver and Epstein, 1993). A factor that can affect the development of self-concept during adolescence is social status. Status plays an important part how we define ourselves and the way group’s fune-tion by defining who and what we are in relation to specific others (Macionis, 1993). Persons of privileged gender, ethnicity or economic status have far more opportunity to succeed because they have access to more resources and opportunities to obtain higher
achieved statuses, and develop more positive self-concepts than does someone without such advantages (Macionis, 1993).

**Self-concept among Adolescents**

Early in adolescence, cognitive developments result in greater self-awareness, greater awareness of others and their thoughts and judgments, the ability to think about abstract, future possibilities, and the ability to consider multiple possibilities at once. As a result, adolescents experience a significant shift from the simple, concrete, and global self-descriptions typical of young children; as children, they defined themselves with physical traits whereas as adolescents, they define themselves based on their values, thoughts and opinions (Carlson & Neil, 2010).

Adolescents can now conceptualize multiple ‘possible selves’ they could become (Markus, Nurius, 1986). Exploring these possibilities may result in abrupt changes in self-presentation as the adolescent chooses or rejects qualities and behaviors, trying to guide the actual self toward the ideal self (who the adolescent wishes to be) and away from the feared self (who the adolescent does not want to be). For many, these distinctions are uncomfortable, but they also appear to motivate achievement through behavior consistent with the ideal and distinct from the feared possible selves (Markus, Nurius, 1986).

Further distinctions in self-concept, called ‘differentiation’ occur as the adolescent recognizes the contextual influences on their own behavior and the perceptions of others, and begin to qualify their traits when asked to describe themselves (Harter, 1999). Differentiation appears to be fully developed by mid-adolescence. Peaking in the 7th-9th grades, the personality traits adolescents use to describe themselves refer to specific contexts, and therefore may contradict one another. The recognition of inconsistent content in the self-concept is a common source of distress in these years but this distress may benefit adolescents by encouraging structural development.
Differentiation results in organization and integration of the self-concept (Harter, 1999). The multifaceted self is understood to include several stable, if inconsistent, sets of traits applicable when the individual with different people and circumstances. This includes negative traits and weaknesses, which adolescents can now recognize and qualify ‘consistent with this, adolescents who have more complex self-conceptions are less likely to be depressed’ (Evans, 1993). Moreover, although only true in some circumstances, differentiated traits are contrasted with false-self behavior, which is not representative of the ‘real self’ (Harter, 1990). Recognition of the inauthentic indicates that the adolescent is gaining a sense of continuous, overlapping, coherent sense of identity.

Figure 1: Three aspects of self-concept

Self-concept is an individual's awareness of her/his own identity. There are three aspects of this concept: self-image (of what the person is), ideal self (what the person wants to be) and self-esteem (what the person feels about the discrepancy between what s/he is and what s/he would like to be) (Lawrence, 1996). Self-concept is an important concept of any child’s development. As children develop a sense of self and interact with and gain experience in the world, their self-concept is affected. The importance of self-concept within educational settings has been discussed by several scholars and has led to the performance of studies examining the role of self-concept.
in school performance (Oliva 1999). The term self-concept refers to the ordered set of attitudes and perceptions that an individual holds about him/herself (Wolffe 2000; Woolfolk 2001 and Tuttel and Tuttel 2004). Self-concept is defined as the value that an individual places on his or her own characteristics, qualities, abilities, and actions (Woolfolk, 2001).

Self-concept can also refer to the general idea we have of ourselves and self-esteem can refer to particular measures about components of self-concept. Some authors even use the two terms interchangeably. The self-concept is composed of relatively permanent self-assessments such as personality attributes, knowledge of one's skills and abilities, one's occupation and hobbies, and awareness of one's physical attributes. For example, the statement, ‘I am lazy’ is a self-assessment that contributes to the self-concept. In contrast, the statement ‘I am tired’ would not normally be considered part of someone's self-concept, since being tired is a temporary state. Nevertheless, a person’s self-concept may change with time, possibly going through turbulent periods of identity crisis and reassessment.

We develop and maintain our self-concept through the process of taking action and then reflecting on what we have done and what others tell us about what we have done. We reflect on what we have done and can do in comparison to our expectations and the expectations of others and to the characteristics and accomplishments of others (Brigham, 1986). That is, self-concept is not innate, but is developed or constructed by the individual through interaction with the environment and reflecting on that interaction. This dynamic aspect of self-concept (and, by corollary, self-esteem) is important because it indicates that it can be modified or changed.

There are a several different components of self-concept: physical, academic, social, and transpersonal. The physical aspect of self-concept relates to that which is concrete: what we look like, our sex, height, weight, etc.; what kind of clothes we wear; what kind of car we drive; what kind of home we live in; and so forth. Our academic self-concept relates to how well we do in school or how well we learn. There are two levels: a general academic self-concept of how good we are overall and
a set of specific content-related self-concepts that describe how good we are in math, science, language arts, social science, etc. The social self-concept describes how we relate to other people and the transpersonal self-concept describes how we relate to the supernatural or unknowns. Franken (1994) stated that there is a great deal of research which shows that the self-concept is, perhaps, the basis for all motivated behavior. It is the self-concept that gives rise to possible selves, and it is possible selves that create the motivation for behavior. This supports the idea that one's paradigm or world view and one's relationship to that view provide the boundaries and circumstances within which we develop our vision about possibilities. This is one of the major issues facing children and youth today (Huitt, 2004). Adolescence is a critical time in the development of self-concept and adolescents spend so much of that time in school, the organization of schooling also can be a critical factor in shaping self-concept. Schooling plays a fundamental part in guiding development, while simultaneously perpetuating social inequality by linking the extent and type of education that children receive to their gender and social class.

Marsh (1992) showed that the relationship of self-concept to school achievement is very specific. General self-concept and non-academic aspects of self-concept are not related to academic work; general academic achievement measures are related moderately to academic success. Specific measures of subject-related self-concepts are highly related to success in that content area. Using linear discriminant analysis, Byrne (1990) showed that academic self-concept was more effective than was academic achievement in differentiating between low-track and high-track students. Hamachek (1995) was also asserts that self-concept and school achievement are related. The major issue is the direction of the relationship: does self-concept produce achievement or does achievement produce self-concept. However, Muni (1995) was observed that adolescents of employed mothers had a positive physical, intellectual and educational self-concept and were better adjusted than the children of housewives. Seligman's (1996) work on explanatory style suggests that the intervening variable connecting self-esteem and achievement is the student's level of optimism or the tendency to see the world as a benevolent (good things will probably happen) or malevolent (bad things will probably happen). Mittal (1997) was compared the self-concept and scholastic achievement of the daughters of employed and non-employed
mothers and observed that there was no significant difference in any of the areas of self-concept and scholastic achievement. Tiedemann (2000) indicates that parent’s gender stereotypes and expectations for their children impact children’s understandings of themselves. Understanding of one’s self-concept can being changes in one’s mind as sometimes it can be melancholic and sometimes it can be euphoric. When we talk about the state it means pleasant state of mind and positive self concept brings cheerfulness, goeity and happiness.

**HAPPINESS**

Happiness is an emotion associated with feelings ranging from contentment and satisfaction to bliss and intense joy. A variety of philosophical, religious, psychological and biological approaches have been taken to defining happiness and identifying its sources. Happiness is an inner state of well being. A state of well being enables you to profit from your highest: thoughts, wisdom, intelligence, common sense, emotions, health, and spiritual values in your life. Philosophers and religious thinkers have often defined happiness in terms of living a good life, or flourishing, rather than simply as an emotion. Happiness in this older sense was used to translate the Greek Eudaimonia, and is still used in virtue ethics. However, terms such as well-being or quality of life are usually used to signify the classical meaning, and happiness is reserved for the felt experience or experiences that philosophers historically called pleasure.

Happiness forms a central theme of Buddhist teachings, which focuses on obtaining freedom from suffering by following the Eightfold Path. In the Buddhist view, ultimate happiness is only achieved by overcoming craving in all forms. Aristotle saw happiness as ‘the virtuous activity of the soul in accordance with reason,’ or the practice of virtue. In Catholicism, the ultimate end of human existence consists in felicity, or ‘blessed happiness’, described by the 13th-century philosopher-theologian Thomas Aquinas as a Beatific Vision of God's essence in the next life. One psychological approach, positive psychology, describes happiness as consisting of positive emotions and positive activities. In most religions, happiness is the eternal reward for those who meet certain criteria.
Happiness is a highly valued in present day society. Not only do people aim at happiness in their own life but there is also growing support for the idea that we care for the happiness of other people. Happiness is commonly understood as how much one likes the life one lives, or more formally, the degree to which one evaluates one’s life-as-a-whole positively. A central element in this definition is subjective ‘evaluation’ or ‘liking’ of life, also referred to as ‘satisfaction’ with life. Happiness is the undying quest of life, the unquenchable thirst and the insatiable hunger of all human kind. Happiness is what we all seek for, what we long for. Happiness is an emotion associated with feelings ranging from contentment and satisfaction to bliss and intense joy. Happiness is an inner state of well being. Cohen (2002) stated that happiness is a positive concept that is vital and important in maintaining health. A state of well being enables you to profit from your highest thoughts, wisdom, intelligence, common sense, emotions, health, and spiritual values in your life. Happiness has also been conceptualized as a positive inner experience, the highest good, and the ultimate motivator for all human behaviors (Argyle, 1987).

We can define momentary happiness as pleasant feeling or the subjective experience of well-being. Long term happiness then corresponds to the preponderance of pleasant feelings over a prolonged period. This corresponds to the degree to which people feel satisfied with their life as a whole. Though not exactly the same, this sense of happiness is nearly synonymous with life-satisfaction, quality-of-life, or even self-actualization (Heylighen, 1992). Hills and Argyle (2001) defined happiness as a multidimensional construct comprising both emotional and cognitive elements. Three main components of happiness have been identified: frequent positive affect or joy, a high average level of satisfaction over a period, and the absence of negative feelings such as depression and anxiety.

Martin Seligman (2004) has been described happiness as consisting of ‘positive emotions’ and ‘positive activities’. He further categorizes emotions related to the past, present and future. Positive emotions relating to the past include satisfaction, contentment, pride and serenity. Positive emotions relating to the future include optimism, hope and trust. Positive emotions about the present are divided into two categories: pleasure and gratifications. The bodily and higher pleasures are “pleasures
of the moment” and usually involve some external stimulus. Further, Martin Seligman provides the acronym PERMA to summarize Positive Psychology's correlational findings: humans seem happiest when they have

1. Pleasure (tasty foods, warm baths, etc.),
2. Engagement (or flow, the absorption of an enjoyed yet challenging activity),
3. Relationships (social ties have turned out to be extremely reliable indicator of happiness),
4. Meaning (a perceived quest or belonging to something bigger), and
5. Accomplishments (having realized tangible goals).

These words refer to a mental state but leave some ambiguity about the precise nature of that state. That question is differently answered in different theories about how we evaluate life.

Haybron (2003) has been defined that there are three basic views of happiness: Hedonism reduces happiness to the individual's balance of pleasure and displeasure: being happy is to experience, on the whole, a majority of pleasure. The life satisfaction view identifies happiness as individual attitudes toward their lives: being happy is to have a favorable attitude toward one's life as a whole, either over its entirety or for some limited period of time. The affective-state theory identifies happiness with subjects’ overall emotional state, or some important parts thereof. This is popular among empirical researchers. However, this view is not clearly distinguishable from such views as hedonism.

Set-point theory sees the evaluation as a stable attitude towards life and focuses more on the mental processes that maintain this attitude than on the processes that have brought it about. Set point theory (Lykken, 1999) of happiness stated that we all have a baseline level of happiness that we return to. Although good and bad events may shift us from this baseline temporarily, we cannot permanently increase or decrease our happiness levels in the long term. Others have since challenged this pessimistic view, some drawing on neuroplasticity as evidence that our happiness level is not set in stone.

Comparison theory sees evaluation rather as a continuous judgment process involving the comparison of perceptions of life-as-it-is with notions of how-life-
should be. Life satisfaction theory identifies happiness with having a favorable attitude toward one's life as a whole. This basic schema can be filled out in a variety of ways, but typically involves some sort of global judgment: an endorsement or affirmation of one's life as a whole. This judgment may be more or less explicit, and may involve or accompany some form of affect. It may also involve or accompany some aggregate of judgments about particular items or domains within one's life.

**Affect theory** sees happiness also as a continuous mental process, but now as an appraisal of how well one feels usually. It identifies happiness with an agent's emotional condition as a whole. This includes non-experiential aspects of emotions and moods (or perhaps just moods), and excludes pleasures that don't directly involve the individual's emotional state. It might also include a person's propensity for experiencing various moods, which can vary over time. Happiness on such a view is more nearly the opposite of depression or anxiety—a broad psychological condition—whereas hedonistic happiness is simply opposed to unpleasantness. For example, a deeply distressed individual might distract herself enough with constant activity to maintain a mostly pleasant existence-broken only by tearful breakdowns during the odd quiet moment—thus perhaps counting has happy on a hedonistic but not emotional state view. The states involved in happiness, on an emotional state view, can range widely, far more so that the ordinary notion of mood or emotion. On one proposal, happiness involves three broad categories of affective state, including endorsement states like joy versus sadness, engagement states like flow or a sense of vitality, and attunement states like tranquility, emotional expansiveness versus compression, and confidence (Haybron 2008). Given the departures from commonsensical notions of being in a good mood, happiness is characterized in this proposal as ‘psychic affirmation,’ in pronounced forms.

**An evolutionary theory** of happiness must clarify the connection between the objective property of fitness and the subjective experience of feeling well. Biologically, feelings function to orient an organism away from dangerous situations (signalled by unpleasant affects such as fear, hunger or pain), and towards positive situations (signalled by positive affects, such as enjoyment, love, satisfaction).
Therefore, positive feelings will normally indicate that the organism is approaching the optimal state.

**Hedonism Theory** - it holds that happiness is a matter of raw subjective feeling. A happy life maximizes feelings of pleasure and minimizes pain. A happy person smiles a lot, is ebullient, bright eyed and bushy tailed; her pleasures are intense and many, her pains are few and far between. We can imagine two lives that contain the same exact amount of momentary pleasantness, but one life tells a story of gradual decline (ecstatic childhood, light-hearted youth, dysphonic adulthood, miserable old age) while another is a tale of gradual improvement (the above pattern in reverse). The difference between these lives is a matter of their global trajectories and these cannot be discerned from the standpoint of its individual moments. They can only be fathomed by a retrospective judge examining the life-pattern as a whole. One basic challenge facing a hedonist is that when we wish someone a happy life (or a happy childhood, or even a happy week), we are not merely wishing that they accumulate a tidy sum of pleasures, irrespective of how this sum is distributed across one's life-span or its meaning for the whole (Velleman, 1991).

**Desire theory** Desire theories hold that happiness is a matter of getting what you want (Griffin, 1986), with the content of the want left up to the person who does the wanting. Desire theory subsumes hedonism when what we want is lots of pleasure and little pain. Hedonism holds that the preponderance of pleasure over pain is the recipe for happiness even if this is not what one desires most. Desire theory holds that that fulfillment of a desire contributes to one's happiness regardless of the amount of pleasure (or displeasure). One obvious advantage of Desire theory is that it can make sense of Wittgenstein. He wanted truth and illumination and struggle and purity, and he did not much desire pleasure. His life was ‘wonderful’ according to Desire theory because he achieved more of truth and illumination than most mortals, even though as a ‘negative affective,’ he experienced less pleasure and more pain than most people.

**Objective List theory** (Nussbaum, 1992; Sen, 1985) lodges happiness outside of feeling and onto a list of truly valuable things in the real world. It holds that
happiness consists of a human life that achieves certain things from a list of worthwhile pursuits: such a list might include career accomplishments, friendship, freedom from disease and pain, material comforts, civic spirit, beauty, education, love, knowledge, and good conscience. Although we find Objective List's shift to the objectively valuable a positive move, our principal objection to this theory is that some big part of how happy we judge a life to be must take feelings and desires (however shortsighted) into account.

These different descriptive theories of how we assess how happy we are have great implications for prescriptive theories of happiness. Set-point theory, and to a lesser extend also comparison theory, implies that there is little value in happiness and that there is also little chance of furthering happiness enduringly and this goes against the utilitarian tenet that we should aim at greater happiness for a greater number.

When used in a broad sense, the word happiness is synonymous with ‘quality of life’ or ‘well-being’. In this meaning it denotes that life is good, but does not specify what is good about life. The word is also used in more specific ways, and these can be clarified with the help of the classification of qualities of life presented in Figure 1.

<table>
<thead>
<tr>
<th>Outer qualities</th>
<th>Inner qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-chances</td>
<td>Livability of environment</td>
</tr>
<tr>
<td>Life-results</td>
<td>Utility of life</td>
</tr>
</tbody>
</table>

Figure 2: Four qualities of life  (Source: Veenhoven, 2000)

**Four qualities of life**

This classification of meanings depends on two distinctions. Vertically there is a difference between chances for a good life and actual outcomes of life. Horizontally there is a distinction between ‘external’ and ‘internal’ qualities. Together, these
distinctions mark four qualities of life, all of which have been denoted by the word ‘happiness’.

Livability of the environment

The left top quadrant denotes the meaning of good living conditions. Often the terms ‘quality-of-life’ and ‘wellbeing’ are used in this particular meaning, especially in the writings of ecologists and sociologists. Economists sometimes use the term ‘welfare’ for this meaning. ‘Livability’ is a better word, because it refers explicitly to a characteristic of the environment. Politicians and social reformers typically stress this quality of life and sometimes refer to it as happiness. I rather see it as a condition for happiness and not happiness as such. One can live in excellent circumstances but still be unhappy, because of an inability to reap the chances Life-ability of the person.

The right top quadrant denotes inner life-chances. That is: how well we are equipped to cope with the problems of life. This aspect of the good life is also known by different names. Especially doctors and psychologists also use the terms ‘quality of life’ and ‘wellbeing’ to denote this specific meaning. There are more names however. In biology the phenomenon is referred to as ‘adaptive potential’. On other occasions it is denoted by the medical term ‘health’, in the medium variant of the word. Sen (1992) calls this quality of life variant ‘capability’. I prefer the simple term ‘life-ability’, which contrasts elegantly with ‘livability’. This quality of life is central in the thinking of therapists and educators. Yet I also see this as a (possible) prerequisite for happiness and not as happiness itself. Even a perfect person will be unhappy when living in Hell.

Utility of life

The left bottom quadrant represents the notion that a good life must be good for something more than itself. This presumes some higher value, such as ecological preservation or cultural development. Moral advisors emphasize this quality of life. This usefulness of life has also been denoted with the word happiness, but again I do not follow that use of words. I my language one can lead a useful life but still be unhappy.

Satisfaction with life
Finally, the bottom right quadrant represents the inner outcomes of life. That is the quality in the eye of the beholder. As we deal with conscious humans this quality boils down to subjective appreciation of life. This is commonly referred to by terms such as ‘subjective wellbeing’, ‘life-satisfaction’ and also ‘happiness’.

Four kinds of satisfaction
This brings us to the question of what ‘satisfaction’ is precisely. This is also a word with multiple meanings and again we can elucidate these meaning using a simple scheme. Scheme 2 is based on two distinctions; vertically between satisfaction with ‘parts’ of life versus satisfaction with life ‘as-a-whole’, and horizontally between ‘passing’ satisfaction and ‘enduring’ satisfaction. These two bi-partitions yield again a four-fold taxonomy.

<table>
<thead>
<tr>
<th>Passing</th>
<th>Enduring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part of life</td>
<td>Pleasure</td>
</tr>
<tr>
<td>Life-as-a-whole</td>
<td>Top-experience</td>
</tr>
</tbody>
</table>

Figure 3: Four kinds of satisfaction

Pleasures
Passing satisfaction with a part of life is called ‘pleasure’. Pleasures can be sensory, such as a glass of good wine, or mental, such as the reading of this text. The idea that we should maximize such satisfactions is called ‘hedonism’. The term happiness is sometimes used in this sense and then denotes a particular pleasant experience. I do not use the term happiness for this matter.

Part-satisfactions
Enduring satisfaction with a part of life is referred to as ‘part-satisfaction’. Such satisfactions can concern a domain of life, such as working-life, and aspects of life, such as its variety. Sometimes the word happiness is used for such part-satisfactions, in particular for satisfaction with one’s career. I do not use the term happiness in this meaning.
Top-experience
Passing satisfaction can be about life-as-a-whole, in particular when the experience is intense, pervasive and ‘oceanic’. This ecstatic kind of satisfaction is usually referred to as ‘top-experience’ or ‘bliss’. When poets write about happiness they usually describe an experience of this kind. Likewise religious writings use the word happiness often in the sense of a mystical ecstasis. Another word for this type of satisfaction is ‘Enlightenment’. Life-satisfaction

Enduring satisfaction with one’s life-as-a-whole is called ‘life-satisfaction’ and also commonly referred to as ‘happiness’ and as ‘subjective wellbeing’. I do use the word happiness in this meaning, and will use it interchangeably with ‘life-satisfaction’.

Components of happiness

When evaluating their lives, people can use two more or less distinct sources of information: their affects and their thoughts. We can observe that we feel fine most of the time, and we can also judge that life seems to meet our (conscious) demands. These appraisals do not necessarily coincide. We may feel fine generally, but nevertheless be aware that we failed to realize our aspirations. Or we may have surpassed our aspirations, but nevertheless feel miserable.

Happiness can therefore be seen as an indication that a person is biologically fit (near to the optimal state) and cognitively in control (capable of counteracting eventual deviations from that optimal state), in other words that he or she can satisfy all basic needs, in spite of possible perturbations from the environment. Such control over one's situation has three components (Heylighen, 1992):

Material competence:

You must have the necessary resources or opportunities to satisfy your needs. You cannot quench your thirst without water, or satisfy your need for social contact when you are marooned on an uninhabited island.
Cognitive competence:

It is not sufficient that the needed resources are there, you must also be able to find them, recognize them and apply them effectively. Except in trivial cases, need satisfaction demands problem-solving skills, i.e. knowledge, intelligence and creativity.

Subjective competence:

It is not sufficient that the resources are there, and that you are capable to find them, you must also believe in your own problem-solving capacity. Otherwise you would not be motivated to do the necessary effort.

The problem of promoting happiness then simply reduces to promoting material competence (by providing resources and opportunities), cognitive competence (by education in the broadest sense, and by cognitive aids such as computers), and subjective competence by making people feel that they are competent or ‘in control’ (Heylighen, 1992).

Psychologists have found that about 50% of one's sadness depends on one's genes. This is shown by studying identical twins and learning that their happiness is 50% correlated even when growing up in different houses (Lyubomirsky, Schkade, and Sheldon, 2005). About ten to fifteen percent is a result of various measurable variables, such as socioeconomic status, marital status, health, income, and others.

Overall happiness is defined as the degree to which an individual judges the overall quality of his life-as-a-whole favourably. Thus defined happiness appears as an attitude towards one’s own life, that has some stability of its own and that involve related feelings and beliefs. These feelings and beliefs are seen as ‘components’ of happiness.

**Hedonic level of affect**

We experience different kinds of affects: feelings, emotions and moods and these experiences have different dimensions, such as active-inactive and pleasant-unpleasant. That latter dimension is called ‘hedonic tone’. When we assess how well we feel we typically estimate the pleasantness in feelings, in emotions, as well as in
moods. We call this ‘hedonic level of affect’ and this concept fits the above mentioned ‘affective’ definitions of happiness. A person's average hedonic level of affect can be assessed over different periods of time: an hour, a week, a year as well as over a lifetime.

While direct measurement of happiness is difficult, tools such as ‘The Oxford Happiness Inventory’ have been developed by researchers. Physiological correlates to happiness can be measured through a variety of techniques, and survey research can be based on self-reported happiness levels. Research has identified a number of correlates with happiness. These include religious involvement, parenthood, marital status, age and income. Happiness economics suggests that measures of public happiness should be used to supplement more traditional economic measures when evaluating the success of public policy. It is a general belief that happiness i.e., a positive state of mind leads to positive disposition of achieving the goals i.e., hopefulness to attain the objectives and that is optimism.

**OPTIMISM**

Optimism is a mental attitude that interprets situations and events as being best (optimized), meaning that in some way for factors that may not be fully comprehended, the present moment is in an optimum state. The word is originally derived from the Latin optimum, meaning ‘best.’ Being optimistic, in the typical sense of the word, ultimately means one expects the best possible outcome from any given situation. This is usually referred to in psychology as dispositional optimism.

Scheier and Carver (1985) define optimism ‘as a generalized expectancy that good, as opposed to bad, outcomes will generally occur when confronted with problems across important life domains’. While the heritability of optimism is largely debatable, most researchers agree that it seems to be a biological trait to some small degree, but it is also thought that optimism has more to do with environmental factors, making it a largely learned trait. It has also been suggested that optimism could appear to be a hereditary trait because it is actually a manifestation of combined traits that are mostly heritable, like intelligence and temperament.
Many psychologists define optimism in different ways like biological, learned and cognitive as given below-

(1) **Biological component:**

Many personality theorists consider optimism a personality trait and not an emotion. They believe that optimism may be an inborn temperament; some people are, by nature, either optimistic or pessimistic.

(2) **Learned component:**

Several researchers have come to the conclusion that optimism is a thinking style that can be learned. Learned optimism is the idea that a talent for joy, like any other, can be cultivated. It is contrasted with learned helplessness. Learning optimism is done by consciously challenging self talk if it describes a negative event as a personal failure that permanently affects all areas of the person's life.

(3) **Cognitive component:**

Snyder (1994) has been defined that optimism differs from hope in that it contains a proactive component called planning (Franken, 1994). Additionally, optimistic statements are usually based on logical, concrete facts. Both of these concepts (planning and logic) imply some sort of cognitive activity (as opposed to rote learning or habit). Consider, for instance the following two statements, ‘I hope that the economy will improve’ and ‘I am optimistic that the economy will improve.’ The first
statement can be made without any evidence to support it. We can all hope for anything at anytime. The second statement, however, conveys more confidence. Optimistic claims are usually based on evidence that can be judged or evaluated in terms of rational criteria.

In general, optimism is used to denote a positive attitude or disposition that good things will happen independent of one's ability. Another aspect of optimism is dispositional optimism defined by Scheier and Carver (1987) “dispositional optimism refers to the degree to which an individual holds positive expectancies for their future.” More specifically, individuals who believe that the desired goal is attainable will overcome adversity to reach that goal. These individuals, in turn, expect a positive outcome from their effort and are properly called optimists. Pessimists are people who tend to hold more negative expectations, and their desired goals are viewed as unattainable. Thus, they will cease striving in the face of adversity. According to Tiger (1979) optimism is predicated on what an individual regards as desirable. Thus optimism, conceptualized as individual differences, may influence the cognitive appraisal of an event as stressful (Peterson, 2000). Dispositional optimism may help students deal with stressful situations better by getting them to use their resources more effectively.

Psychologists distinguish two different kinds of optimism. ‘Dispositional optimism’ is the general belief that good things will happen. On the other hand a person is said to have an optimistic ‘explanatory style’ if they blame bad things on temporary, external factors; and a pessimistic explanatory style if they believe bad things happen because of their own fault or unchangeable, global factors.

Optimism- reacting to setbacks from a presumption of personal power

- Bad events are temporary setbacks
- Isolated to particular circumstances
- Can be overcome by my effort and abilities
Pessimism - reacting to setbacks from a presumption of personal helplessness:

- Bad events will last a long time
- Will undermine everything I do
- Are my fault

Optimism psychology is in the field of cognitive science. It is not magic. But, the event-explanations of optimism can be practiced and learned, even by those who have not consistently used them previously.

Optimism:

- Inoculates against depression
- Improves health
- Combines with talent and desire to enable achievement

Measurement of optimism

Two main approaches to the measurement of optimism have been taken and these are based on distinct conceptualizations of optimism (Peterson, 2000). At one extreme optimism has been conceptualized as a broad personality trait characterized by general optimistic expectation (Scheier and Carver, 1985) while at the other it has been construed as an explanatory style (Seligman, 1998). Attributional Style Questionnaire designed to test optimism in terms of explanatory style Seligman, (1998) and his colleagues have conceptualized optimism as an explanatory style, rather than a broad personality trait. Optimistic people, according to this perspective, explain negative events or experiencing by attributing the cause to these to external, transient, specific factors such as the prevailing circumstances. Life orientation Test (LOT) Designed by Scheier and Carver (1985), this is one of the more popular tests of optimism and pessimism. There are eight measurements (and an additional four filler items), with four positively (In uncertain times, I usually expect the best) and four negatively (If something can go wrong for me, it will) worded items Attributional Style Questionnaire (ASQ), this questionnaire is based on the explanatory style definition of optimism. It lists six positive and negative events (you have been looking
for a job unsuccessfully for some time), and asks the respondents to record a possible cause for the event and rate the internality, stability, and globality of the event. As an emotional disposition optimism is the tendency to look upon the bright and hopeful side of life, whereas pessimism gives a dark colouring to every event and closes the vistas of hope. The emotional disposition is one that depends upon internal organic conditions rather than external good fortune. Optimism as an emotional disposition, a tendency to look at the sparkling side of life tends to have its significant linkage with health.

**Optimism and Health**

The term ‘health’ is derived from ‘hoeth’ which means free from illness. Optimism may also be linked to health. Dispositional optimism is associated with good health and a positive response to medical interventions for conditions such as heart disease and cancer. Affleck, Tennen, and Apter (2001) studied optimism and health in terms of physical symptoms, coping strategies and negative affect for those suffering from rheumatoid arthritis, asthma, and fibromyalgia. They found that optimists were not more likely than pessimists to report pain alleviation due to their coping strategies, though they did find significance in the psychological well-being of the two groups.

Staats, Hupp and Hagley (2008) have used positive psychology to explore academic honesty, by identifying positive traits that were displayed by heroes and then determining if the presence of these traits in students could be used to predict their future intent to cheat. Their research has resulted in ‘an effective working model of heroism in the context of the academic environment’ (Staats, Hupp & Hagley, 2008).

Expectancy-value models begin with the idea that behavior is aimed at attaining desired goals (Carver & Scheier, 1998). Goals are actions, end-states, or values that people see as being either desirable or undesirable. People try to fit their behavior to what they see as desirable. They try to stay away from what they see as undesirable. According to this theoretical orientation, unless there is a valued goal, no action occurs. The other core concept is expectancies: a sense of confidence or doubt about attaining the goal. If a person lacks confidence, again there is no action. Only if
they have enough confidence do people engage (and remain engaged) in goal-directed effort. These ideas apply to specific values and focused confidence; they also apply to optimism and pessimism (Scheier, Carver, & Bridges, 2001). Optimistic children tend to become optimistic teenagers and adults. On average they will be less depressed, achieve more, and be healthier than children whose scores are in the pessimistic range.

As optimistic people expect positive outcomes in ambiguous situations (Lai, 1995) they are less likely than pessimists to withdraw from a situation. Optimism is positively related to psychological well-being (Taylor, 1989) and lower levels of depression than pessimism (Cutrona, 1982). Optimistic people’s ability to maintain greater psychological well-being than pessimistic people may be attributed to, in part, the control strategies that they implement (Carver et al., 1993). Specifically, optimistic individuals are inclined to implement problem focused coping strategies (i.e., primary control) whereas pessimistic individuals tend to implement avoidance coping strategies (i.e., secondary control) (Aspinwall & Taylor, 1992). Optimism-pessimism have their leanings on psychological health as empirically proved. Psychological health when exhibiting negative state of mind becomes psychological health.

**PSYCHOLOGICAL DISTRESS**

Emotional well-being involves three factors on the downside of psychological health: do you suffer anxiety, are you depressed, and do you feel like you have lost control and can’t do anything about your feelings. This is the experience of psychological distress. Psychological distress is related to mental health and mental health is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life and is able to make a contribution to his or her community (WHO, 2001). Therefore mental health refers to more than just ‘the absence of disease’, but includes ‘a state of complete physical, mental and social well being’ (WHO, 2001). The medical model assumes that a neurological defect underlies mental health problems and as such requires medical treatment and care. One of the most commonly employed diagnostic instruments used to measure mental disorders in the population is the Composite International
Diagnostic Interview (CIDI), which is used in the World Mental Health Surveys (Demyttenaere et al. 2004). This instrument primarily follows the medical model in that it uses the diagnostic classifications of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), to define the presence of disorders. However, it is important to point out that while some people may indeed require medical treatment and care for mental health problems, the majority of people who may experience distress from time to time in their lives will not require medical interventions.

Mental health is ‘more than the absence of disease’ and, as such, mental health problems refer to a variety of mental health difficulties, ranging from psychological distress to more severe mental health difficulties such as those measured by the CIDI. Psychological distress is viewed as an emotional condition that involves negative views of the self, others and the environment and is characterised by unpleasant subjective states such as Psychological distress, mental health problems and use of health services as feeling tense, worried, worthless and irritable (Barlow and Durand, 2005). These subjective states can reduce the emotional resilience of individuals and impact on their ability to enjoy life and to cope with pain, disappointment and sadness. Psychological distress can be viewed as a continuum in which people can move from experiencing wellbeing to distress and back at various times throughout their lives (Horwitz and Scheid, 1999; Mechanic, 1999). One of the most common instruments used to measure psychological distress is the General Health Questionnaire (GHQ). Just as mental illness can impact on areas of the individual’s life, psychological distress can also have direct and indirect effects on the individual’s psychological, social and occupational functioning, affecting many areas of their life, including relationships, work and health. A person in distress may exhibit some of the symptoms described in psychiatry, such as: anxiety, confused emotions, hallucination, rage, and depression and so on without actually being ‘ill’ in a medical sense. Life situations such as: bereavement, stress, lack of sleep, use of drugs or alcohol, assault, abuse or accident can induce mental distress. This may be something which resolves without further medical intervention, though people who endure such symptoms longer term are more likely to be diagnosed with mental illness. This
definition is not without controversy as some mental health practitioners would use the terms mental distress and mental illness interchangeably.

**Figure 5: Symptoms of Psychological Distress**

Psychological distress (symptoms of anger, anxiety and depression) is surprisingly common among adolescents. For example, approximately one-quarter of adolescents experience a major depressive disorder (Lewinsohn, Rohde, & Seeley, 1998) and approximately one-half of older adolescents report moderate or high levels of depressive symptoms (Rosenthal & Schreiner, 2000). Depression and anxiety are highly co-morbid and may represent a single dysfunctional psychological state (Briere 1995; Olino, Klein, Lewinsohn, Rohde, & Seeley, 2008), which is often described as ‘psychological distress.’ Many studies have attempted to identify the causes of psychological distress, and several types of traumatic events have been found to be correlated with it. The level of understanding of the origins of psychological distress seems to be not very high; research has identified a number of potentially traumatic events and a number of potential protective factors, but has not been able to account
for substantial amounts of the variance in the distribution of psychological distress in community populations.

Although the experience of stress has been shown to influence general well being, individual differences exist with regard to this phenomenon. Lazarus and Folkman (1984) have conceptualized life stress as a person-environment transaction. This model incorporates individual differences with respect to the perception of threat, desirability, personal resources, ability to cope, and response options (Dohrenwend and Dohrenwend, 1984). For example, racial and ethnic differences have been found among adolescents with regard to life stress exposure, the appraisal of negative impact of life stress, and coping resources. Scheier and Carver (1992) conducted a study on adaptation to college life. They measured a number of outcome variables including optimism and perceived stress. These researchers found that optimists became significantly less stressed, depressed and lonely over time compared to their pessimistic counterparts. Nwadiani and Ofoegbu (2001) measured perceived levels of academic stress in first year students enrolled in Nigerian universities. They found high levels of academic stress that was attributed to the admission process and student accommodation. The impact of social conflict on psychological distress levels is greater among those living in more crowded homes. To date, there does not appear to be any published research linking more negative aspects of social interaction with adults’ disease outcomes or longevity.

Goldberg and Huxley (1980) put forward a filter model which is designed to identify the various pathways to psychiatric care. Briefly, the model consists of five levels of access to psychiatric care; in order to pass from one level to another the individual has to pass through four filters. The five levels identified in the model were:

Level One represents psychological distress at the community level. Information about psychological distress at this level may be derived from surveys of entire populations or from random samples of a particular population.

Level Two represents psychological distress at the primary care level. Information at this level is derived from surveys of primary care populations – the respondents in
these surveys may or may not have been identified by their general practitioner as patients who are experiencing psychological distress.

Level Three also represents psychological distress at the primary care level, but refers only to those who have been identified as psychologically distressed by a general practitioner.

Level Four represents patients attending outpatient clinics or private psychiatrists. Information at this level is derived from community care data.

Level Five represents the most seriously ill, i.e. those admitted to inpatient facilities. (This group is characterised in most national statistics of psychiatric illness.)

Individuals are the gatekeeper of the first filter—they make the decision to pass from Level One to Level Two. Whether or not an individual seeks help at primary care level may be determined by a number of factors, including socio-economic and psychological factors. For instance, these may include the individual’s awareness of mental health issues and where to access help, financial considerations, accessibility of services, illness representations, and attitudes and beliefs about help-seeking. The second filter (i.e. where patients pass from Level Two to Level Three) is determined by a general practitioner’s ability to recognise the illness and by the individual’s personality characteristics and his or her willingness to disclose relevant information.

The gatekeepers of the third filter (i.e. where patients pass from Level Three to Level Four of outpatient care) are predominantly general practitioners; this is because in the majority of individuals are referred to mental health services by a primary care practitioner. Psychiatrists are generally the gatekeepers of the fourth filter because they have responsibility for inpatient beds; they are limited in their control over Level Three category patients however, as admission to an inpatient facility will be determined by the availability of beds. In some cases, mainly where a patient is suffering from severe acute psychotic episodes, the individual may pass directly from either Level One or Level Two to Level Five. However, people who pass directly from Level One to Level Five represent a minority of those who experience mental health problems.
It is widely agreed that many people who suffer significant psychological distress do not come into contact with specialised mental health services. While many of these people may seek help from general practitioners, counsellors and support groups, significant numbers do not access any type of formal help in the face of psychological distress. The World Health Organisation (WHO, 2003) reported that approximately 47% of people with major depression remain untreated; similarly, 35-45% of people with schizophrenia remain untreated. The WHO world mental health surveys have investigated help-seeking in a number of countries worldwide (Wang, Aguilar-Gaxiola, Alonso, Angermeyer, 2007). These surveys, as mentioned earlier, used the CIDI to assess the extent of mental disorders and service use for mental disorders. The question used to assess service use asked respondents if they had consulted any type of professional for problems with ‘emotions, nerves, mental health, or use of alcohol or drugs in the last 12 months’. A range of professionals are listed which include, psychiatrists, psychologists, religious counsellors and traditional herbalists. A paper investigating service use for mental health problems in 17 countries categorized professionals into the following services: mental health services (e.g. psychiatrist, psychologist or other mental health professional in mental health services), general medical services (e.g. primary care doctor, nurse, other health professional), human services (e.g. religious or spiritual advisors, social worker or counsellor not in mental health services) or complementary or alternative medicine. The main findings showed that the majority of people who were diagnosed with mental health problems sought help from the general medical services and that half of those with severe problems received no services. This highlights the unmet need and the under use of services for mental health problems (Wang, Aguilar-Gaxiola, Alonso & Angermeyer, 2007). Psychological health in negative connotation is psychological distress. Adolescents are susceptible to have psychological distressed if they don’t get able to meet their goals which they are aspiring for. This mental health problem gets more severe or grave when the mother is also working and not able to spend time with her children. In that situation, maternal employment is generally viewed as adverse factor in the wellness of adolescents.
ACHIEVEMENT MOTIVATION

At the same time, as we know that adolescence is a transitional stage of development and an individual is in a state of dilemma in relation to his career, status and prestige and it is labeled as ‘need for achievement’ by McClelland (1963). The term ‘achievement motivation’ conjures up different connotations to different people. For someone it is the enjoyment of life and feel in control. To others it may convey the meaning of desire for success and accomplishment of tedious tasks. However, psychologists have defined the word ‘achievement motivation’ in broader spectrum. Munn, Fernald and Fernald (1972) stated that “generally this motive (achievement motivation) is defined as a desire for attaining some specific standard of excellence.” Mccelelland, Atkinson, clark and Lowell (1958) have defined achievement motivation in an influential and broader term. According to them the need for achievement is as “success in competition with some standard of excellence. That is, the goal of some individual in the story is to be successful in terms of competition with some standard of excellence. The individual may fail to achieve this goal, but the concern over competition with a standard of excellence still enables one to identify the goal sought as an achievement goal. This, then, is our generic definition of achievement”.

Daft (2008) has documented achievement motivation as “the desire to accomplish something difficult, attain a high standard of success, master complex tasks and surpass others.” Achievement motivation can, therefore, be defined as the striving to increase or to keep as high as possible, one’s own capabilities in all activities in which a standard of excellence is thought to apply and where the execution of such activities can, therefore either succeed or fail. Achievement motivation typically refers to the level of one’s motivation to engage in achievement behaviors, based on the interaction of such parameters as need for achievement, expectancy of success, and the incentive value of success. Our construct of motivational orientation refers to the type of motivational stance which the child adopts toward classroom learning. Thus, one may engage in schoolwork for intrinsic reasons, because work is challenging, enjoyable, and piques one’s curiosity, or alternatively, one may engage in schoolwork for extrinsic reasons, either to obtain...
Achievement motivation or need for achievement is influenced by a combination of internal factors including personal drives and external or environmental factors including pressures and expectations of relevant organizations and society (Murray, 1938). All students are influenced by a need to achieve. It causes them to want to be successful at what they attempt. But each student is affected to different degrees. For some students, the desire to achieve overwhelms other factors that could cause failure, such as; lack of skills, lack of experience, lack of ability, or lack of time. The individual does whatever it takes to work through or eliminate these setbacks (Atkinson, 1974).

Achievement is task-oriented behavior that allows the individual’s performance to be evaluated according to some internally or externally imposed criterion that involves the individual in competing with others, or that otherwise involves some standard of excellence. Behavior is ordinarily described as intrinsically motivated if it is pleasurable in its own right and is not being undertaken merely to obtain some external reward; the reward for performing is inherent in the performance itself. When the individual’s goal is more specifically to meet some standard of performance excellence and part of the reward for indulging in the activity is striving toward and reaching this goal, we refer to intrinsic achievement motivation. Successful achievement often brings about consequences that are gratifying to their recipients, such as a pay raise and social recognition. Achievement-oriented behaviors whose goal is to obtain these external or extrinsic rewards can be described as extrinsically motivated. It is possible, of course, for a single set of behaviors to be driven simultaneously by both intrinsic and extrinsic motive (Spence, 1983).

The important issue in achievement motive is the progress according to the student’s performance targets. The achievements of the students about the course are usually determined by the scores in examinations and the passing notes in class. Achievement motivation indicates using all his time and energy to achieve the standard objectives set before.
Goc (2010) has stated the factors affecting students’ achievement motivation as; effectiveness of the teacher, friends, the individual's attitude toward school, students’ perceptions about their own abilities, past experiences (positive or negative), the importance given to the student’s success, parents approaches towards their children and school by taking into account the researches done. The definitions of “motive” and “motivation” were made by many researchers. The common side of these definitions is motivation’s being “the driving force activating behaviour”.

A large number of theories have been proposed to explain the process of incentive motivation. These theories have emphasized different aspects of the concept of motivation. Motivation is one of the theories of ‘achievement motivation’ proposed by Atkinson (1974) expectancy-value theory in essence. This theory of motivation focuses on the process to explain the need for achievement and fear of failure. Achievement motivation can be defined as making good business or the orientation to the actions which is important to compel with the perfect standards.

Our self-esteem and how competent we feel is what causes certain behaviors and establishes certain goals. Some people like to try new experiences and set more challenging goals, others prefer to stay in their comfort zones and be happy with what they know they can accomplish. But it is all based on our view of our-self (Haasen & Shea, 1979). Achievement motivation forms to be the basic for a good life. People who are oriented towards achievement, in general, enjoy life and feel in control. Being motivated keeps people dynamic and gives them self-respect. They set moderately difficult but easily achievable targets, which help them, achieve their objectives. They do not set up extremely difficult or extremely easy targets. By doing this they ensure that they only undertake tasks that can be achieved by them. Achievement motivated people prefer to work on a problem rather than leaving the outcome to chance. It is also seen that achievement motivated people seem to be more concerned with their personal achievement rather than the rewards of success. Some students have a need to achieve in all that they do. Their desire for success drives them to accomplish every task, no matter what the task is, or the difficulties involved in completing it. Other students also feel a need for success, but consider the value or worth of the task before attempting it. If the student feels the task has no value, the student chooses not to do
the task, even though they are perfectly capable of accomplishing the task (Atkinson, 1974). Achievement defined in terms of competition and individual success, personal desires, independent decisions, personal accomplishments, and self-actualization were stressed.

It is generally seen that achievement motivated people evidenced a significantly higher rate of advancement in their company compared to others. Programs and courses designed, involves seven ‘training inputs.’ The first step refers to the process through which achievement motivation thinking is taught to the person. The second step helps participants understand their own individuality and goals. The third assist participants in practicing achievement-related actions in cases, role-plays, and real life. A fourth refers to practicing of achievement-related actions in business and other games. A fifth input encourages participants to relate the achievement behavior model to their own behavior, self-image, and goals. The sixth program facilitates participants to develop a personal plan of action. Finally, the course provides participants with feedback on their progress towards achieving objectives and targets. Spence (1983) and Wlodkowski (1985) state that achievement can often bring benefits, and failure can often bring shame. Atkinson (1974) added that it is only a small number of students who fall into these categories of little accomplishment.

Atkinson (1974) showed a percentage of students will work hard to achieve a task they do not enjoy, solely to maintain their high grade point average or high class rank. This reflects back on the student’s attitude toward success. Those students who hold a high attitude of success work hard to achieve success, regardless of the task. High achievement motivation and high achievement may be associated with normal perfectionism (Accordino, Accordino & Slaney, 2000). Related to an individual’s need for achievement and overall motivation is the individual’s need for power and need for affiliation. Understanding and explaining individuals’ achievement motivation is important within organizations where such characteristics are strongly associated with ongoing organizational success, most notably in the sales function. Staffing the organization with individuals having backgrounds and personal characteristics that are suggestive of a high need for achievement becomes an important consideration. While many factors are potentially influential and interact, e.g. an individual’s values (e.g.
valuing the accomplishment of tasks over personal relationships), culture and educational background, providing appropriate external support in the form of organizational systems, structures, and culture (e.g. including opportunities for promotion, recognizing and rewarding successes, ensuring performance feedback, and matching individual control with role responsibilities and role importance) becomes just as important as the organization’s assessing and nurturing an individual’s personal drives.

Figure 6: McClelland’s needs-based motivational model

Three types of motivational need (McClelland, 1961) are:

- achievement motivation (n-ach)
- authority/power motivation (n-pow)
- affiliation motivation (n-affil)

These needs are found to varying degrees in all workers and managers, and this mix of motivational needs characterises a person’s or manager’s style and behaviour, both in terms of being motivated, and in the management and motivation others.
The need for achievement (n-ach)

The n-ach person is ‘achievement motivated’ and therefore seeks achievement, attainment of realistic but challenging goals, and advancement in the job. There is a strong need for feedback as to achievement and progress, and a need for a sense of accomplishment. Haasen and Shea (1979) state, “If we accept the notion of intrinsic motivation, it implies that there is a powerful potential for self-actualization within each of us”. This potential is based on the intensity of our need to achieve, as well as our enjoyment of achieving.

The need for authority and power (n-pow)

The n-pow person is ‘authority motivated’. This driver produces a need to be influential, effective and to make an impact. There is a strong need to lead and for their ideas to prevail. There is also motivation and need towards increasing personal status and prestige. McClelland (1961) defined the need for Power as a “concern ‘with the control of the means of influencing a person”. Similarly, Daft (2008) defined the need for Power as “the desire to influence or control others, be responsible for others, and have authority over others”. Individuals who exhibit the need for Power have a desire to be influential and want to make an impact.

The need for affiliation (n-affil)

The n-affil person is 'affiliation motivated', and has a need for friendly relationships and is motivated towards interaction with other people. The affiliation driver produces motivation and need to be liked and held in popular regard. These people are team players. When defining the need for Affiliation, McClelland (1961) stated, “Affiliation establishing, maintaining, or restoring a positive affective relationship with another person. This relationship is most adequately described by the word friendship”. Daft (2008) defined the need for Affiliation as “the desire to form close personal relationships, avoid conflict, and establish warm friendships”. Individuals who exhibit the need for Affiliation are seeking interactions with other people.
McClelland (1961) said that most people possess and exhibit a combination of these characteristics. Some people exhibit a strong bias to a particular motivational need and this motivational or needs mix consequently affects their behaviour and working/managing style. McClelland (1996) suggested that a strong n-affil ‘affiliation-motivation’ undermines a manager’s objectivity, because of their need to be liked. Over the years, behavioral scientists have noticed that some people have an intense desire to achieve something, while others may not seem that concerned about their achievements. This phenomenon has attracted a lot of discussions and debates. Scientists have observed that people with a high level of achievement motivation exhibit certain characteristics. Achievement motivation is the tendency to endeavor for success and to choose goal oriented success or failure activities.

**Intrinsic motivation** refers to motivation that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on any external pressure. Intrinsic Motivation is based on taking pleasure in an activity rather working towards an external reward. Intrinsic motivation has been studied by social and educational psychologists since the early 1970s. Students who are intrinsically motivated are more likely to engage in the task willingly as well as work to improve their skills, which will increase their capabilities (Wigfield, Guthrie, Tonks, & Perencevich, 2004). Students are likely to be intrinsically motivated if they: attribute their educational results to factors under their own control, also known as autonomy, believe they have the skill that will allow them to be effective agents in reaching desired goals (i.e. the results are not determined by luck), are interested in mastering a topic, rather than just rote-learning to achieve good grades.

**Extrinsic motivation** refers to the performance of an activity in order to attain an outcome, which then contradicts intrinsic motivation (Ryan, & Deci, 2000). Extrinsic motivation comes from outside of the individual. Common extrinsic motivations are rewards like money and grades, coercion and threat of punishment. Competition is in general extrinsic because it encourages the performer to win and beat others, not to enjoy the intrinsic rewards of the activity. A crowd cheering on the individual and trophies are also extrinsic incentives.
**Expectancy-Value Theory** - A second research tradition focuses on the beliefs about success and the value of tasks that children and students report. According to this approach, motivation to achieve is best described as consisting of both, expectations of success (i.e., self-efficacy) and overall value of the activity or task. Expectancy-value theory defines intrinsic and extrinsic motivating factors (such as interest in a task or external value of the task) as task values that are cognitive beliefs about and affective orientations toward the activity (Schweinle, Turner, & Meyer, 2006). A student who values mathematics for reasons of interest or instrumental outcomes (e.g., a higher-paying occupation) will engage in behaviors (e.g., persistence, study choices) that enhance the likelihood of success. In this sense, expectancy-value theory incorporates aspects of intrinsic/extrinsic motivation theory. Expectancy-value theory draws from studies of attribution—that is, studies of how individuals explain why events happen. Ascribing outcomes to internal (personal) reasons rather than external causes helps create a sense of self-efficacy and positive expectations for future success (Eccles & Wigfield, 2002).

**Achievement Goal Theory** -- The most important theory of achievement motivation is achievement goal theory. This theory focuses on the goals that students have for demonstrating competence or achieving mastery. Unlike intrinsic/extrinsic theories and expectancy-value theory, achievement goal theory is explicitly situated in the study of educational achievement (Meece, Glienke & Burg, 2006). Proponents argue that the key characteristic of achievement in educational settings is the positive intention to succeed in specifically academic endeavors. These intentions are described as different types of goals that variously relate to achievement outcomes (Midgley, 2002). Motivational theorists and researchers (Ryan and Deci, 2000, Snyder, 2000, Wigfield & Eccles, 2000) have identified a number of processes that can foster or undermine motivation in educational and work-based contexts. According to expectancy value theory (Wigfield & Eccles, 2000), achievement beliefs (self-perceptions of competence) and behaviors (persistence) are determined jointly by the expectancy students have for success and the subjective value they place on succeeding. Students differentiate between three components of subjective task value—their interest in the task, its perceived importance, and its perceived utility. The challenge for educators lies in
helping students understand that a given set of activities will yield valued outcomes that are attainable.

Recent research examining the associations between parent–child relationship and achievement motivation has provided empirical support for the motivational theories described above (Bong, 2008; Wentzel, 1998) and has redirected educational psychologists' attention back to parents. However, few studies have examined parental involvement, a primary socialising agent, as direct predictor of adolescents’ senses of self efficacy, engagement and intrinsic motivation. Although it has generally been suggested that parents have positive influences on their children’s educational outcomes, much of the research has not fully considered the differential effects of various aspects of parental involvement on different elements of achievement motivation. Therefore, more specific information is needed to understand which parental activities and behaviours contribute to promoting and shaping the development of adolescents’ senses of self-efficacy, engagement and intrinsic motivation.