An exploratory descriptive study of ego strength, self-esteem, and self-acceptance of cocaine addicted and non-drug dependent mothers

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ABSTRACT

SOCIAL WORK

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AN EXPLORATORY DESCRIPTIVE STUDY OF EGO STRENGTH,
SELF-ESTEEM, AND SELF-ACCEPTANCE OF COCAINE
ADDICTED AND NON-DRUG DEPENDENT MOTHERS

Advisor: Professor Hattie M. Mitchell

Thesis dated: May 1991

This exploratory descriptive study examined variables which will help social workers to better understand cocaine addicted mothers. The following factors were identified:

(a) Ego Strength
(b) Self-Esteem
(c) Self-Acceptance.

A forty-six (46) item self-administered questionnaire was given to the sample population of thirty females ranging in age from eighteen to forty (18-40). Fifteen (15) of the cocaine addicted mothers were in treatment at a local metropolitan hospital; fifteen (15) of the non-drug dependent mothers were attending a local metropolitan college.

The findings revealed that there is no significant
difference in the ego strength, self-esteem, and self acceptance of cocaine addicted mothers and non-drug dependent mothers.
AN EXPLORATORY DESCRIPTIVE STUDY OF EGO STRENGTH, SELF-ESTEEM, AND SELF-ACCEPTANCE OF COCAINE ADDICTED MOTHERS AND NON-DRUG DEPENDENT MOTHERS

A THESIS SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY

CAROLYN J. WALKER

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

MAY 1991
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CHAPTER ONE
INTRODUCTION

The abuse of drugs by cocaine addicted mothers has caused widespread concern. According to Tracy (1990), the most profound impact of the drug epidemic has been on women and their children. Each year an estimated five million women of childbearing age use illegal substances and one million use cocaine. As many as ten percent of pregnant women use cocaine.

These childbearing cocaine addicted mothers come from a variety of backgrounds and are faced with many social, economic, health, and personal problems. Social workers' knowledge and understanding of the cocaine addicted mothers has been limited by the continuation of untested assumptions and unexamined stereotypes about cocaine addicted childbearing mothers. Social work skills and knowledge are crucial to sensitive and effective service provision to this population and to informed policy making.

This study was undertaken to address a major gap in our profession's knowledge of the cocaine abusing mothers. This study, using measures of ego strength, self-esteem, and self-acceptance will compare cocaine
addicted mothers to non-drug dependent mothers. The study seeks to explore some of those inadequately tested implicit and explicit assumptions about cocaine addicted mothers.

This research study is not designed to discuss a comprehensive psychosocial portrait of cocaine addicted mothers. It does purport to explore some critical personality characteristics that have been considered to have critical relationships to mental health and the ability to function well. Certainly, an understanding of these characteristics will have considerable impact on the social worker’s ability to work effectively with this population. The exploration of these very crucial variables should enrich social work professionals’ understanding of some of the dynamics, causes and consequences of cocaine addiction on mothers, despite some of the implicit and explicit assumptions, and provide a better understanding of those issues and give some good clues, strategies, treatment interventions and descriptive information about the daily lives of these young parents.

Statement of the Problem

Since women of childbearing potential are often
excluded from clinical trial studies, objective scientific information on cocaine effects of addicted mothers is lacking. Social workers' knowledge of the unique aspect of cocaine addiction in women is most often limited to uncontrolled studies and anecdotal reports in the literature.

The magnitude of the problem of cocaine addicted mothers which afflicts about ten percent of the childbearing population is gradually coming to the attention of the social work profession. In general, social work professionals have contributed relatively little toward effective intervention into the problem, primarily because their education and training has not provided a basic understanding of cocaine addiction. Granted, that the apparent gap between treatment and the needs of cocaine addicted abusing mothers is not limited to the social work profession; unfortunately, little systemic research from the social work profession has been done to explore the attitudes, beliefs, ego-strength, self-esteem, and self-acceptance of cocaine addicted mothers toward the treatment process. Little has been done to investigate the lifestyles, values, and moral precepts of the cocaine
addicted mothers to gather data that might be used as predictive measures of outcome. At the present time, there is little empirical data to inform the profession about this growing problem. Assessment of the cocaine abusing mother may be difficult and exasperating. It requires an informed understanding of the signs and symptoms of cocaine abuse/withdrawal and a knowledge of the social, medical, legal, and psychiatric problems that accompany cocaine abuse. Certainly, this timely issue deserves our professional attention.

Significance/Purpose of the Study

Social workers, interacting with cocaine abusing mothers continue to be confronted with a number of crucial and unresolved issues especially those related to ego strength, self-esteem, and self-acceptance. Given the dearth of professional literature addressing cocaine addicted mothers and their unique concerns, this research is offered as a preliminary guide for social workers.

This study has much to contribute in terms of meeting the practitioners' need to draw upon a body of empirical knowledge, and be comfortable in discussing a range of options relative to this population.
Social workers with special knowledge, skills, and sensitivity are uniquely capable of responding to cocaine addicted mothers. The primary significance of this study is to provide social work practitioners in the health and mental health sectors with empirically based information on the needs of these clients, thereby increasing the probability of efficient and effective intervention.

A great deal more research must be done on widely varying samples before the psychosocial needs of this population can be clearly understood. A system of vigilance in health and mental health matters regarding this population must be an ongoing concern for those social workers interacting with the cocaine abusing mothers. Curricula designed to prepare social work students for practice with this population must reflect concern.

Addiction is a chronic, relapsing disease that affects all sectors of our population. Social workers must realize that cocaine addiction in women is a complex and multidetermined issue influenced by a host of psychological, environmental, and social circumstances. Punitiveness, cynicism, hopelessness,
and stereotyping are contrindicated. Professional social workers, in assessing cocaine abusing mothers must approach these mothers in a nonjudgmental, nonmoralistic manner early in the treatment contact; for it is at this time that the mothers' ego strength, self-esteem, and self-acceptance are at a very low ebb. A nonsupportive inappropriate interaction may reduce the possibility of effective treatment and prevention of substance abuse.

It is significant for social workers to recognize that one of the most consistent aspects of cocaine abusing mothers is poor self-esteem. This is one of the biggest problems that social workers have to deal with in the treatment of this population. This population will need help to build the self-respect and confidence required to conquer a chronic, addictive disease. Hence, the cocaine abusing mothers must be approached as human beings, and as representatives of a diverse and heterogeneous population.

The social work treatment plan has to be appropriate to her specific concerns and needs; being flexible enough to change as the cocaine abusing mothers' needs vary. If we follow the implications,
recommendations, and outcome of this significant study, we may have hope for these young, cocaine abusing mothers and their offsprings and avoid the destruction of the very fiber of our society--the family.
CHAPTER TWO

REVIEW OF LITERATURE

Most of us live with the fear that someone in our family will add to the swelling statistics of drug and alcohol abuse, family break-ups, AIDS, adolescent suicide, accidental death, or murder. Social workers should be equipped to address these issues. However, in our literature research there is a definite lack of helpful information in current social work archives on ego strength, self-esteem, and self-acceptance of cocaine abusing mothers. Extensive information is available in the literature in regard to both research and clinical experiences indicating that drug abuse by women leads to problems in female physiological functioning, poor pregnancy outcomes, and inadequacies in fulfilling the parental role. Such knowledge may be considered as belonging to the dimension, domain, and intervention strategies of the social work profession.

According to the National Institute on Drug Abuse (NIDA) and the National Institute on Alcoholism (NIA) (1979), there are few services sensitive to the needs of drug dependent women that are now available. It has been noted by (Doyle, 1977; Finnegan, 1979; Levy,
1974), that drug dependent women seeking treatment encounter enumerable problems because most treatment centers do not have the services, counselors, or knowledge for handling female clients. A subsequent national study according to Beschner and Thompson (1981), found that only a small percentage of drug treatment programs can provide special treatment services needed by women.

According to Colten (1979), clinical approaches to women addicts (and other women in treatment) often reflect sexist biases (Chesler, 1972; Levy and Doyle, 1974; Schultz, 1975). For example, psychological research indicates that therapists' criteria of mental health in women differs in an extremely prejudicial way from criteria for mature adults (Broverman et al., 1970). Diagnoses and treatment plans for women often reflect either male fantasies and stereotypes about women's needs and personalities or the unexplored assumption that the needs of women in treatment exactly mirrors those of men (e.g., Edwards and Jackson, 1975; Schultz, 1975; Soler et al., 1975).

Perhaps the most intrinsically perilous problem faced by female addicts in treatment stems from their
relationship with a man at home, if he is still
addicted. If he is unwilling to accompany her to
treatment, it is almost futile for her to start
treatment, since successful treatment is negligible for
those whose homes contain a continuing user according
for social workers to know is that the guilt and shame
coupled with low self-esteem are also common emotions.
There may be good reasons for these feelings based on
the cocaine addicted women's perceptions of the effects
of her behavior on herself, her children, her family,
and the community in which she lives (Pollin, 1979).
Social workers should remember that intolerable
behavior of the cocaine addicted mother reflects low
self-esteem and devaluation of herself as a person.

Recently, Stanton (1979), reviewed the literature
on family treatment for drug problems, and concluded
that family treatment shows considerable promise for
effectively dealing with problems of substance abuse.
Similarly, (Mellinger, 1975; Streit, 1974) reported in
a comparison study of drug families, the non-using or
low-using families show the following characteristics:
offsprings perceive more love from both parents,
particularly from the father; there is less discrepancy between how the parents would ideally like their children to be versus how they actually perceive them; children are seen as more assertive (Alexander and Dibb, 1977); parents and their offsprings' friends are compatible; parents have more influence than peers; and, less approval of drug use is voiced by parents and peers (Jessor, 1975).

Cannon (1976), in her study of non-drug using families found them (a) better able to prepare their children for adult life than families of drug using mothers, (b) more likely to deny their negative feelings in general; (c) more likely to make the best of existing circumstances and under play frustrations, and (d) generally more cohesive.

A review of the literature of family issues on a few variables found to be common among most drug abusers, pathological relationships with mothers is the most common finding. The mothers are described as being overly indulgent, overly ambitious, and overly protective. While it is probable that these and other factors may be present in the lives of many substance abusers, it is questionable that these factors have
predictive power. The families of substance abusers cannot be typed into neat categories of psychopathalogy for social work practitioners attaching labels to individuals.

The well being of the cocaine addicted mothers has been a problem of long standing concern. Nurco, Wegner, and Stephens (1982), noted that female addicts generally reflect poor self-esteem and see themselves as having violated family expectations, or having brought disappointments and sorrows to family members. Steffenhagen (1980), indicated that self-esteem is posited not as the apex of the personality, but the foundation.

He further notes that the psychodynamic mechanism underlying drug abuse is low self-esteem. Self-esteem develops through experimental behavior involved in mastery; the ability to master situations, and achieve one's goals. Low self-esteem may result either from setting goals too high or from not achieving realistic goals because of lack of confidence in the ability to attain them. Within the self-esteem theory we can explain non-use, social use, and abuse of drugs as well as why therapeutic models are or are not successful.
A major concern which again has too often overlooked cocaine addicted women pertains to the concept of self-acceptance. Substance abuse literature consistently indicates that drug dependent women have poor self-images. An article states, (Arnon et al., 1974; Gossop, 1976; Kilman, 1974), regard for themselves, and their sense of self-worth are considerably lower than that of non-drug dependent women. General psychological research also indicates that women have lower self-esteem than men (Bardwick, 1971; Gurin et al., 1960), (Rosenkrantz et al., 1968).

While substance abuse literature suggests that women must be much more deviant than men to use certain drugs, the relatively low self-esteem of the female addict is often attributed to circumstances such as prostitution per se (e.g., Dense-Gerber et al., 1972; Domantay, 1973; Nyswander, 1956).

The drug subculture is at least as male oriented as the dominant culture (File, 1976; Levy and Doyle, 1974). Women and the roles relegated to them are of secondary status (Hughes et al., 1971). Female addicts display comparatively lower self-esteem than male addicts suggesting that self-images suffer from this
double burden of the prejudice experienced because they are women, and because they are addicts (Miller et al., 1973). Treatment programs using confrontation techniques may exacerbate rather than alleviate this problem for women. Women who have little sense of their own self-worth may also feel they are not worth the efforts of treatment. Hence, lower self-esteem among women addicts is best viewed as a predictable response to the attitudinal context in which they find themselves; and it should not necessarily be taken as an indication of greater "sickness" and/or lower rehabilitative potential.

Josselson (1980), put forth the following view for our understanding of ego development, and noting it has undergone vast changes in the past twenty-five years. It's primarily the contribution of Hartman (1958). He places stress on adaptation and on conflict free spheres of the ego enabling us to understand normal developmental processes. To Hartman, the ego is an organizational ego; one that has as its main task, the fitting together of internal and external experiences. Erikson (1965), revolutionized our thinking about the notion of the ego continuity, and the ego identity.
Noting further, that ego integration is an emergent phenomenon in the sense that the organizational aspects of self is more than the sum of the parts and resides precisely in the manner in which the parts are synthesized (cited in Nicoli, 1988, p. 281).

This conception of the ego necessitated a holistic framework where the ego becomes an extraction for the organization of ego functions. Social workers building on this work can come to understand that the ego primarily has two tasks in addition to its defensive function: (1) to consolidate autonomy through internalization; (2) to integrate identity.

Lowenberg’s (1976) model of ego development is content bound and descriptive. He searched for a unitary thread underlying ego development over the life cycle.

According to Berger (1952), as quoted from Sheerer (1949), found a correlation between attitudes of acceptance of the self and acceptance by others. Such a relationship would imply that self-rejection may be a factor in individual hostility toward group or other individuals. Phillips (1951), excerpted from Fromm-Reichmann (1949), remarked that "...because one
can respect others only to the extent that one respects oneself. Or to put it differently one can love others only to the extent that one loves oneself." And again, "Where there is low self-esteem there is ... low esteem of others and fear of low appreciation by other people" (4, p. 167). It appears that such a relationship might supply the social work discipline with a principle which might be helpful in understanding social conflict and hostility. However, there is a need to test whether or not the generalization can be made with confidence. The existing evidence is limited.

For the most part, observation of a relationship between feelings toward the self and feelings towards others have been based on clinical experience alone; and only very recently have there been any attempts to study this relationship systemically. Alfred Adler (1921), was probably among the first to make such an observation when he contended that "a tendency to disparage" arose out of feelings of inferiority as an overcompensation. Horney (1937), also stated that the person who does not believe himself lovable is unable to love others. According to Fromm (1939), we should love ourselves, for self-love and the love of others go
hand in hand. Moreover, he proposed that a failure to love the self is accompanied by a basic suppression of the individual's spontaneity of his/her "real" self.

According to Reed (1980), many problems and issues that treatment of drug dependent women must address are related more to their being women than to their chemical dependency. The service needs and characteristics of drug dependent women are similar in many ways to those of women who do not become chemically dependent.

Social workers must recognize strengths and potentials women are likely to bring to treatment and how to build on these areas. Social workers must also help women clients develop abilities and capacities that have been limited through past experiences and gender role socialization; and establish more adaptive ways of managing life situations that have caused conflict and stress for women in their community. Creating new support systems and opportunities that will help women find more self-affirming ways of viewing themselves as important.

Chemically dependent women have lower incomes; are more dependent on social services; have less evidence
of a work-related identity and poorer job histories; and are less vocationally prepared to become more economically self-supporting. Drug dependent women are relatively isolated socially. They tend to withdraw from contacts with people they have been close to, or they are more often rejected by families and friends. In addition, because of their socialization to nurture and serve others, women are usually responsive to, and concerned about the reactions of others to their behavior.

"Learned helplessness", resulting from physical and emotional assault and extreme feelings of powerlessness, is also characteristic of many drug dependent women. Especially those who have low levels of self-esteem and/or high levels of depression (Seligman, 1974; Walker, 1979).

Drug dependent women with patterns of "learned helplessness" will need repeated success experiences, and will have to learn to think more positively about themselves and their capabilities. They need experiences inside and outside of the treatment program which will be empowering. These include developing (1) useful skills that will enable them to survive without
using drugs; (2) more rewarding relationships; (3) economic self-sufficiency; and (4) pride in who they are and what they can accomplish.

Traditionally, women seek out, and enter treatment less often than men (Gutierres, Jonathan, and Rhoades, 1981). Some of the reasons that women do not seek treatment as often as men include: (1) social expectations and pressures; (2) lack of adequate facilities for women and women with children; (3) fear that their children will be taken away from them if they admit to their drug addiction; (4) often times women are required to place their children in state foster care homes so that they can enter a treatment program; (5) fear of imprisonment; and (7) loss of reproductive rights. However, addiction from a legal perspective is constituted as an illness rather than a willful behavior. A clear trend has developed toward criminalization of drug abuse during pregnancy as "fetal abuse", a movement away from commitment to drug rehabilitation.

Despite all knowledge gained about women and drug dependency over the past ten years, evidence suggests that treatment programs have been slow to incorporate
changes needed to provide effective services to women. Treatment modalities have not been modified to suit the needs of women. Treatment for female addicts has typically been based on what works for males using sex-oriented methods (Murphy and Rollins, 1980).

Reed, Beschner, and Mondanaro (1982), indicated that women have traditionally been underserved and at a disadvantage in most treatment programs. A recent survey of seventy-eight drug treatment programs in New York City revealed that fifty-four percent categorically excluded pregnant women; sixty-seven percent refuses to treat pregnant medicaid patients; and eighty-seven percent specifically excluded crack abusing women receiving medicaid (Chavkin, 1990).

Females report that their experiences in drug treatment facilities differ somewhat from their male counterparts. Many of them seem to prefer a female counselor, finding her more empathetic; feeling able to be open with another female, to express themselves, and not not to hold back. In addition, some women complain that male counselors, particularly ex-addict counselors, try to sexually exploit female clients in exchange for sexual favors.
Women who enter treatment appear to be educationally and vocationally disadvantaged (Murphy and Rollins, 1980). Most women in drug treatment facilities desire employment (Gioria and Byrne, 1974; Levy and Doyle, 1974). Drug treatment programs, however, have generally been unsuccessful in helping clients obtain employment or job skills. In the Women’s Drug Research sample, the rate of unemployment was about the same among women leaving treatment as it had been among women entering treatment (approximately eighty percent).

A major factor leading to unemployment and consequent drug recidivism among chemically dependent women is the failure by treatment programs to recognize the addict "after detoxification continues to be the same vocationally limited individual even though she may appear able to work" (Richman, 1966).

Most drug dependent women have childcare responsibilities that must be considered in planning training or employment possibilities. Women clients are more frequently expected to provide primary care and support for their children. These women may also lack knowledge of transportation systems and money for
such things as transportation and food. Finally, women in our society generally face special problems in attempting to obtain satisfactory employment. These barriers include society's stereotypic perception of women as dependent and nurturant, and are primarily interested in passive careers rather than in leadership competition. With a therapeutic community (Deleon and Beschner (1976) found jobs assigned to women to be gender type.

Women who use drugs have unique problems and needs related to drug dependency, which is that of childrearing. The responsibilities of parenting require a considerable amount of time and energy; factors that may be seriously diminished by women's dependency on drugs, as a result of destructive drug use in mothers (Stryker, 1977).

Since the vast majority of women who use drugs are of childbearing age (Finnegan, 1979), treatment programs must be equipped to provide access to quality childcare services within the program or through outside community resources. The need of childcare services to allow women access to treatment and rehabilitation services is just one factor justifying
these services as a necessary component of drug treatment for women. The needs of the children and the potential effect of their mothers' addiction on the children's development are serious consideration for the treatment community. In addition, the children of drug dependent mothers should receive consistent, quality care, and developmental services to allow them to achieve their highest potential. These children of drug dependent mothers often suffer from emotional neglect, family instability, physical neglect, and lack of peer relationships (Homiller, 1977).

Based on the above mentioned information, it can be concluded that quality child daycare services can fulfill several needs of the drug dependent mothers and their families in the following areas: (1) facilitate women's access to treatment services; (2) assist women addicts in performing their parenting role more effectively; (3) minimize the negative impact mothers' addiction will have on their children; (4) allow addicted mothers to seek necessary social rehabilitative services; (5) enhance the development of the disadvantaged children; and (6) allow women to seek vocational training, education, and satisfactory
employment necessary to become a self-sufficient member of society.

Overview of Major Theoretical Orientations

The works of Steffenhagen and Khantzian (1980), have contributed to the consideration of cocaine addicted mothers from a self-esteem perspective, and an ego/self theory of substance dependence perspective. Their complimentary approaches to our understanding of drug use, will be described.

The self-esteem theory put forth by Steffenhagen (1980), views the preservation of self as the most important variable underlying human behavior. Drug use is a compensatory mechanism that serves as an excuse for life's failures; and can insulate one from social responsibility. Low self-esteem can provide the impetus for initiation for one looking for immediate gratification, but low self-esteem is not sufficient to account for initiation into drug use. For that, we have to look to the social milieu which provides the basis for such initiation. The peer group provided the greatest pressure and opportunity to see what drugs are provided and how.

Khantzian (1980), has taken another approach and
as identified in his work with drug dependency focused on individuals in whom the psychoanalytic perspective, the meaning, causes and consequences of drug use can be understood best by considering how the personality organization (particularly ego psychological and self-structures) as an individual interacts with environmental influences and drug effects. Such an approach accounts for and explains both: more benign, self-limited degrees of drug involvement, and the more malignant patterns of misuse and dependency.

The nature of the ego and the self-disturbances of certain individuals leave them more prone to begin drug use. The nature of these ego and self-disturbances is related to failures or deficiencies in drive affect defense, self-esteem, and self-care. Having failed to develop adequate internal mechanisms for coping with internal drives and emotions, the cocaine addicted mothers are constantly involved with a range of behavior and activities including drug use in the external world to serve their needs for a sense of well being, security, and pleasure. Rigid defenses and low self-esteem cause addicted mothers to turn more exclusively to the external environment for
satisfaction of such needs and wants.

**Definition of Terms**


*Cocaine* - A white powder (not used as a local anesthetic) to produce a pleasurable euphoric state.

*Addicted Mother* - A mother who is dependent upon a drug(s) to receive a pleasurable affect.

*Non-Addicted Mother* - A mother who is not dependent upon a drug(s) to receive a pleasurable affect.


*Ego Strength* - The personality component that is conscious, that has as its primary task the fitting together of internal and external experiences.
Statement of Hypotheses

(1) There is no significant relationship between cocaine addicted mothers and non-drug dependent mother's ego strength.

(2) There is no significant relationship between cocaine addicted mothers and non-drug dependent mothers' self-esteem.

(3) There is no significant relationship between cocaine addicted mothers and non-drug dependent mothers' self-acceptance.
CHAPTER THREE
METHODOLOGY
RESEARCH DESIGN

This is an exploratory research design and descriptive research design. It is an exploratory research design because little is known from prior social work research of the phenomena ego strength, self-esteem, and self-acceptance in cocaine abusing mothers. The aim of the exploratory study is simply to identify the important variables and to develop specific hypotheses. The descriptive design will be used to link the variables and establish correlation between ego strength, self-esteem, and self-acceptance in cocaine abusing mothers. Borg (1981), states that descriptive research is based on self-report evidence that is given by the subjects through the use of paper and pencil tests, interviews, and questionnaires. Gay (1987), describes descriptive research as involving collecting data in order to test hypotheses or to answer questions concerning the current status of the subjects of the study.

Sampling
The non-probability convenience sample was used
for this study. According to Horowitz (1972), a non-probability sample consists of individuals who were willing to respond to the researcher's questionnaire. The sample was composed of thirty-eight African-American females (non-drug dependent mothers/cocaine abusing mothers) between the ages of eighteen to forty. They were chosen by random methods. The sample was drawn from two major areas in metropolitan Atlanta, local college students (non-drug dependent mothers) and parents from Grady Memorial Hospital Obstetrics and Gynecological Clinic (cocaine addicted mothers). Not all of the women selected, participated in the study. Some were absent on the days the questionnaire was administered. This gathering of data was extended over a period of days, and the subjects were instructed not to discuss the nature of the study with any one.

Data Collection Procedure (Instrumentation)

The instruments used in this study were the Barron's Ego Strength Scale (1953), adapted for research; Rosenberg's Self-Esteem Scale (1951), adapted by the researcher; Phillips Self-Acceptance Scale (1951); and Colten's Women's Attitudes Toward Men Scale
Before administering the questionnaire, preliminary tasks were accomplished. Confidentiality and anonymity were ensured. From the sample, persons were given the option to refuse to participate in the study. Eight such persons declined participation. In the individual interview, the purpose and goals were given and clear instructions for completing the questionnaire were provided. Time was allocated for questions and answers. The questionnaire took approximately twenty minutes to complete. Expressions of thanks were given to all subjects. The questionnaire was collected from participants over a two week time frame. The questionnaire consisted of forty-six questions (See Appendix C). Section one (Demographics), consisted of seven questions, and section two (Women's Attitudes Toward Men) consisted of four questions. Section three (Ego Strength) consisted of fourteen questions while section four (Self-Esteem) consisted of ten questions. Section five (Self-Acceptance) consisted of eleven questions; and the validity and reliability of the instruments are
already known. The thirty (30) participants did not express any anxiety or raise any specific questions about sharing this kind of information. Therefore, there were no alterations in the instruments.

Data Analysis

The data was analyzed using the SPSSX batch system on the VAX system at Clark Atlanta University. Descriptive statistics were used and are reported in terms of the mean, standard deviation, frequency distribution, and percentages. The "t-test" was used to compare cocaine addicted mothers to non-drug dependent mothers.
CHAPTER IV
PRESENTATION OF RESULTS

The descriptive questionnaire was self-administered to thirty African-American women (fifteen cocaine addicted mothers and fifteen non-drug dependent mothers) between the ages of eighteen to forty. The results of the analysis are presented in tables 1-9. The author used the following null hypotheses:

Ho 1: There is no significant relationship between cocaine addicted and non-drug dependent mothers' ego strength. A "t-test" analysis was conducted to test the differences in mean scores between cocaine addicted and non-drug dependent mother's ego strength. The results of the analysis showed $t = 0.90$, $df = 27$, $p<.37$. Based on these results, we accept the null hypothesis that there is no statistically significant difference between the two groups (See Table 1, Appendix A, p. 57).

Ho 2: There is no significant relationship between cocaine addicted and non-drug dependent mothers' self-esteem. A "t-test" was conducted to test the differences in mean scores between
cocaine addicted and non-drug dependent mothers' self-esteem. The results of the analysis showed $t = 0.46$, $df = 28$, $p < .64$. Based on the results, we accept the null hypothesis that there is no statistically significant differences between the groups (See Table 2, Appendix A, p. 58).

Ho 3: There is no significant difference between cocaine addicted and non-drug dependent mothers' self-acceptance. A "t-test" was conducted to test the difference in mean scores between cocaine addicted and non-drug dependent mothers' self-acceptance. The results of the analysis showed $t = 0.91$, $df = 28$, $p < .37$. Based on the results, we accept the null hypothesis that there is no statistically significant differences between the two groups (See Table 3, Appendix A, p. 59). In the comparison of both groups regarding "Women's Attitudes Toward Men," a "t-test" was conducted to test the differences in mean scores between cocaine addicted and non-drug dependent mothers' attitudes toward men. The results of the analysis showed $t = 0.55$, $df = 28$, $p < .58$. Based on these results, there was
no statistical difference between the two groups (See Table 4, Appendix A, p. 60).

The result of the analysis in terms of demographic data for both groups is presented in Tables 5-9 respectively (See Appendix A, pp. 61-65). The frequency distribution of race revealed 30 (100%) between the average age of 25-29 (36.7%); 17 (58.6%) were single; 18 (60.0%) had some college education; 18 (60.0%) were Baptists, and (55.2%) were unemployed. The frequency distribution showed there was no statistically significant difference between cocaine addicted and non-drug dependent mothers' race, age, sex, marital status, educational level, religion, and employment status.
CHAPTER V
SUMMARY AND CONCLUSION

In summary, the results of this study supports the null hypotheses that there is no significant difference between cocaine addicted and non-drug dependent mothers' ego strength, self-acceptance, and self-esteem. The hypotheses also supports the literature that women who use/abuse drugs, share many characteristics with each other and with women who are not drug dependent. Differences among them are related to age, ethnicity, race, class, and lifestyle (Reed, 1980). First, age makes a difference in a number of ways. Women's socialization and life circumstances are quite different throughout the life course (Rossi, 1980). Drug use that begins to interfere with one's life and active coping during adolescence will have different effects than will problematic drug use that occurs later in life, since many experiences and skills important for being effective adults are acquired during adolescence. Secondly, women differ from each other in ethnic and racial characteristics, and their socio-economic class. Cultural norms regarding appropriate gender behaviors differ by social class and
appropriate gender behaviors differ by social class and across ethnic and racial groups. The data available about racial and ethnic differences among drug dependent women makes it clear that different types of women become chemically dependent and face very different life circumstances and opportunities.

In conclusion, this study is offered as a preliminary guideline for social workers in providing effective treatment services to meet the needs of chemically dependent women. Any attempt to characterize drug dependent women as a group will be, of necessity, an over generalization. As groups of chemically dependent women are studied, researchers should examine value systems, intuitive assumptions, and research methodology to assure consideration of personal and environmental factors; as well as the strengths and assets of drug-abusing women. As Nathan and Lansky (1978) suggest, the literature supports the need for a sophisticated view of drug dependency, based on assessments of complex individual systems interacting with personal history and environmental factors. Although some degree of over simplification is useful, we must continue to strive to discover the
unique characteristics specific to women and their psychosocial situation (Sutker, 1980). According to Reed, Laird, Hartman, and Harding (1980), drug dependency and treatment programs serving women, need to attend to their concern for children; remove barriers that might prevent clients from entering treatment; and capitalize on important sources as positive motivation.

Limitations of the Study

In carrying out the study, the following limitations were observed:

1) The population was limited to women of childbearing age (15-40).

2) Due to the federal laws restricting confidentiality of drug abusers, it was not easy for the researcher to gain access to a live population sample from a hospital setting or from a local drug treatment facility based on a confirmed positive drug screen in order to gather empirical data. Thus, this researcher was restricted to interview some mothers based on self-report. The validity of this information, particularly that of the non-drug dependent mothers is questionable due to the tremendous
amount of denial. In addition, because of the limitation of this study, extreme caution should be adhered to when attempting to generalize the results of this study in regard to other populations,

3) The review of the literature indicated that there is a lack of research which addresses cocaine addicted and non-drug dependent women’s issues and concerns.

4) The study was limited to Black women, since they are disproportionately represented in the cocaine epidemic.

5) The size of the population does not present results that can be generalized, but it does reflect the impact of cocaine abuse on the ego strength, self-esteem, and self-acceptance of cocaine addicted and non-drug dependent mothers.

Suggested Research Directions

This study does have implications for further study, especially for social workers. It is the opinion of the researcher that this study needs to be expanded in terms of the number of subjects, race, and time used in conducting the study. The study was very limited in terms of time for collection of data and
sample size. Secondly, as stated earlier in the study, there is a lack of systemic research from the social work profession that has been done to explore the ego strength, self-esteem, and self-acceptance of cocaine addicted/chemically dependent women because their lack of education and training have not provided a basic understanding of the addiction cycle.
CHAPTER VI

IMPLICATIONS FOR SOCIAL WORK PRACTICE

In an effort to increase knowledge and understanding of cocaine abusing mothers, it is important for social workers to consider these four relevant concepts: ego strength, self-esteem, self-acceptance, and "Women's Attitudes Toward Men" scales.

This researcher concurs with the thinking of Morales and Sheafor (1980), that the effective social workers' knowledge base includes knowledge of self, of the profession, of conceptual framework, and practice intervention modalities.

Social workers need to have a knowledge of the reciprocal influences on the cocaine addicted mother and her total environment: human, social, economic, and cultural.

To accomplish this goal of effective social service delivery to the cocaine abusing mothers, the social workers must have appropriate values, skills, and knowledge for helping with the multidimensional problems impacting this client population.

This researcher recognizes that an array of theories have been developed to address the issue of
drug dependency. Certainly, the search continues for a comprehensive, theoretical formulation to address the complex phenomena of cocaine abusing mothers. With this in mind, this researcher selected the following theories to inform this empirical study. Specifically, the theories are: ego/self theory of substance dependence and self-esteem theory. These theories and techniques are closely related in current practice with this population. One of the major assumptions of this research is that the theories selected are essentially related to our profession's style of practice. We have used these theories to describe a series of logical explanations of the interrelatedness of a set of factors (i.e., ego strength, self-esteem, self-acceptance, and "Women's Attitudes Toward Men" scales that have been empirically verified and are capable of being verified and replicated in social work research.

It is important for social workers to recognize that the process of developing new systematized knowledge is a complex and intricate activity, thus the need for practitioners to be strongly committed to sharpening their theoretical orientation and constantly
specifying the precision of the theoretical orientation used.

Social work’s lack of activity with regard to cocaine abusing mothers’ issues remains in a state of vacillation. Certainly increasing the knowledge of social workers about this population will have an effect on practice. There is a need for social work educators to examine their own practice and advocate for developing a non-sexist curriculum. Social workers must be sensitive to the implications of a sexist and racist society for cocaine addicted mothers. It is inappropriate for social work practitioners to apply the definition of the "White male" model’s traditional status to the cocaine addicted mothers’ predicament as a guide for social work action. Social workers need to understand clearly the impact racism and sexism has on cocaine addicted mothers. Practitioners and the profession should seek to make a stronger commitment to non-sexist and racist practice.

Methods of social work practice including methods of direct service, casework, group work, and community organization; and the enabling methods of research and administration are the proper areas where social
workers should habitually employ specific practice with this population.
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Morales, A., & Sheafor, B. (1980). The Knowledge Base


Health Service, Alcohol, Drug Abuse, and Mental Health Administration, Washington, DC.


Table 1
"T-Test" Analysis of Ego Strength of the Cocaine Addicted and Non-Drug Dependent Mothers

N = 30

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T Value</th>
<th>Degrees of Freedom</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine Addicted Mothers</td>
<td>5.8</td>
<td>1.74</td>
<td></td>
<td>0.90</td>
<td>.37</td>
</tr>
<tr>
<td>Non-Drug Dependent Mothers</td>
<td>6.4</td>
<td>1.88</td>
<td></td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>
Table 2
"T-Test" Analysis of Self-Esteem of Cocaine Addicted and Non-drug Dependent Mothers

\[ N = 30 \]

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T-Value</th>
<th>Degrees of Freedom</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine Addicted Mothers</td>
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<td>2.68</td>
<td></td>
<td>0.46</td>
<td>.64</td>
</tr>
<tr>
<td>Non-drug Dependent Mothers</td>
<td>23.60</td>
<td>3.54</td>
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</table>
Table 3

A "T-Test" Analysis of Self-Acceptance of the Cocaine Addicted and Non-drug Dependent Mothers

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T-Value</th>
<th>Degrees of Freedom</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine Addicted Mothers</td>
<td>24.00</td>
<td>5.68</td>
<td>0.91</td>
<td>28</td>
<td>.37</td>
</tr>
<tr>
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<td>22.00</td>
<td>5.11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 4

A "T-Test" Analysis of "Women's Attitudes Toward Men"  
Cocaine Addicted and Non-drug Dependent Mothers  

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T-Value</th>
<th>Degrees of Freedom</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine Addicted Mothers</td>
<td>8.4</td>
<td>3.33</td>
<td></td>
<td>0.55</td>
<td>28</td>
</tr>
<tr>
<td>Non-drug Dependent Mothers</td>
<td>9.0</td>
<td>2.63</td>
<td></td>
<td>0.55</td>
<td>28</td>
</tr>
</tbody>
</table>

N = 30
Table 5

Demographic Data

Distribution of Participant by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>20-24</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>25-29</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>30-34</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>35-40</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 6

Distribution of Participants by Marital Status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>17</td>
<td>58.6</td>
</tr>
<tr>
<td>Married</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Divorced</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

N = 30
Table 7
Distribution of Participants by Educational Level

\[ N = 30 \]

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<thead>
<tr>
<th>Educational Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some High School</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Completed High School</td>
<td>3</td>
<td>10.3</td>
</tr>
<tr>
<td>Some College</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>Graduate School</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Vocational/Technical Training</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 8

Distribution of Participants by Religion

\( N = 30 \)

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptist</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>Catholic</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Methodist</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Seventh Day Adventist</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 9

Distribution of Participants by Employment Status

\[ N = 30 \]

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td>9</td>
<td>31.0</td>
</tr>
<tr>
<td>Part Time</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>16</td>
<td>55.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
April 1, 1991

Ms. Charlene Turner  
Director of Social Services  
Grady Memorial Hospital  
80 Butler Street  
Atlanta, GA 30335

Dear Ms. Turner:

I am requesting permission to conduct a research study entitled, "An Exploratory Descriptive Study of Ego Strength, Self-Esteem, and Self-Acceptance of Cocaine Addicted and Non-Drug Dependent Mothers" at your facility.

The objective of this research study is to provide social work professionals with a preliminary guide in working with this population.

The questionnaire is composed of forty-six questions. It will take about fifteen minutes to complete. A final copy of the research will be made available to your facility. In order to ensure anonymity, the respondents’ or participants’ names will not appear on the questionnaire. Instead, a code number has been assigned for the purpose of confidentiality.

I sincerely believe that the results of this research project can have an impact on the quality of clues, strategies, methodologies, and effective treatment interventions in working with this population.

Thank you for your cooperation.

Sincerely,

Carolyn J. Walker  
Graduate Student  
Clark Atlanta University
CONSENT FORM

I, _____________________, freely and voluntarily and without undue inducement or any element of force, fraud, deceit, duress or other form of constraint or coercion; consent to participate in the research study entitled "An Exploratory Descriptive Study of Ego Strength, Self-Esteem, and Self-Acceptance of Cocaine Addicted and Non-Drug Dependent Mothers," during the period of Spring 1991, with Carolyn J. Walker as the researcher. The procedures to be followed, and her purpose, have been explained to me, and I understand them.

I understand that any information obtained from me will be used by Ms. Walker for partial fulfillment for the requirements of Master of Social Work degree from Clark Atlanta University.

I understand that the information obtained will remain anonymous and confidential. Any benefits reasonably to be expected from my participation have been explained to me.

I understand that this consent may be withdrawn at any time prior to the completion of this questionnaire.

Any question I had about this project have been answered to my satisfaction. I have read and clearly understand the above statements.

Participant’s Signature _____________________ Date _____________________
QUESTIONNAIRE

INSTRUCTIONS: This questionnaire will be used for a research study. Your cooperation in completing this questionnaire will be greatly appreciated. The information will remain confidential. Please read each item carefully and indicate your response by placing an "X" to the left of the statement in the spaces below.

Part I. Demographic Data:

1. Race
   ___ Black
   ___ Hispanic
   ___ Asian
   ___ White
   ___ Other (Specify)

2. Age
   ___ 15-19
   ___ 20-24
   ___ 24-29
   ___ 30-34
   ___ 35-40

3. Sex
   ___ Female

4. Marital Status
   ___ Single/Never Married
   ___ Married
   ___ Separated
   ___ Divorced
   ___ Widowed

5. Educational Level
   ___ Grade School
   ___ Junior High School
   ___ Some High School
   ___ Completed High School
   ___ Some College
   ___ Graduate School
   ___ Vocational/Technical Training
   ___ GED

6. Religion
   ___ Baptist
   ___ Catholic
   ___ Methodist
   ___ Church of God
   ___ In Christ
   ___ Seventh Day Adventist
   ___ Presbyterian
   ___ None
   ___ Other (Specify)

7. Employment Status
   ___ Full Time
   ___ Part Time
   ___ Unemployed
Part II. Women’s Attitudes Toward Men

This section is designed to measure how you compare with other women. It is not a test, so there are no "right or wrong" answers. Please answer each item as carefully and accurately as you can. Indicate your response by placing a number to the left of each item as follows:

1. Disagree a lot
2. Disagree a little
3. Agree a little
4. Agree a lot

8. ___Men are more interested in my body than me as a person.
9. ___Most men don’t take women seriously.
10. ___Women are more badly used than men.
11. ___The only way for women to survive is to have men protect them.

Part III. Ego Strength Scale

Please read each item carefully and indicate your response by writing "True or False" to the left of the statement in the spaces below.

12. ___I am a very ambitious person
13. ___I am very stubborn and set in my ways.
14. ___No one can change my beliefs in which I have
15. ___I frequently find myself worrying about the future.
16. ___I give everything I have to what I undertake to do.
17. ___I am a calm person in almost any emergency.
18. ___Often I feel tense without good reason.
19. ___I am restless or irritable when people make wait for them.
20. ___I am always self-reliant and independent in doing my work.
21. ___I am one who likes actively to keep busy.
22. ___I have an inferiority complex about my abilities to do things.
23. ___I have strong beliefs which I will always stand by.
24. ___One of my greatest troubles is that I cannot
get down to work when I should.

25. ___ I can work in the midst of a number of distractions.

Part IV. Self-Esteem Scale

Please read each statement carefully and accurately as you can. This is not a test, so there are no "right or wrong" answers. Indicate your response by placing a number to the left of each item as follows.

1 Strongly Agree
2 Agree
3 Disagree
4 Strongly Disagree

26. ___ I feel that I'm a person of worth, at least on an equal basis with others.
27. ___ I feel that I have a number of good qualities.
28. ___ All in all, I am inclined to feel that I am a failure.
29. ___ I am able to do things as well as most other people.
30. ___ I feel I do not have much to be proud of.
31. ___ I take a positive attitude toward myself.
32. ___ On the whole, I am satisfied with myself.
33. ___ I wish I could have more respect for myself.
34. ___ I certainly feel useless at times.
35. ___ At times I think I am no good at all.

Part V. Self-Acceptance Scale

Please read each statement as carefully and accurately as you can. Indicate your response by placing a number to the left of each item as follows:

1 Disagree a lot
2 Disagree a little
3 Agree a little
4 Agree a lot

36. ___ I'd like it if I could find someone who would tell me how to solve my person problems.
37. ___ I don't question my worth as a person, even if
38. When people say nice things about me, I find it difficult to believe they really mean it. I think maybe they're kidding me or just aren't being sincere.

39. If there is any criticism or anyone says anything about me, I just can't take it.

40. I don't say much at all at social affairs because I'm afraid that people will criticize me or laugh if I say the wrong thing.

41. I realize that I'm not living very effectively, but I just don't believe I've got it in me to use my energies in better ways.

42. I look on most of the feelings and impulses I have toward people as being quite natural and acceptable.

43. I feel different from other people. I'd like to have the feeling of security that comes from knowing I'm not too different from others.

44. I'm afraid for people that I like to find out what I'm really like, for fear they'd be disappointed in me.

45. I am frequently bothered by feelings of inferiority.

46. Because of other people, I haven't been able to achieve as much as I should have.