7-1-1992

A study of the effects of group therapy on a drug user's self-esteem

Gregory L. Scruggs

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The purpose of this study was to examine the effects of group therapy on self-esteem on a substance abuse client. It was hypothesized that participation in group counseling would increase the client's self-esteem. This study was conducted over a four-week (4-week) period with instruments administered during individual sessions. The results showed a significant increase in self-esteem levels monitored by Index of Self-esteem and a decrease in depression monitored by Generalized Contentment Scale. Findings indicate that the client experienced improvement.
A STUDY OF THE EFFECTS OF GROUP THERAPY ON A DRUG USER'S SELF-ESTEEM

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
GREGORY L. SCRUGGS

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

JULY 1992
ACKNOWLEDGEMENT

It is with great honor that I offer my deepest gratitude to God for his guidance, love and strength in the completion of my graduate studies and thesis. Also, I wish to thank Dr. Carol Cox-Pursley, Dr. Christiane O’Hara and the staff at the Clifton Springs Substance Abuse Clinic for their infinite support and encouragement. Sincere appreciation goes out to Eileen Bellingrath for her genuine concern and guidance. To my wife who has stood by my side daily giving endless hours of support and encouragement, I thank you and love you from the depths of my heart. I also wish to thank my thesis advisor, Professor Jurella Poole, for her invaluable contributions towards the completion of my thesis. And lastly, special thanks to Karen Everett, my typist, for her patience and expertise in typing my thesis.
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CHAPTER ONE
INTRODUCTION

During the past decade, there has been a tremendous increase in the number of individuals and families affected by substance abuse. The causes and ramifications of substance abuse in today's society are multi-faceted, complex and confusing.¹

Lettieri states that,

drug abuse is a complex, contemporary social problem. Its complexity derives in part from the impact it has on the individual user, psychologically, socially and biologically and in part from its effects on society, law, economics and politics.²

According to Gellman and Gage, the only way for a drug abuser to overcome addiction is by confronting self-doubt and to work on self-esteem.³ Most drug addicts think they


can stop whenever they want. Families and friends are often devastated when they realize it is not easy to stop. Drug abuse can injure friends and families, can cause financial disaster and legal problems. Like alcohol, drugs affect the user’s entire network.

Statement of the Problem

Drug abuse has always been a subject clouded by myths. The classic image of a "drug addict" was a miserable, poverty-stricken, immoral wretch, who stole, mugged and murdered to obtain drugs. Today, the image of the addict has changed. People recognize that addicts come from all social and economic classes; that they do not exist in a vacuum. Recent statistics indicate that about six million Americans use cocaine and many of these users have family and friends who suffer as well.

A common symptom of addiction is the many promises that are not fulfilled, promises to the addicts and their families, friends and associates. This simple example of the constant failure and frustration inherent in addictive behavior illustrates how addiction reduces the confidence

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and self-worth of the individual. It is no surprise that adult addicts see themselves as lacking in stereotypical sex-role traits, such as assertiveness or compassion, and consequently rate themselves low on masculinity and femininity.\(^6\)

Self-identity is intermeshed with self-esteem, i.e., the need to feel good about oneself and worthy of the respect of other people. Within the context of the family, self-esteem has its early start in parental affirmation of self-worth and in mastery of early development tasks.\(^7\)

Parental modeling shapes the child's values, attitudes and behavior. In addition, the atmosphere created in the family and the behavior of the parents toward the child can be the determining factor in whether the child who reaches the adolescent developmental stage will begin the use of drugs.\(^8\)

The lack of parental warmth, support, and interest can impact the adolescent's personality and behavior. It is human nature to want to belong and be accepted by


\(^8\)Ibid., 200.
significant others. If the family does not supply the attention and emotional nourishment the adolescent needs, then he/she may become involved with friends who use drugs.\textsuperscript{9}

The involvement with drugs in the adolescent years may become a solution for dealing with problems that carry over into adulthood. Many adults began the use of drugs, such as alcohol, marijuana and cocaine, to gain euphoria (a sense of well-being), or they become dependent on drugs to escape their problems.\textsuperscript{10}

A number of theories on substance abuse and self-esteem exists with each theory stressing a particular set of factors; however, this research focused on the numerous studies on low self-esteem among adult substance abusers and other variables that aid in the cycle of addiction. Although one set of variables cannot address the issue of low self-esteem alone; there are factors which significantly impact on the individual's self-concept.

\textsuperscript{9}Ibid., 205.

CHAPTER TWO

LITERATURE REVIEW

It is in the familial arena that principles about the self develop. Within the family, the object that the child most intimately scrutinizes is the self. Parental modeling helps shape the child's values, attitudes and behavior. In addition, the atmosphere created in the family unit and this behavior of the parents toward the child shape personality and behavior. Parental warmth, support and interest has been shown to relate significantly to adolescent drug use.¹

Several researchers suggested that the less close an adolescent feels towards family members, the more likely the involvement with friends who use drugs. The researchers also noted that multiple drug use increases relative to a decrease in family affinity.² In addition, research findings have pointed out that a significant positive correlation exists between the number of overall family


²Ibid., 200.
problems and the number of different substances abused by an adolescent.³

A study of 81 adolescent drug and/or alcohol addicts produced results quite similar to those found among adult addicted population. On the Bem Sex-Role Inventory these young people rated themselves, in descending order, i.e., Undifferentiated (43.2%), Masculine (23.5%), Androgynous (18.5%), and Feminine (14.8%). Despite their exaggerated "macho" and "seductive" attitudes and behaviors, which resembled their adult counterparts, chemically dependent adolescents suffer similarly from low self-esteem and poor adjustment. Addictions appear to have already damaged these young people in areas of self-worth and sex-role perception.⁴

Studies have revealed that drug-using adolescents "...felt rejected at home, that their parents did not trust them or genuinely care about them, and that there was little to talk about with their parents."⁵ Also cited was low parental aspirations for children as predictive of marijuana

³Ibid., 200.


initiation. It was suggested that a lack of perceived parent-child closeness is predictive of what leads to the third stage of drug involvement, i.e., initiation to drugs other than marijuana.6

Many adult drug abusers grew up in families with a parent who was addicted to alcohol or other drugs. The experience of broken promises demonstrates the constant failure and frustration inherent in addictive behavior. It also illustrates how addiction reduces the confidence and self-worth of the individual.7

Schwalbe and Staples have noted gender differences in the importance of reflected appraisals, self-perceived competence, and social comparisons as sources of self-esteem. They noted that women attach greater importance to reflected appraisals than men, and that men attach greater importance to social comparisons than women; however, they found no difference for self-perceived competence. They also noted men and women were also much alike, in that reflected appraisals are the most important source of self-esteem for both groups, followed by self-perceived competence and then by social comparisons. These findings were interpreted in terms of compensation/ availability

6Ibid., 203.
7Ibid., 1384.
dynamic that was hypothesized to underlie self-esteem formation.\(^8\)

Heatherton and Polivy described self-esteem as similar to a barometer that rises and falls as a function of one's aspirations and success experiences. They also noted that there is a certain average tone to the self-feelings people maintain that is largely independent of objective feedback that might contradict the self-concept. People derive their overall sense of self-esteem by averaging feelings about themselves across a number of different social situations.\(^9\)

Guglielmo, Polak, and Sullivan studies involving development of self-esteem as a function of familial reception have noted that low self-esteem and familial environment have been separately linked to substance use and abuse. They argued that these are causatively linked, that parental relationship with the child provides the experiences from which self-esteem is learned. Cognitive errors are made in the process, and faulty experimentation results in these errors being confirmed, rather than refuted, by peers. The self-esteem, or evaluation of the self, once learned, is very resistant to change. When low,


it becomes a source of background pain in a person's life. Substance abuse is a frequently observed, maladaptive attempt to cope with this experience of pain.\textsuperscript{10}

In the continuous efforts to measure self-esteem among substance abusers, researchers have implemented studies from a health perspective to determine levels of use of alcohol, marijuana and cigarettes.\textsuperscript{11}

As part of a school-based alcohol misuse prevention study, questionnaires were administered to 2,589 fifth and sixth grade students. Six factors were identified which were both internally consistent and replicable, and indices were constructed. The indices measuring susceptibility to peer pressure, self-esteem, and internal health locus of control were significantly and negatively correlated with most of the substance use, misuse, and intention items and an external health locus of control index was not significantly related to most of the substance use, misuse, and intention items.\textsuperscript{12}

Individuals with low self-esteem tend to withdraw from others, are more intropunitive, and passively adapt to environmental demands. Persons with low self-esteem


\textsuperscript{11}T.E. Dielman, Pamela C. Campanelli, Jean T. Shope, and Amy T. Butchart, "Susceptibility to Peer Pressure, Self-Esteem, and Health Locus of Control as Correlates of Adolescent Substance abuse," Health Education Quarterly 14, (Summer 1987), 207.

\textsuperscript{12}Ibid., 218.
experience higher anxiety, self-hatred, inferiority. They are self-conscious and lack self-confidence.\textsuperscript{13}

Drug-abuse may be regarded as the individual's only available means of coping with feelings of disillusionment, loneliness, guilt, anxiety, rage, alienation and isolation. Physical, psychological or sexual-abuse in childhood may be linked to drug abuse in adolescence and adulthood.\textsuperscript{14}

Overview of Theoretical Framework

Psychologists Bandura and Mischel maintain that children learn socialization behavior through imitative play. They acquire moral standards in the same way that they learn other behaviors. They insist that social behavior is dependent on situational contexts and not on one single aspect of the superego. Social-learning theorists also believe that behavior is the result of modeling.\textsuperscript{15}

Modeling refers to a change in behavior as a result of the observation of another's behavior; that is learning by experience or imitation. Modeling has been used in behavior


modification to develop new behaviors that a person does not possess. Clients in group therapy for drug addiction are taught new ways of dealing with their problems that led them to start using drugs.

Lettieri defines five phases which comprise the cycle of drug abuse: (a) initiation of drug use, (b) continuation of drug use, (c) transition from drug use to drug abuse, (d) cessation of drug abuse, and (3) relapse into drug abuse. He classifies theories on drug abuse into four categories: (a) theories which explain drug abuse in terms of the drug abuser’s relation to himself or herself, (b) theories which explain drug abuse in terms of the drug abuser's relationship to others, (c) theories which explain drug abuse in terms of the drug abuser's relationship to society, and (d) theories which explain drug abuse in terms of the drug abuser’s relationship to nature.16

Theories from the disciplines of psychiatry and psychology focus on the relationship to self. Social-psychological theories focus on the relationship to others, sociological theories focus on the relationship to society. The majority of theories on drug abuse stem from the

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disciplines of psychiatry, psychology and social psychology, which includes social work.17

Psychoanalytic theories of drug abuse focus on the intrapsychic factors of the individual. Drug abuse may be regarded as the individual's only available means of coping with feelings of disillusionment, loneliness, guilt, anxiety, rage, alienation and isolation. Physical, psychological or sexual-abuse in childhood may be linked to drug abuse in adolescence or adulthood.18

Psychosocial and sociological theories emphasize peer and family influence, and the interaction of psychological, sociological and environmental factors. One researcher's theory of substance abuse is based on the concept of mutual over-dependence between the substance abuser and family. Since the primary issue is the substance abuser's inability to achieve a successful separation from the family, the potential for beginning the substance abuse cycle is particularly great during adolescence.19

In reference to the above theories, it appears that the drug abuser is dependent on the family for guidance and emotional nourishment especially during the adolescent developmental stage. There are theories such as the

17Ibid., 20.
18Ibid., 25.
19Ibid., 28.
psychological and personality theories that are based on the
cognitive and affective processes of the individual. However, these theories extend to the relevance of family influence on the adolescent’s and adult’s self-concept and the ability to cope with responsibility. Psychological theories of drug abuse often note the existence of a dysfunctional family system. This type of environment tends to create certain personality deficiencies in the adult. A lack of emotional and psychological coping skills, in combination with environmental factors, may lead the adult to abuse alcohol and drugs.21

Purpose of the Study

The purpose of this study was to examine the effects of group therapy on the self-esteem of an adult substance abuser.

Definition of Terms

1. **Addiction** - Physiological dependence on a chemical that results in tolerance and in withdrawal symptoms when the substance is unavailable. Addictive substances include alcohol, tobacco, narcotics, and many sedative drugs.22

2. **Self-Esteem** - An individual's sense of personal worth that is derived more from inner thoughts and values than from praise and recognition from others.23

3. **Substance abuse** - A disorder related to the unhealthy use of alcohol or drugs. For an individual to be considered a substance abuser, he or she must have used the substance for over a month; had social, legal, or vocational problems as a result of its use (episodic binges) or psychological pattern of use (a desire for continued use and an inability to inhibit that desire).24

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23 Ibid., 147.

24 Ibid., 160.
CHAPTER THREE

METHODOLOGY

Setting

This study was conducted at a Substance abuse Clinic located in DeKalb County. The target population served ranges between the ages of 16 to 80, male and female, Caucasian and black clients, who have a primary diagnosis of substance abuse based on criteria from the DSM-III-R. The Clinic provides a twenty-day treatment program for DeKalb County residents. The treatment consists of three types of groups that meet three times per week. Groups are divided by gender, i.e., male and female groups which meet separately one day per week; educational groups (aids and communication skills, tapes or films are discussed) and leisure activity groups. Payment for services is based on a sliding scale and ability to pay.

A client who enrolled in the program was asked to participate in this study. To maintain confidentiality, the name was changed.
Background of the Case

Ms. J is a 26 year old black female. She was diagnosed according to the DSM-III-R with cocaine dependence.¹

During the initial interview with Ms. J, it was revealed that she was molested at age 9 by her uncle. She began using marijuana at age 12 along with her sister. Ms. J has four (4) brothers and two (2) sisters. Her father died when she was very young, and she felt that she was the black sheep of the family due to her dark complexion. Ms. J recalled being called ugly by her sisters and never hearing her mother say, "I love you". At age 17, she dropped out of high school because she was pregnant. She eventually received her GED and a certificate as a Nursing Assistant.

Ms. J. has been married twice. She describes her first husband as neglectful. They smoked cocaine together. She had one child from the marriage. Ms. J. divorced her first husband after one year of marriage. She remarried two years later. She has four children from this marriage. She is currently separated from her second husband who also uses cocaine. Her children are in the custody of the Department of Family and Children Services due to her drug abuse, physical abuse and neglect. Ms. J. says she has never felt

good about herself and has never dealt with the pains of her early childhood, especially the molestation. The client stated that she wanted to find a solution to her drug problem and to regain her self-esteem.

**Treatment Hypothesis**

It was hypothesized that participation in group counseling would increase the client's level of self-esteem. It was also hypothesized that the client's level of depression and family relationships would improve.

**Instrument**

In this study, the Index of Self-Esteem and the Generalized Contentment Scale were employed. Both scales contain 25 items and each has a reliability of .90 or better. Two questionnaires were administered by the investigator on a weekly basis for a four-week period. The objective was to assess if there would be an increase in the level of self-esteem and depression among Ms. J once she completed the outpatient drug treatment program using group therapy.

**Research Design**

The A-B design was used and is the basic single system design widely applicable to many types of problems and settings as well as to all levels of intervention (from individuals to communities). The A-B design is the simplest
logical structure that provides clear information on changes in the problem between the baseline and the intervention.

**Intervention Strategy**

During the initial interview with Ms. J, treatment plans were developed. Ms. J’s plan included the following: (a) client was encouraged to utilize group sessions to discuss issues that relate to her low self-esteem, depression and drug use; (b) client agreed to remain drug free while in the program; (c) client agreed to attend three Cocaine Anonymous meetings per week; (d) client agreed to obtain a sponsor for the purpose of building a positive support system from someone who has a year or more recovery time; and (e) client agreed to comply with Department of Family and Children Services regulations for regaining custody of her children.

The client’s family was encouraged to attend the family education held every Thursday at 7:30 p.m., to work on family issues and to understand the addiction cycle. Family members also discussed their frustrations and ways to offer positive support.

The intervention strategy used with Ms. J consisted of group therapy sessions held daily over a four-week period.

Group sessions were held three days per week for one hour and fifteen minutes. Sessions were facilitated by counselors, social workers and staff who were recovering
addicts. The main interventive methods in the group sessions consisted of a discussion of specific issues with others with similar problems. This allowed members to develop strength needed to increase self-esteem and to reduce depression.

**Sessions One and Two**

These sessions focused on group members sharing information about their drug history and reason for seeking treatment. Ms. J. refused initially to share information and minimized her drug use. The group allowed her to sit quietly. She revealed after the sessions that she did not feel good about herself and admitted to feeling depressed about her life.

**Session Three**

During this session, Ms. J. shared more information about herself. She revealed to the group that her children were currently in custody of the Department of Family and Children Services (DFACS). When questioned by the group, she revealed that her children were taken because of her husband’s drug use, physical fights with husband, child abuse and neglect. She was unwilling to accept any responsibility for her problems. She blamed her husband. In individual sessions, she admitted that she was in treatment because of a court order from DFACS.
Sessions Four and Five

These sessions involved more sharing with the group about her drug problems. She began to admit to long-standing drug problems and how drugs had impacted on her life. The group sessions focused on understanding addiction, denial and the recovery process.

Sessions Six and Seven

In these sessions, Ms. J. discussed her feelings of lack of confidence and self-esteem. She shared information about her family, her dark complexion and feelings that no one loved her. The group was able to help her realize how the family impacted on her self confidence.

Sessions Eight and Nine

These group sessions focused on how to increase self-esteem. Group members expressed positive feelings toward Ms. J. Ms. J. commented after these sessions that she was beginning to feel better about herself.

Sessions Ten and Eleven

These sessions involved a discussion on the impact of drugs and how they mask problems. In individual contacts after the group, Ms. J discussed how the group was helping her to be honest with herself and her family. She commented that the group had helped her to talk about her drug problems with her family.
Session Twelve

The Twelfth and final session focused on self assessment on addiction, recovery and her future plans. Ms. J. was feeling very good about herself and her life. She had begun to make plans to divorce her husband, to seek employment and to obtain her children from DFACS.
CHAPTER FOUR
PRESENTATION OF RESULTS

This chapter is a summary of the data collected from the client in this study. The results of the study are presented in Figure 1 and Figure 2. The client participated in group counseling for a period of four weeks. Baseline and intervention measures were taken on self-esteem and depression.

Figure 1 presents level of self-esteem during baseline and intervention. As depicted, self-esteem level at baseline was 51. At the end of the four-week period of intervention, the client’s level of self-esteem was 9. The results demonstrate that group counseling was able to generate an absolute improvement in the client’s level of self-esteem.

Figure 2 presents depression levels during baseline and intervention. As depicted, depression level at baseline was 60. At the end of the four-week period of intervention, client’s level of depression had decreased to 21. The results demonstrate that group counseling was able to generate an absolute improvement in the client’s level of depression.
Time did not allow for follow-up data to determine if the levels of self-esteem and depression were maintained.
Figure 1
Client's Response to Self-Esteem Levels During the Baseline and Intervention
Figure 2  Depression Levels During the Baseline and Intervention
CHAPTER FIVE
SUMMARY AND CONCLUSION

In this study, the individual and group counseling was found to produce an increase in the client's level of self-esteem and a decrease in the level of depression.

The research findings support the hypothesis that an adult drug abuser who receives a structurally-oriented substance abuse outpatient program will have (a) higher self-esteem, (b) less depression, and (c) better family relations.

The data from this study provides significant support about the effectiveness of group counseling intervention. The client increased her level of self-esteem and her level of depression decreased. She improved her relationship with family and set some positive goals during the four-week period of intervention.

The researcher has concluded from this research that this is an effective measurement for assessing and treating clients who experience low self-esteem and depression.

Limitations of the Study

Limitations of this study include the unlikely possibility that some unknown variable was responsible for
the observed improvements in the client's levels of self-esteem and depression.
CHAPTER SIX

IMPLICATIONS FOR SOCIAL WORK PRACTICE

There are many implications for social work practice from this study on the effects of group therapy on drug abuser's self-esteem. The primary focus of social work intervention should be to assist clients improve their self-esteem and confidence.

How can a client receive appropriate treatment for drug problems if there has not been a significant amount of research done to build a knowledge base for the understanding of the developmental process that causes addiction?

The astounding revelation of the lack of in-depth research on the adult substance abuser leaves room for social workers to begin advocating on behalf of this almost invisible population. There are an abundance of studies, written materials, and numerous programs concerning adolescent drug use, but the information on the adult drug abuser is very limited.

Social workers who lead group therapy sessions should have extensive training in drug abuse and counseling. They must enhance their interfacing with clients, and demonstrate
a knowledge base concerning racial, cultural and gender issues.

Social workers can also use single system research in practice to evaluate their effectiveness with this difficult to treat population. This intervention will increase social workers' sensitivity as clients begin the recovery process.

Relevance of the Study to the Agency

This study afforded the researcher the opportunity to work with a substance abuse client in an outpatient treatment program. The agency should consider incorporating research measures to assess client's presenting problems. It can provide a focus for discussion between the counselor and the client regarding significant changes or lack of change in targeted problems and behavior.
BIBLIOGRAPHY


APPENDICES
APPENDIX A

INDEX OF SELF-ESTEEM (ISE)  

NAME: __________________________

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. A good part of the time
5. Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well

2. I feel that others get along much better than I do

3. I feel that I am a beautiful person

4. When I am with other people I feel they are glad I am with them

5. I feel that people really like to talk with me

6. I feel that I am a very competent person

7. I think I make a good impression on others

8. I feel that I need more self-confidence

9. When I am with strangers I am very nervous

10. I think that I am a dull person

11. I feel ugly

12. I feel that others have more fun than I do

13. I feel that I bore people

14. I think my friends find me interesting

15. I think I have a good sense of humor
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<td>16.</td>
<td>I feel very self-conscious when I am with strangers</td>
</tr>
<tr>
<td>17.</td>
<td>I feel that if I could be more like other people I would have it made</td>
</tr>
<tr>
<td>18.</td>
<td>I feel that people have a good time when they are with me</td>
</tr>
<tr>
<td>19.</td>
<td>I feel like a wallflower when I go out</td>
</tr>
<tr>
<td>20.</td>
<td>I feel I get pushed around more than others</td>
</tr>
<tr>
<td>21.</td>
<td>I think I am a rather nice person</td>
</tr>
<tr>
<td>22.</td>
<td>I feel that people really like me very much</td>
</tr>
<tr>
<td>23.</td>
<td>I feel that I am a likeable person</td>
</tr>
<tr>
<td>24.</td>
<td>I am afraid I will appear foolish to others</td>
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<tr>
<td>25.</td>
<td>My friends think very highly of me</td>
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APPENDIX B

GENERALIZED CONTENTMENT SCALE (GCS)  

NAME: _____________________________

Today’s Date ______

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. I feel powerless to do anything about my life
   1 Rarely or none of the time
   2 A little of the time
   3 Some of the time
   4 A good part of the time
   5 Most or all of the time

2. I feel blue
   ______

3. I am restless and can’t keep still
   ______

4. I have crying spells
   ______

5. It is easy for me to relax
   ______

6. I have a hard time getting started on things that I need to do
   ______

7. I do not sleep well at night
   ______

8. When things get tough, I feel there is always someone I can turn to
   ______

9. I feel that the future looks bright for me
   ______

10. I feel downhearted
    ______

11. I feel that I am needed
    ______

12. I feel that I am appreciated by others
    ______

13. I enjoy being active and busy
    ______

14. I feel that others would be better off without me
    ______

15. I enjoy being with other people
    ______
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<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>I feel it is easy for me to make decisions</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I feel downtrodden</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I am irritable</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I get upset easily</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I feel that I don’t deserve to have a good time</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>I have a full life</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>I feel that people really care about me</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I have a great deal of fun</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>I feel great in the morning</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>I feel that my situation is hopeless</td>
<td></td>
</tr>
</tbody>
</table>

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5,8,9,11,12,13,15,16,21,22,23,24