THE EFFECT OF GROUP COUNSELING ON
THE SELF-CONCEPT AND HOME AND SCHOOL
BEHAVIOR OF MALADJUSTED STUDENTS IN
THE MIDDLE SCHOOL GRADES

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ABSTRACT

THE EFFECT OF GROUP COUNSELING ON
THE SELF-CONCEPT AND HOME AND SCHOOL
BEHAVIOR OF MALADJUSTED STUDENTS IN
THE MIDDLE SCHOOL GRADES

by

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Master of Arts in
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This study employed the hypothesis that within the Middle School environments, there is no significant difference in measured levels of self-concept with either behavioral, social, and/or academic maladjustment of heterogeneous students who have, and those who have not, received group counseling.

The assumptions upon which the project was based were 1) that students exhibiting social, academic, and/or behavioral problems might have inadequate self-concepts, 2) that group counseling might be one method employed to ease the maladjustment within a Middle School, 3) through group counseling the student's self-concept will undergo change, and lastly, 4) that this change will be positive and be reflected in improved school and home behavior.
These assumptions were measured through teacher, counselor, and parent evaluations.

For this study nine students were chosen from counselor and teacher recommendations for an experimental group and nine for a control group, both being heterogeneous. Both were administered the Tennessee Self-Concept Inventory Scale, the Coopersmith Behavior Rating Scale, and a questionnaire designed by me. These were found to be matching with the results from the Pearson Product Moment Correlation, being a positive 0.99 match. The experimental group received twelve weekly forty-five minute group counseling sessions, and the control group received none.

After twelve weeks, both groups were post-tested and, with a comparison of mean scores on the Tennessee Self-Concept Inventory Scale, those of the control group fell slightly, while those of the experimental group rose significantly.

Consequently, it was found in the study that group counseling did improve the self-concepts of Middle School students, resulting in a rejection of the null hypothesis.
INTRODUCTION

Many of the students at the school in which I teach, Sierra Vista Junior High School, in Canyon Country, manifest behavior problems which land them in the counselor's office, sent by a teacher's referral. Both myself and the counselors agreed that low or inadequate self-concepts in maladjusted children were evidenced by behavior problems. I wished to see whether these behavior problems could be diminished with the use of group counseling as a therapy technique.

My principal, Laurence Strauss, agreed to let me conduct a pilot project at my school. Working part-time in the counseling office, myself and Lowell Shira, the Intern School Psychologist, would run the group once a week during my conference period. My first goal was to ascertain any possible change in self-concept within the group. My second goal was to measure the overt effects of group counseling, if any, in the school environment and ultimately in the home. I wished to see if group counseling with maladjusted students would aid the students and thereby aid the school.

I incorporated three basic tools as measures of attainment toward my goals: the Tennessee Self-Concept Scale used to measure the students' individual self-concepts, and the Coopersmith Behavior Rating Scale, along with my
own questionnaire, were used to measure any changes in the students' behavior in the school and home environments.

Group counseling was chosen over individual counseling because my school already has an individual counseling program, and, if proven beneficial, group counseling could involve more students while reducing counselor hours. I chose to focus my thesis on those students with the most severe behavioral, social, and academic problems.

My project was based on four assumptions:

(1) Students regarded as behavior problems or maladjusted are likely to have inadequate self-concepts.

(2) Group counseling may have the effect of raising students' self-concepts.

(3) With resultant changes in self-concept, there may be corresponding changes in students' behavior at school and at home.

(4) Counselors, teachers, and parents would be able to evaluate this change.

My hypothesis is thus:

There is no significant difference in measured levels of self-concept and behavioral adjustment of heterogeneous junior high school students who have received group counseling and heterogeneous junior high school students who have not received group counseling.
Part I
EXAMINATION OF SELF-CONCEPT AND BEHAVIOR DISORDERS
A. Self-Concept

1 - Definition

In reviewing the literature, I seemed to find as many definitions of self-concept as I found authors. Not only did each definition have a special emphasis, but many authors seemed to include, in their description of self-concept, the aspect of judgment.

For the purposes of this study, I will define self-concept as the cognitive perception a person has of himself. Self-esteem will refer to the way in which a person feels toward his perception of himself, also involving his interpretation of others' judgments of him.

The Dictionary of Psychological Terms defines self-concept as "(1) a person's view of himself; the fullest description of himself of which a person is capable at any given time. Emphasis is upon the person as the object of his own self-knowledge, but his feeling about what he conceives himself to be is usually included. Distinguished from self-appraisal, which emphasizes an explicit valuing of ones good and bad points. (2) self-attitude."

The confusion among terms is dealt with by Zimnavoda (1976). She defines self-concept or self-image as a "generalized picture a person has of himself." Self-esteem or
self-acceptance is defined as a "positive or negative evaluation the person attaches to the picture of himself."
She quotes Fitts (1972) as viewing, as predictors of behavior, both self-esteem and self-concept. He feels that both a low or an abnormally high self-esteem are characterized by behavior disorders. He states that improvement in the esteem factor of self-concept is rare.

Psychological terms are dealt with by Kaplan (1975), who describes an individual's three possible modes of response. The way in which a person responds emotionally to himself is referred to as "self-feeling". The way in which he thinks about his own emotional responses is his "self-perception" (or self-concept or self-image). The degree to which he judges himself as possessing desirable qualities is referred to as his "self-evaluation".

Shibutani (1961) writes that every individual has a relatively constant "self-conception" knowing that many people are similar to him in many ways, but that no individual ever was or ever will be precisely like him.

Sullivan (1953) views the self-concept as one entity, but also a combination of many aspects in "dynamic equilibrium". Even when this balance results in a negative self-concept, this is still the most comfortable and safest position at that moment. Since any change in this self-concept is viewed as a move away from a safe position, many clients are very resistant to therapy, even though it
might change their self-concept for the better. So, the negative self-concept is clung to as a safe, known haven.

Lindgren (1969) states that our use of the term self-concept is another way of saying "attitudes toward and conceptions about one's self". He describes the fact that all of us are surrounded by many people whom we know to varying degrees. To ourselves, we are just one more person, but we are the one we know the best and the one to whom we assign the greatest value. Lindgren also differentiates between "self-image" and "self-concept", viewing them both as an impression made on ourselves, others, and that which we believe others to have of us. However, the term "self-concept" includes the knowledge and conceptualization of one's hopes, goals, opinions, and desires as well.

Hamachek (1960) defined the self-image as "the thoughts and feelings which constitute a person's awareness of his individual existence, his perceptions of what he has, his conception of who he is, and his feelings about his characteristics, qualities, and properties."

Three dimensions of the self are described by Fitts (1972) as the identity, behavioral, and judging selves. Fitts feels that the self-concept is a vital variable in regard to human behavior. In an attempt to explain why no two people have the same self-concept, Fitts states that out of an individual's unique experiences, both internal
and external, the self-concept is molded. One is, therefore, unable to understand an individual without exploring the way he feels about himself internally. Fitts believes that the external factors such as appearance, race, intelligence, and nationality provide some basis for understanding others, but if no internal cues were necessary, there would be no need to obtain knowledge of a person's self-concept. The researcher's concept of the subject would be enough.

Many authors define self-concept in such a way as to include judgment of one's self, which I believe to be an aspect of self-esteem rather than self-concept.

Combs and Smygg (1959) speak of the total pattern of a person's feelings about himself as his "Phenomenal Self". They view the self-concept as "that particular organization of self-perceptions regarded by the individual as important or central aspects of his being". It is what the individual regards as "I" or "me". The self-concept is learned as a consequence of the individual's interactions with the world around him in the process of his growing up but, most particularly, from his interaction with the significant people in his life. They believe that once the self-concept is formed, its basis is relatively stable, but that a certain amount of change may still occur because of new experiences. They also express the belief that once the self-concept is formed, a person's being
centers around it and that much energy is directed toward enhancing the self in a continual search for adequacy in coping with life. Some energy is directed toward maintaining the self as it is perceived, while other efforts are involved with attaining even higher goals for self-enhancement.

McCandless (1961) felt that the self-concept was "a set of expectancies, plus evaluations of the areas or behaviors with reference to which these expectancies are held". He adds yet another aspect, comparing self-concept to drive. He believes that we all have such a great desire to maintain and improve our self-concepts, that we will both push ourselves to succeed in tasks in which we need improvement and will select activities which exhibit our strengths and attributes.

Kinch (1963) defines the self-concept as an organization of the qualities and attributes that a person feels that he has. He states the crux of his theory in one sentence, "The individual's conception of himself emerges from social interaction and, in turn, guides or influences the behavior of that individual." Kinch felt that a person's self-concept was based on his interpretation of the way in which he felt others reacted toward him. He also felt that this self-concept directed one's behavior and actions. But Kinch added that a person's interpretations of others' reactions toward him really were a reflection
of the real way in which others perceived him. However, Kinch felt that there was a cyclic effect; that one's views of others' responses toward him would indeed affect his actions and behavior, for if a person's perception determines his self-concept, and his self-concept affects his behavior, then his behavior will be determined by this perception. In essence, the behavior which one exhibits does indeed influence the way in which others react toward him, completing the cycle.

Coopersmith (1967) saw four main influences on the formulation of self-esteem. He believed that a vital aspect was the amount of nurturing care received from important people in one's life, as well as one's place in the world, and his successes and failures. Coopersmith also viewed the way in which one interprets and alters his life experiences in regard to his hopes and values, and the way in which one reacts to criticism as being contributing factors toward the development of self-esteem.

Cooley (1922) described a "looking glass self", believing that each person registers others' reactions to his attributes and shortcomings, makes a judgment as to their opinions, and responds to these with confidence or shame.

In a book by Yalom (1975), self-esteem is defined as a person's feelings towards his identity, his evaluation of what he is worth, and is related to his experience with
others.

Mead (1954) viewed the self as a sum total of our interactions and experiences with other people, and felt that we, therefore, view ourselves through the perspective of others, assimilating their perceptions and attitudes.

2 - Development

Certainly we are not born with our self-concepts. Otherwise, they would be genetically determined by intelligence, talent, or physical attractiveness. Many authors have addressed themselves to the question, "how does the self-concept develop?" Why do some individuals form accurate and others inaccurate self-concepts?

Tanner (1971) feels that a child's self-concept is already being formed before he is even born, for the ways in which the parents see themselves will in turn affect the way in which he sees himself. A pessimistic parent will most likely teach his child pessimism. A parent who is proud of his own achievements will most likely instill this same value in his child. Consequently, a parent's neuroses as well as his methods of coping will, in part, be passed on to his child. However, more is involved than a mere imitation of the parents' personality traits. Parents have many attitudes and expectations about the child much before it is born in regard to the desired sex, looks, and personality traits. Parents may try to mold their children into an image of what they wish they were
or all of the things that they wish that their spouse was. All of these projections are a heavy load for any child's ego and self-concept to bear.

Tanner believes that in the first two years of life, children experience few demands from their parents, but at about the age of three, when the child becomes more and more active and curious, the parents begin to feel it necessary to impose limits on his behavior. The parents' ways of accomplishing this are very crucial, for it is very easy for children to associate their impulsive unacceptable behavior with "badness" or innate lack of self-worth. This is often the way in which negative self-images and a lack of self-confidence begin to develop.

Second only to the home environment, Tanner believes, is the influence of the school. He sees a relationship between negative self-concepts, behavior problems, and poor school performance. However, he sees difficulty in determining which is the causal agent and cites Backman and Secord (1968) as stating that it may be easier to view the three factors as developing out of the same larger social milieu, without trying to ascertain which came first. Tanner then suggests that teachers try to help children improve not only their academic skills, but also the ways in which they view themselves.

A well-developed theory relating to the self is presented by Kaplan (1975). He describes a "self-esteem
motive" which develops from the time the infant is initially dependent on the adult for basic need fulfillment. As he associates the two entities, he develops an acquired need for adults themselves. Through the need to receive constant positive responses from these adults, he learns to view himself from the adult's point of view. Eventually, the child responds to these attitudes toward himself as if they were his own, acquiring a need to behave in a manner that will result in positive and avoid negative self-attitudes. This need can be called the "self-esteem motive".

Bernard (1966) feels that when a mother nurtures her infant by talking to him, caressing him, and telling him how wonderful, smart, cute, and lovable he is, he attains a sense of security and confidence that will provide him with a base of support when he faces harder tasks and occasionally meets failure. Further, if the parents themselves have accurate self-concepts, they will have little need to live their fantasies through their child nor need to compete with him. Bernard feels that children who are loved, accepted, and nurtured in this way form strong self-concepts and exhibit high degrees of confidence, trust and outgoing personalities. With these traits, in spite of their inadequacies, they will continue to try to improve. Conversely, children who are rejected or encounter unrealistically high expectations from others may
exhibit neurotic perfectionism, aggression, anger, or withdrawal. The key to the development of a healthy self-concept seems to be the presence of a kind and loving adult who will guide the child's actions firmly.

Sarnoff (1962) views the self-concept developmentally, believing that the child first distinguishes other bodies from his own and then begins to piece together a concept of his appearance with regard to his coloring and features. But these physical attributes are only a small part of the self-concept. His perception of himself gives these characteristics their value. These opinions are socially taught to him by the treatment that he receives from others. Through experiences with his parents and others in his life, he slowly begins to adopt a value system, which includes not only his reactions to other people, acceptable and unacceptable behavior, and adoption or rejection of concepts, but also positive or negative opinions about himself as an individual. His self-concept includes all of the thoughts, actions, feelings and motives with which he identifies. Sarnoff states that "the child's initial conception of himself is largely a function of how his caretakers have first conceived him to be", for his parents provide him with a limited repertoire of opinions for him to adopt about himself. If they feel that he is a special and important child, he is likely to become that or think of himself that way, developing a healthy self-
concept. Similarly, when a child is surrounded by harsh and disapproving attitudes, he usually thinks very little of himself. Raised in an unaccepting and critical environment, the child learns this negative mode of thinking about himself. However, eventually the child comes in contact with other important people in his life - primarily teachers and playmates. He will find that some of his parents' opinions of him are supported by the reactions of these new people in his life, and other evaluations differ. As the child's sense of himself grows, he learns to assess his own strengths, weaknesses, and sense of self-worth and formulates his own judgments about himself.

Sarnoff then goes on to speak of William James (1890) as believing that we all have many "social selves" with fellow workers, family, and friends. Conversely, Adler (1929), Horney (1950), and Lecky (1945) are described as believing that the self is quite consistent and unchanging and leaves its mark on every aspect of the person's behavior.

Developmentally, Sarnoff views the self-concept as a growing and changing entity. As new data is encountered, the individual may find the new information to be so different from that which he has already accepted, that he may choose either to restructure his present self-concept or deny and repress the information. If there is no conflict between the new and the previously held data, he may be able to assimilate it without altering his
self-concept. As he grows and develops, the individual's self-concept is likely to become more complex as he encounters more and more sources of information, although some elements may remain constant, as a point of stability from which to regroup. The self-concept is the idea a person has about himself. He is, therefore, aware of it and may verbalize about it, though some elements of that self were at some point so traumatic that they are now protected and hidden from consciousness by ego defenses.

Sarnoff speaks of a need for failure in those cases in which a child is raised with negative attitudes which are adopted into his self-concept. Should he allow himself to succeed, he will be defying his parents' negative attitudes. To contradict the negative values with which he has been raised produces guilt feelings. In order to "succeed" in maintaining the negative self-concept which has been created, he will then aim to fail.

Super (1948, 1951) felt that, although each person is born with certain talents, innate intelligence, and personality tendencies, these are influenced and altered by his experiences in his environment. In childhood, a self-concept develops as he identifies with others and tries to imitate their roles. Through trial and error, the individual modifies these roles as he finds certain aspects satisfying and others ill-fitting. Super believes that identification with the parent is crucial in the develop-
ment of self-concept, but that in later years, the child begins to interact with other peer and adult models who provide exposure to varying roles.

Jersild (1966) believes that from an early age, children naturally begin to form attitudes about themselves as well as others. From these impressions is woven the "pattern of his life", which may or may not be accurate and favorable. Jersild feels that the development of these impressions should not be left merely to chance, but that children are capable of learning to deal with their available data in more constructive ways. He states that there is a crucial time in every child's life when he begins to see that there are differences between his purposes and the purposes of those who try to oppose his actions. He becomes able to recognize the friendly or hostile intentions of others and feels comfortable in relationships with the former. If he encounters an accepting atmosphere and is encouraged to be himself, the child will begin to discover things about himself by testing relationships and exploring boundaries. He will most likely develop a healthy, realistic, and strong self-concept. On the other hand, if a child is stifled, opposed, or uncared for, he will begin to see himself as abused, dislike himself, and begin to deal with others in a similarly hostile manner. He will develop defenses to protect himself from the hostility and rejection from his environment, such as lashing
out at others or taking a stance of docile compliance.

Parents influence children's ways of perceiving themselves, but Jersild believes that teachers and peers also have a profound effect on their psychological development. If a teacher is insensitive and uncaring, this attitude will only reinforce negative parental influences and undermine the wholesome aspects of a warm and accepting home environment. The child concentrates on defending his ego, rather than exploring, testing, and growing. Jersild feels that no child should have to drag himself to school day after day to submit to continual failure and destruction to his "self-picture".

The self-concept develops from four main sources, according to Gordon (1959). They are the home environment, physical strength and skill, the school environment, and relationships with peers. If a child is nurtured in the home and his physical and emotional needs are met, if his bodily skills and size are accepted by others, if his teachers allow him to develop at his own rate and are kind to him, and if his friendliness, leadership, and physical and academic skills are accepted by his peers, he will probably grow into an individual who feels a sense of worth and confidence that characterize those with healthy self-concepts.

Hamachek (1965) believes that the self-concept develops through a learning process in which children
assimilate impressions from their experiences at school, home, and with their friends. He also feels that teachers are among those most influential in affecting a child's self-concept, and that children can be taught in such a way that their self-picture may be affected in a positive manner.

Sears and Sherman (1964) feel that children's self-concepts of "competence in work" develop as they accomplish challenging tasks and learn to cope with their environment. Their self-confidence is bolstered and they are able to meet future challenges calmly and confidently. Conversely, when children do not develop a feeling of competence in work, they become unhappy with themselves, antisocial with their peers, rebellious, and stubborn.

The researchers cite studies which have shown that juvenile delinquents' needs for a "sense of competence" were not met by their schools. This resulted in antisocial behavior which maintained a certain form of self-esteem.

Shibutani (1961) believes that an individual's self-concept is shaped and molded by the steady and repetitious responses of others. A child observes the actions and beliefs of others, learns many things from them, and adopts their attitudes as his own. He feels that infants are aware of the existence of their bodies but do not have self-concepts until, as children, they begin to participate in groups and attribute qualities to themselves.
Secord and Backman (1961) suggest that individuals, in their relationships with others, seek to maintain congruency between their behavior and their self-evaluations. When others' evaluations change, there is an effort to restore congruency and possibly a resulting change in self-concept.

The opinion that the self-concept emerges from a person's relationship to his world is expressed by Thornburg (1973), who believed that as others evaluate a person, he will in turn evaluate himself. He also cites Kinch (1963) as believing that through social interaction, a person develops a self-concept which then guides his behavior. Erikson (1950) felt that a lack of trust led to an inadequate self-concept. Brookover (1965) stated that inadequate self-concepts developed as a result of negative feedback from loved ones.

That self-perceptions influence role behaviors is suggested by Mead-Cooley (1902). It is believed that we practice taking the roles of others, imagine how we fit into those roles, and begin to form a self-image.

Newcomb (1961) believes that the way a person perceives himself, and his attitude toward that perception, help to determine his behavior.

Lynd (1958) speaks of Fromm's interest in the "self-actualizing possibilities of human beings", with this process blocked when people irrationally submit to author-
ity. He views the primary fear of man to be isolation from others, the primary human failure of man to be "self-mutilation", and the primary achievement of man to be fulfillment of all of his potentials through healthy work and personal relations.

B. Behavior Problems

1. Definition

In McCandless' book (1961), he cites the study by Rynerson (1957) in which it was found that there were higher scores for anxiety for children referred for behavior problems, as compared to the rest of the school population. He also writes that in Coopersmith's study (1959), children who scored high in self-esteem had much higher scores on a scale of anxiety.

The development of positive self-attitudes (self-concept) is described by Kaplan (1975) as first being based on the individual receiving positive feedback from adults. He must then adopt the attitude that he himself possesses valued attributes which are also valued by those around him. Conversely, negative self-attitudes develop when valued adults convey negative attitudes toward the individual, and these negative attitudes are adopted by the person himself. Based on Kaplan's "self-esteem motive", which was mentioned earlier, people tend to behave in such a manner that will improve or develop posi-
positive self-attitudes, which evolve through the reinforcement of experiences within the normative structure. They then associate these experiences with positive feelings, desiring to continue to receive fulfillment. Thus, these experiences become gratifying in their own right. The person with a negative self-attitude also developed this attitude within the normative structure. However, his experiences were associated with his negative feelings. Consequently, these experiences become upsetting or negative in their own right. However, because of the self-esteem motive, he desires to improve his self-attitude. Since the normative experiences produced a negative self-attitude, the individual thus is motivated to choose deviant experiences. Kaplan describes many possible deviant paths, such as dishonesty, delinquency, criminality, drug and alcohol abuse and addiction, aggressive and suicidal behavior, and mental illness. Because they have been so successful in adopting these deviant patterns, people who had originally developed negative self-attitudes may eventually develop very consistent and positive self-attitudes through deviant means.
Part II
SURVEY OF THE LITERATURE
A. Relationship Between Self-Concept and Behavior Disorders

Combs and Soper (1963), in a study of kindergarteners, found no significant relationship between changes in a child's attitude of adequacy and behavioral changes such as dependability, cooperativeness, hostility, emotional stability, work habits, and peer acceptance. They also found that changes in a teacher's perception of a student as a good child related positively to the child's feelings of being important to adults. The researchers flatly state that "the feeling of adequacy is, in general, positively correlated with desirable adjustment and behavior". They stress the important role of the teacher in affecting the child's feeling of adequacy.

In their comparison of three types of clinical therapies, Love and Kaswan (1972) found that only information feedback therapy and parent counseling positively affected children's grades. Child therapy seemed to have no significant effect. However, all three of the therapies positively affected school behavior and exhibited a decrease in social negativity in a playground situation. They cite Brookover, Erickson, Hamachek, Joiner, Lepere, Peterson, and Thomas (1968) as stating that direct counseling with children seemed to bring about no significant change in
academic achievement nor self-concept.

In a study in which he investigated relationships between the self-concepts and the variables of conception of school, social status at school, mental ability, emotional adjustment, and reading and math achievement of eighty-sixth grade students, Williams (1967) found significantly positive correlations with all variables. He found that emotional adjustment was related to self-concept with a correlation of .62r (p .001) between scores on the California Test of Personality and the Tennessee Self-Concept Scale.

Kahane (1975) cites studies in which low self-concept appears to correlate with the middle childhood years. She refers to Simmons (1973) as stating that disruptions in self-image most frequently occur between the ages of eleven and thirteen. Towbridge (1972) and Kohr (1974) found a correlation between an increase in years and a decrease in self-concept, especially in the pre-teen years. A lower self-perception was also found as students went from sixth to eighth grade by Soares, Soares, and Pumanty (1973).

Kahane herself conducted a study of the self-esteem of underachievers in the middle school grades. Using the technique of individual support counseling, and testing with the Coopersmith Self-Esteem Inventory, she found a significant improvement in self-esteem. She also surveyed
any possible improvements in behavior. Feedback received from teachers related that, of thirty-three students, behavior improvement was noticed in eighteen, no improvement was seen in fifteen students, and three students exhibited mixed or negative behavior. She also cited Walker (1974) as stating that it might be possible to change behavior by altering self-esteem, in reference to Purkey's studies.

In their study of children's perceptions of their teacher's feelings toward them, Davidson and Lang (1960), wrote that Rogers (1951) and Combs and Snygg (1949), as part of their personality theories, maintained that behavior is largely influenced by a person's self-concept. In their own study, the researchers found that there was a significant correlation between children's perceptions of their teacher's feelings about them and their own self-perceptions. They also found that the more positive the child perceived these feelings to be, the better were their academic improvement and classroom behavior, when rated by their teachers.

Staines (1958) found that it was possible to both identify teachers who make frequent and supportive comments to students concerning the self and to teach in such a manner that self-ratings are changed. Students were able to progress in feelings of certainty and differentiation, which both seemed to indicate growth in feel-
ings of psychological security.

In her study of a "teacher helper program" with junior high school students, Fullerton (1973) found that an experience as a volunteer teacher's aide significantly increased the self-concept scores (p .05) of the involved students. However, this experience affected no significant change regarding school "behavior" or "adjustment" problems, the criteria being school attendance and grade point average.

A study by Spinks (1969) investigated self-concept changes of delinquent girls. The listening of tapes of other group therapy clients making self-exploratory statements did not seem to facilitate changes in self-concept. Neither did the variable of male versus female models on the tapes seem to have any effect on self-concept. Changes that did occur in self-concept were not related to grades in conduct or behavior. The researchers cited two weaknesses in their study. Only eight sessions, each one hour in duration, were involved, and only the Total P score on the Tennessee Self-Concept Scale was used.

In his study of a dropout program for minority youth of Arizona, Thornburg (1973), states that dropouts seem to reject not only school, but also the self, as they are in turn less respected by their teachers. He feels that they are considered to be a social problem, because they are viewed as being unmotivated and hostile. In his study,
Thornburg states that Kinch (1963) believed that the self-concept develops from social interaction with others. He further believes that the self-concept guides each person's behavior.
PART III
THE PROJECT

A. Procedure and Results

Procedure:

Out of approximately a student body of 1,300 students, I received 50 names as candidates for my group. These 50 were chosen by counselors and teachers for having adjustment problems in the school setting. These problems were behavioral, social, and academic. From this original group, nine were chosen for the experimental group (Group X). Then these were matched with nine others (control Group Y), on the basis of age and statistical matching to the Tennessee Self-Concept Scale. Both groups were heterogeneous. One subject in the X group had previous experience with individual counseling in another setting, but was not under any other form of counseling at the time of the experiment. No member in X or Y had previous experience with the test instruments.

My group of nine members displayed the following disorders: 1) Underachievement; 2) Withdrawn behavior; excessively quiet and uninvolved; 3) Negative behavior and extreme moodiness; 4) Hyperactive behavior and extreme talkativeness; 5) Aggressiveness; and 6) Sexual identity problems.
Materials and Procedure:

The instrument selected to measure the individual self-concept was the Tennessee Self-Concept Scale (Fitts, 1965). In early March, I administered the pre-test to both groups, using the same instructions in both instances. The X's were asked to fill out the information on the answer sheet. I informed them that I would score them so that no one else would know how they answered, thereby rendering them anonymous. I emphasized that this was a questionnaire to measure "how you feel" and that there were no right or wrong answers. I asked them to be as honest as they could be and to keep their answers to themselves. I next instructed them in how to mark their answer sheets. Several immediately understood and retreated to various parts of the room to be alone. Approximately half had difficulty in the reading of the inventory, so I sat with them and read it aloud to them, while taking the inventory myself simultaneously.

For twelve weeks Lowell and I conducted a 45 minute session. This was on a weekly basis with Group X. The nine members in the experimental group consisted of four males and five females.

The Tennessee Self-Concept Scale recommends eight discussion questions for use in group counseling. These eight questions are:
1. Who am I?
2. Do I accept myself?
3. How do I feel about the way I act?
4. How do I feel about my body?
5. Do I feel I am a good or bad person?
6. What is my personal worth?
7. How do I feel about my relationship to my family?
8. How do I feel about accepting and being accepted by others?

These discussion questions were utilized throughout the twelve sessions. Other activities during the twelve weeks were: trust exercises, communication exercises, identity exercises, values-clarification exercises, aggression exercises, art projects, the Un-Game, and discussion of various topics suggested by the group members.

The main source for the various exercises was the book *Born to Win* by James and Jongward (1971). Some examples of the activities were: in the case of a trust exercise all of the students chose partners and fell backwards into each other's arms, trusting they would be caught; in the case of communication exercises, the students repeated what the last person said before joining in with their thoughts; an example of an identity exercise is presented in example session one and a values-clarification exercise is presented in example session two, as are ex-
amples in both sessions, of the various topics brought up by members of the group. Various art projects were to draw two animals and tell the group why they were chosen and to cut out pictures from magazines to represent feelings.

I am following this discussion of the activities with two examples of the sessions held during the twelve weeks.

**Example 1**

**The Session:**

Before the session, we went out to eat lunch at McDonalds. Present were Cindy, Sherrie, Peggy, Marci, John, Michelle, myself, and Lowell. It was a good social experience. When we got back to school and into our group, I shared some feelings. These dealt with the split between our group and Lowell's group (I'll deal more with this later in the report). After we talked about this for a while, we got into an identity exercise. This involved writing our names in response to several questions. The questions were: Are you proud of your name? Do you like your name? Do you have a nickname, or nicknames? What would you prefer to be called? Would you rather have a different name, and, if so, what? (James & Jongeward 1973). We then came together and shared our responses. This activity lasted until the end of this session.
Feelings:

I'm glad we had our discussion on the split between our groups. Over the last two sessions, I've noticed our group being much more cohesive (this was approximately our 5th session). The responses to the identity exercise was quite interesting. Their individual responses were:

1. Marci took several forms of Marci. Her favorite name, Marci; her proudest name, Marci. No nicknames, nor would she choose to be named at all. She'd prefer to be nameless.

2. Michelle took many names, from formal to nicknames. Her favorite, Shelley. Her proudest, Michelle Ann. If she could change her name it'd be Shelley.

3. Cindy took several slang names, such as bitch, whore; her favorite was Sin. Her formal, Cindy.

4. Peggy took either slang names or formal names. Her slang ones were whore or piggy. Her favorite, Peggy; her proudest, Peggy Sue. If she could change her name, it would be Lorie Ann.

5. John chose his formal name as John William. His favorite name was fairy, and if he could change it, it would be fairy.

6. Sherrie chose many slang names such as whore, bitch, asshole, etc; her favorite, Cherrie. Her proudest, Sherrie Lynn. She would like to change her name to Lynnie.

Example II

The Session:

Present were Sherrie, Marci, Cindy, Peggy, John, and myself. We all sat down on the floor and Peggy immediately raised an issue within her. Her father was back home after being away six years. How should she act? We all shared
our feelings about her situation as well as our feelings about how we would deal with it. Cindy never has wanted her mother to remarry and threatened to run away if she did. Sherrie's mother had remarried, and she felt it was fine. Both girls did not like their fathers' wives nor girlfriends. John's mother had remarried about four times and was now living with another man. Marci's parents were the "original" ones and she stated that she could not relate. Peggy and I role-played, interchanging being her father and herself. We talked about what she would like to say to her father and in turn what she would like him to say to her. She spoke of her fears and fantasies. She hoped the family would get back together. The discussion moved in the direction of being step-children, and I mentioned I was a stepmother to a four year old boy. I asked the group for suggestions on how I should handle my relationship with him. Cindy said not to give him everything he wants, and do not spoil him. John and Marci couldn't relate. Sherrie said to treat him like he is yours and not like you are babysitting. Peggy said to be sure and give him affection and love. These feelings really impressed me, for they were so honest and wise.

After this, we moved on to the values-clarification exercise. We read aloud a story about a boy who faced lots of decisions in a span of two days. We then outlined the decisions and choices he encountered, chose the five most
important ones to ourselves, and then discussed these choices orally, telling why we chose them. This concluded the session.

The group split, mentioned in Example I, came after the second meeting. Lowell and I chose to split three males from the other five females and one male, because of their aggressiveness and tendency to dominate the sessions. Lowell then took the three, and I the remaining six; for the next nine sessions we met separately, only joining for the last session.

During the last session, I asked the entire group (all nine) to evaluate what they felt about the group and the idea of conducting groups in the future for other students at our school. Their responses were:

1. "I really liked this group and enjoyed it a lot."

2. "I thought the group was alright when we were separate from the others, and I'd love to be in another group because I can talk about things."

3. "To me, this group was pretty good in some ways like when we talked about ourself, and others, and problems. Other than that it was boring—not enough to do."

4. "It was okay. I don't know if I would like to do it again."

5. "It was okay, so I liked it. I think others should take a group like this."

6. "I liked the group because it helped me meet others. I thought it was good to see a teacher as a person, and I'd like to be in a group next year. It's fun!"
7. "It did me a whole lot of good, especially when the group shared and Rosemary helped me a lot. I feel we had a good group, and I learned something from the group, like how to trust and help one another."

8. "I liked sharing and I hope others get a chance to."

9. "I really liked it and I hope to be in one next year."

Before moving on to the statistical findings, I would like to add that the last meeting where we were merged, we felt that when meeting as separate groups we had accomplished more in terms of feelings, rather than miscellaneous events dominating the session. One other note that I would like to make is to any teacher planning on running a group. My group had difficulty referring to me on a first name basis and associated me as a counselor and teacher. This led to many discussions on the different roles a person may have.

Results:

The collected data from the eighteen XY's was analyzed and the results were presented as changed scores from pre to post-test. The X is the experimental group, and the Y is the control group. Utilizing the Pearson Product Moment Correlation (which I used in determining the relationship between two sets of pairs, being X and Y), I
compared the pre-test scores of $X$ to the pre-test scores of $Y$. The resulting value of the Pearson Product Moment Correlation was a positive 0.99. Our matching of the groups was quite successful.

Our hypothesis is that there is no significant difference in measured levels of self-concept of heterogeneous junior high school students who have received group counseling and heterogeneous junior high students who have not received group counseling. Through the viewing of the means of scores, presented in Table I, we find evidence of rejection of the hypothesis.

<table>
<thead>
<tr>
<th>TABLE I</th>
<th>MEANS OF SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROL GROUP $Y$</td>
<td>EXPERIMENTAL GROUP $X$</td>
</tr>
<tr>
<td><strong>PRE­SCORES</strong></td>
<td></td>
</tr>
<tr>
<td>$\bar{X} = 280.1$</td>
<td>$\bar{X} = 276.6$</td>
</tr>
<tr>
<td><strong>POST­SCORES</strong></td>
<td></td>
</tr>
<tr>
<td>$\bar{X} = 272.4$</td>
<td>$\bar{X} = 285.7$</td>
</tr>
</tbody>
</table>

To further examine the significance of this difference between the means, we used the t-Test, a test of the difference between means.
## TABLE II

**COMPUTATION OF t-TEST**

\[
t = \frac{\bar{X}_1 - \bar{X}_2}{s_{\text{diff}}}
\]

<table>
<thead>
<tr>
<th>Sample 1 (X)</th>
<th>Sample 2 (Y)</th>
</tr>
</thead>
</table>

\[
\begin{align*}
\sum X_i & = 2,571 \\
\sum X_i^2 & = 754,863 \\
\sum X_i' & = 2,452 \\
\sum X_i'^2 & = 678,808
\end{align*}
\]

\[
s_{\text{diff}} = \sqrt{\frac{754,863 - \frac{(2571)^2}{9} + 678,808 - \frac{(2542)^2}{9}}{9 + 9 - 2}}
\]

\[
= 20.81
\]

\[
t = \frac{2571 - 2452}{20.81}
\]

\[
t = 5.72
\]

With 9 + 9 - 2 degrees of freedom, significant at the 1 percent level, the null hypothesis was rejected.

The t value (Table II) is 5.72. For 9 + 9 - 2 degrees of freedom, a t of 2.120 is needed for significance at the 5 percent level and 2.921 at the 1 percent level, Chase (1967). Consequently, the t-Test verifies the findings that the means of scores between the control group Y and
the experimental group X through the Tennessee Self-Concept Inventory Scale is statistically significant.

For the control group Y and experimental group X, Table III illustrates the pre-test and post-test mean scores of each group (control vs. experimental), and its interaction between the method (the method being 12 weeks of group counseling vs. 12 weeks of no group counseling). It shows a marked increase of the total self-concept scores of the junior high students that participated in group counseling with a mean gain of 9.1. In comparison to the junior high students that did not participate, a rather marked decrease was noted with a mean loss of 7.7.

TABLE III
MEAN TOTAL OF SELF-CONCEPT SCORES

<table>
<thead>
<tr>
<th></th>
<th>PRE-SCORES</th>
<th>POST-SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>285</td>
<td>285</td>
</tr>
<tr>
<td></td>
<td>280.1</td>
<td>285.7</td>
</tr>
<tr>
<td></td>
<td>276.6</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>275</td>
<td></td>
</tr>
<tr>
<td></td>
<td>272.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>12TH WEEK</td>
</tr>
</tbody>
</table>

Not only was I interested in seeing whether group counseling would have an effect on the self-concepts of middle school students, but I was also concerned with whether changes in the students' school and home behavior
would be discerned by counselors, teachers, and parents. I felt that they were best suited to serve as evaluators in these environments because of their frequent contact with the students.

I decided to employ two means of evaluating changes in behavior; a standardized rating scale capable of being analyzed, and a questionnaire which I formulated myself. I chose the Coopersmith Behavior Rating Scale* as my standardized instrument, because it was brief, easily understood by parents, and asked behavior-related questions that were most suitable for my study. However, I felt a need to go beyond statistical data and believed that counselors, teachers, and parents had a great deal of interesting and insightful anecdotal material which could only be tapped on a researcher-formulated questionnaire.*

Printed forms for both instruments were sent out to all of the students' teachers and counselors both before and after the group counseling. In dealing with the parents, I felt that some might misinterpret the somewhat sensitive questions in the questionnaire, so to them I sent only one instrument - the Coopersmith Behavior Rating Scale - and administered the questionnaire in personal phone interviews.

Seventy-two teachers, counselors, and parents were

* See Appendix A
* See Appendix B
# TABLE IV

**Mean Coopersmith Behavior Rating Scale Scores for Middle School Students Exhibiting Behavior Disorders**

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test Mean</th>
<th>Post-Test Mean</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents' Evaluations</td>
<td>37.50</td>
<td>32.75</td>
<td>-12.66%</td>
</tr>
<tr>
<td>Counselors' and Teachers' Evaluations</td>
<td>36.31</td>
<td>39.56</td>
<td>+8.21%</td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents' Evaluations</td>
<td>41.25</td>
<td>44.00</td>
<td>+6.66%</td>
</tr>
<tr>
<td>Counselors' and Teachers' Evaluations</td>
<td>29.68</td>
<td>42.31</td>
<td>+6.61%</td>
</tr>
</tbody>
</table>
TABLE V

IMPROVEMENT IN MEAN SCORES FOR MIDDLE SCHOOL STUDENTS EXHIBITING BEHAVIOR DISORDERS ON A RESEARCHER-FORMULATED QUESTIONNAIRE*

<table>
<thead>
<tr>
<th></th>
<th>EXPERIMENTAL GROUP</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENTS' EVALUATIONS</td>
<td>2.95</td>
<td>3.77</td>
</tr>
<tr>
<td>COUNSELORS' AND TEACHERS' EVALUATIONS</td>
<td>3.47</td>
<td>3.29</td>
</tr>
</tbody>
</table>

(These mean scores were obtained by comparing parents', counselors', and teachers' written or verbal responses to the questionnaire in Appendix A and assigning a number from one to five based on their perceptions of changes in the students' behavior, first in March and then again in June)

5 = Much Better
4 = Better
3 = Same; Unchanged
2 = Worse
1 = Much Worse
given both the Coopersmith instrument and the questionnaire (oral questions in the case of the parents). The experimental group returned twenty sets of the pre and post evaluations of the Coopersmith Scale and thirty-six pre and post sets of questionnaires were obtained with oral phone interviews. The response from the control group was slightly lower. Seventeen sets of the Coopersmith Scale were returned as were thirty sets of the questionnaire. Quite a few more pre and post evaluations were returned but were not complete sets, such as a teacher returning only the pre evaluation for a student, and not a corresponding post evaluation. We felt that only matched sets should be considered to be statistically sound. There were only four matched sets.

A trend was noticed in both the Coopersmith Scale and the questionnaire. The counselors and teachers, in both cases, measured an improvement in school behavior. However, on both instruments the parents indicated a relative deterioration in their children's home behavior.

On the Coopersmith Scale, a similar increase in mean scores was noticed in the evaluations of the control group with the parents measuring a positive change of 6.66% and the counselors and teachers indicating a positive change of 6.61%. However, a large divergence of mean scores was evident from the evaluations of the experimental group. The parents measured a negative change of 12.66% on the Coopersmith Scale, while the counselors and teachers
indicated an improvement in behavior by 8.21%.

This decline in scores can be explained by the fact that the statistic was based on a very tiny sample. For the nine students in the experimental group, only four pre and post sets of the Coopersmith Scale were returned. Of those parents, two of them gave evaluations that went up by only one point each, and one gave an evaluation that went down by two points, which balanced out to no change among those three sets of data. However, the last parent's evaluation decreased by half, with the pre score being 38 and the post score 19. This one parent's evaluation skewed the results of the entire group tremendously. Considering the fact that the group was so small, one extreme score had a great impact. In general, it can be stated that, in administering the Coopersmith Behavior Rating Scale, neither positive nor negative change was found, except in the one case in which the parent's evaluation decreased by half.

Since my questionnaire was not standardized, I made no attempt to assign pre and post scores. Instead, I designed another method, taking the mean of the scores that focused on the changes in the students' home and school behavior as reported by the parents, teachers, and counselors. In reading over the matched sets of the transcribed parent interviews and the counselor and teacher questionnaires, I assigned a score on a scale of
one to five for each question, based on the amount of positive or negative change reported, with the score of one indicating a change to "much worse" behavior and a score of five assigned when a change to "much better" was reported. Since this was a subjective method, these should not be regarded as firm nor reliable statistics.

Once again, the parents of the experimental group noticed a slight worsening in home behavior with a mean score of 2.95, with the number two equivalent to "worse" behavior, and the number three indicating "same or un­changed" behavior. The parents of the control group related a mean score of 3.77, with three being "same" and four being "better" behavior.

Conversely, counselors and teachers noticed improvement in school behavior with a mean score of 3.47 for the experimental group and one of 3.29 for the control group.

As I stated before, parents were able to relate outside influences which might have contaminated our results. Naturally, there were many outside factors which affected the students' behavior over the semester besides our group counseling, and parents seemed to be most acutely aware of these influences.

Two parents of students in the control group stated reasons why they felt their children's home behavior was improving. In regard to her son's home behavior, one parent stated that "it is better because he's been given coffee to slow him down. He still has temper tantrums,
but they don't last as long". Her child has been diagnosed as being hyperactive. One of his teachers also attributed her daughter's improved behavior to an academic change to a higher level English class and said "she's much improved, although there are other influences. She's been raised to Track II". In regard to her self-worth, this parent answered "she feels a lot better now because she feels that she's doing the work she's capable of doing. She has started taking an interest in her grooming and looks". On the questionnaire, both of these parents indicated that their children's behavior was much better, perhaps inordinately raising the mean scores of the control group.

One boy in the experimental group (the same boy whose father's rating on the Coopersmith Scale dropped from 38 to 19) had very serious problems involving the law. The police confiscated goods which he had stolen, with some of the items being school equipment. His father, a candidate for heart surgery, has given up on the boy, feeling that he just cannot handle him. He has mixed emotions about his son's behavior, and when asked whether the group had affected it, he responded "it's hard to say. He got no failing marks, and cut down on his number of referrals (to the office) but there's not much any of us could do in other areas." In contrast to the father's evaluation of "much worse", this boy's
counselor, with whom he had much contact during the semester, answered most of the questions with "same", but stated that the boy's school behavior was "still erratic", his attitude toward school was "some improved", and his self-concept was "improved". The drop in this boy's scores lowered the mean score for the experimental group. However, his counselor seemed to view the boy's behavior as primarily unchanged.

As indicated on my questionnaire, only one other parent believed that her son's behavior was "worse", four parents viewed their children's behavior as the "same", and two parents viewed their children's behavior as "better". Again, as on the Coopersmith Behavior Rating Scale, the one unusual case skewed the scores, which generally indicated no change.

Some skewing of scores may also have occurred due to different parents being interviewed at the beginning and the end of the study. The father of a chicano boy in the experimental group was first interviewed, and when I questioned him about the boy's home behavior, he responded "When I'm home, it's fine; when I'm not, it's terrible. In the post interview, the boy's mother answered "it hasn't changed at all". To the question concerning the boy's relationships to other family members, the father first responded "He gets along fine. There's bickering like in any other family, but they feel very strongly
about each other". To the same question, the mother answered "He's fighting constantly. He has to be the center of attention. He feels like he's in competition with his sisters". Since the mother's response to the question concerning the boy's home behavior had been "It hasn't changed at all", the mother and father appeared to have very different opinions concerning their son's home behavior, which, as this example illustrates, may account for further skewing of the results.

I found the parents' answers to the last two questions to be most revealing. Asked whether they believed that the group counseling had affected their children's behavior, three of the parents of students in the experimental group felt that they noticed improvement, one felt that there was no improvement, and one parent said that her family was in so much turmoil that she really couldn't answer. I neglected to question one of the parents. In the three remaining cases there seemed to be ambivalent feelings. As previously mentioned, one mother stated that improvement was "not noticed in his home behavior so much", and one father felt that his son's grades had improved and he was receiving fewer referrals. Another parent stated that she had noticed an improvement in her son's home behavior, but attributed it to individual counseling with the school counselor. She opposed group counseling philosophically and preferred corporal punish-
ment instead, stating "his attitude now is much better. I'm for capital (corporal) punishment. Some kids you can talk to, like my other two kids, but J. needs whippin'."

Of the parents who felt that the group counseling had improved their children's behavior, one simply stated "Yes, I think it's helped". Another said "Well, something has!" Referring to her daughter, one mother stated "She has improved through the year", and regarding her feelings of self-worth "I still think she feels inferior to others, but not as bad as before".

In general, most of the scores on both the Cooper-smith Behavior Rating Scale and my questionnaire indicated a small improvement in behavior when rated by the counselors and teachers. The negative statistics from the parents of the experimental group seem to have been skewed by the one extreme case, which exhibits problems that warrant therapy more intensive than that provided by our counseling. In the group in general, there seemed to be no significant change in home behavior and a small positive change in school behavior.
CONCLUSIONS

I feel that the findings of this study do indicate that the utilization of group counseling with middle school students exhibiting behavioral, social, and academic disorders is an effective method of improving their total self-concepts, as was shown in the comparison of mean scores. A significant improvement in school behavior was also indicated by teacher and counselor evaluations. Although the students' home behavior seemed to deteriorate, statistical skewing was due to one unusually severe case. In regard to the remainder of the parent evaluations, there was no reported change in the students' home behavior. I believe that the students may have learned new communication techniques, such as assertiveness, that the parents found somewhat threatening, or perhaps the ripple effect (such as the ripple created by a tossed stone), had already had its impact on the students' school behavior, but had not yet been felt in the home.

Relating back to the survey of related research, I should point out that Combs and Snygg "believe that once the self-concept is formed, its basis is relatively stable, but that a certain amount of change may still occur because of new experiences." I endeavored to provide a new experience through the group counseling.
Coupled with this, Jersild "believes that teachers and peers also have a profound effect on their psychological development". Exposure to this new experience with one's peers may have positively affected the students' self-concepts. Tanner states that "second only to the home environment is the influence of the school... there is a relationship between negative self-concepts, behavior problems and poor school performance." Theoretically, a group experience with one's peers in the school setting may alter negative self-concepts, modify behavior problems, and potentially raise academic performance. On a small scale, I feel that I have shown, through the statistics and antecdotal material, that the altering of negative self-concepts is possible.

I feel that groups such as this one, do have a place in public education. Approaches to building positive self-concepts in students should be high on the lists of priorities with school districts, administrators, counselors, and teachers. I urge that further research be done in the area of self-concept and that the schools increasingly involve themselves in efforts to promote emotional health.
BIBLIOGRAPHY


APPENDIX A

Parent's Name__________________________

Child's Name__________________________

Date______________________________

BEHAVIOR RATING FORM

1. Does your child adapt easily to new situations, feel comfortable in new settings, enter easily into new activities?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

2. Does your child hesitate to express his or her opinions, as evidenced by extreme caution, failure to contribute, or a subdued manner in speaking situations?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

3. Does your child become upset by failures or other strong stresses as evidenced by such behaviors as pouting, whining, or withdrawing?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

4. How often is your child chosen for activities by his or her friends? Is his or her companionship sought for and valued?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

5. Does your child become alarmed or frightened easily? Does he or she become very restless or jittery when procedures are changed, exams are scheduled or strange individuals are in the room?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

6. Does your child seek much support and reassurance from his peers or you, his parents, as evidenced by seeking nearness or frequent inquiries as to whether he is doing well or cared about?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

7. When your child is scolded or criticized, does he or she become either very aggressive or very sullen and withdrawn?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

8. Does your child think poorly of his or her school work, grades, activities, and work products? Does he indicate he is not doing as well as expected?
   ____ always ____ usually ____ sometimes ____ seldom ____ never

9. Does your child show confidence and assurance in his or her actions towards his or her friends and family?
   ____ always ____ usually ____ sometimes ____ seldom ____ never
10. To what extent does your child show a sense of self-esteem, self-respect, and appreciation of his or her own worthiness?

very strong ___strong ___medium ___mild ___weak

11. Does your child publicly brag or boast about his exploits and achievements?

always ___usually ___sometimes ___seldom ___never

12. Does your child attempt to dominate or bully other children?

always ___usually ___sometimes ___seldom ___never

13. Does your child continually seek attention, as evidenced by such behaviors as whining, complaining, or attention-getting behaviors?

always ___usually ___sometimes ___seldom ___never
APPENDIX B

Person Evaluating (your name)

Student Evaluated

Date

Teachers, Counselors, and Administrators:

I am doing my Master's Thesis project using a group counseling situation at our school. The group of nine students is run weekly by Iowell Shira, the Intern District Psychologist, and me, and a matching control group of nine students will be evaluated as well. To obtain results, I am administering the Tennessee Self-Concept Scale and asking for responses from parents, teachers, counselors, and administrators. I request that you check answers on the behavior rating scale and write a short sentence answer for each of the following five questions.

Thanks so much,

Rosemary Papa-Lewis

1. How do you view this student's classroom or school behavior?

2. What is this child's attitude toward school or your class?

3. How well does this student relate to you and his or her classmates?

4. How well does this child fit in (does he or she have quite a few friends or is he or she alienated or teased or picked on)?

5. How do you view this child's self-concept?
TO: Special Education Office  
FROM: Sierra Vista Junior High School
Names of People Making Referral:  
Rosemary Papa-Lewis

As a result of a conference with school personnel, I request individual testing and/or group counseling services by the district psychological services staff for my child _________________.

If my child moves from the William S. Hart Union High School District, I give my consent for the William S. Hart Union High School District to forward to the new school district of attendance all of the records pertaining to my child.

In addition, this is to notify you that I, Rosemary Papa-Lewis, a teacher at Sierra Vista Junior High School, plan to use the testing and counseling for a Master's Thesis at CSUN, with results concluding mid-July available at the school, on the validity of this type of group counseling. The identity of each student will be kept confidential and will not be used in the Thesis in any way.

Please sign and return this form acknowledging this information. For further information, contact Rosemary Papa-Lewis at 252-3113.

Parent's or Guardian's Signature  
Date Signed
<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely False</th>
<th>Mostly False</th>
<th>Partly False and Mostly Partly True</th>
<th>Mostly True</th>
<th>Completely True</th>
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</thead>
<tbody>
<tr>
<td>1. I have a healthy body</td>
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<td>3. I am an attractive person</td>
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<td>5. I consider myself a sloppy person</td>
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<td>19. I am a decent sort of person</td>
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<td>21. I am an honest person</td>
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<td>23. I am a bad person</td>
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<td>37. I am a cheerful person</td>
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<td>39. I am a calm and easy going person</td>
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<td>41. I am a nobody</td>
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<tr>
<td>55. I have a family that would always help me in any kind of trouble</td>
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<tr>
<td>57. I am a member of a happy family</td>
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<tr>
<td>59. My friends have no confidence in me</td>
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<td>73. I am a friendly person</td>
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<td>75. I am popular with the opposite sex</td>
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<tr>
<td>77. I am not interested in what other people do</td>
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<tr>
<td>91. I do not always tell the truth</td>
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<tr>
<td>93. I get angry sometimes</td>
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</tbody>
</table>
2. I like to look nice and neat all the time.
4. I am full of aches and pains.
6. I am a sick person.
20. I am a religious person.
22. I am a moral failure.
24. I am a morally weak person.
38. I have a lot of self-control.
40. I am a hateful person.
42. I am losing my mind.
56. I am an important person to my friends and family.
58. I am not loved by my family.
60. I feel that my family doesn't trust me.
74. I am popular with kids of the opposite sex.
76. I am mad at the whole world.
78. I am hard to be friendly with.
92. Once in a while I think of things too bad to talk about.
94. Sometimes, when I am not feeling well, I am cross.

Completely False
Mostly False
Partly False and Partly True
Mostly True
Completely True
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<th></th>
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<tbody>
<tr>
<td>7. I am neither too fat nor too thin.</td>
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<tr>
<td>9. I like my looks just the way they are.</td>
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<tr>
<td>11. I would like to change some parts of my body.</td>
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<tr>
<td>25. I am satisfied with my moral behavior.</td>
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<tr>
<td>27. I am satisfied with my relationship with God.</td>
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<tr>
<td>29. I ought to go to church more.</td>
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<tr>
<td>43. I am satisfied to be just what I am.</td>
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<tr>
<td>45. I am just as nice as I should be.</td>
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<tr>
<td>47. I despise myself.</td>
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<tr>
<td>61. I am satisfied with my family relationships</td>
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<tr>
<td>63. I understand my family as well as I should.</td>
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<tr>
<td>65. I should trust my family more.</td>
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<tr>
<td>79. I am as sociable as I want to be.</td>
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<tr>
<td>81. I try to please others, but I don't overdo it.</td>
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<tr>
<td>83. I am no good at all from a social standpoint.</td>
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<tr>
<td>95. I do not like everyone I know.</td>
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<tr>
<td>97. Once in a while I laugh at a dirty joke.</td>
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</table>

Completely False................................1
Mostly False....................................2
Partly False and Partly True........................3
Mostly True........................................4
Completely True....................................5
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<tbody>
<tr>
<td>8.</td>
<td>I am neither too tall nor too short</td>
<td>1</td>
<td>2</td>
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<tr>
<td>10.</td>
<td>I don't feel as well as I should</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>12.</td>
<td>I should have more sex appeal</td>
<td>1</td>
<td>2</td>
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<tr>
<td>26.</td>
<td>I am as I want to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>28.</td>
<td>I wish I could be more trustworthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>30.</td>
<td>I shouldn't tell so many lies</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>44.</td>
<td>I am as smart as I want to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>46.</td>
<td>I am not the person I would like to be</td>
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<tr>
<td>48.</td>
<td>I wish I didn't give up as easily as I do</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>62.</td>
<td>I treat my parents as well as I should (use past tense if parents are deceased)</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>64.</td>
<td>I am too sensitive to things my family say</td>
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<td>3</td>
</tr>
<tr>
<td>66.</td>
<td>I should love my family more</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>80.</td>
<td>I am satisfied with the way I treat other people</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>82.</td>
<td>I should be more polite to others</td>
<td>1</td>
<td>2</td>
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<tr>
<td>84.</td>
<td>I ought to get along better with other people</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>96.</td>
<td>I gossip a little at times</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>98.</td>
<td>At times I feel like swearing</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

Completely False...............1
Mostly False...................2
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<tbody>
<tr>
<td>13.</td>
<td>I take good care of myself physically...</td>
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<td>15.</td>
<td>I try to be careful about my appearance</td>
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<td>17.</td>
<td>I often act like I am &quot;all thumbs&quot;......</td>
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<td>31.</td>
<td>I am true to my religion in my everyday life</td>
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<tr>
<td>33.</td>
<td>I try to change when I know I'm doing things that are wrong</td>
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<td>35.</td>
<td>I sometimes do very bad things..........</td>
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<tr>
<td>49.</td>
<td>I can always take care of myself in any situation</td>
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<tr>
<td>51.</td>
<td>I take the blame for things without getting mad</td>
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<tr>
<td>53.</td>
<td>I do things without thinking about them first</td>
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<tr>
<td>67.</td>
<td>I try to play fair with my friends and family</td>
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<tr>
<td>69.</td>
<td>I take a real interest in my family.....</td>
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<tr>
<td>71.</td>
<td>I give in to my parents (use past tense if parents are not living)</td>
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<tr>
<td>85.</td>
<td>I try to understand the other fellow's point of view</td>
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<td>87.</td>
<td>I get along well with other people......</td>
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<td>89.</td>
<td>I do not forgive others easily..........</td>
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<tr>
<td>99.</td>
<td>I would rather win than lose in a game...</td>
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Completely False......................1
Mostly False.........................2
Partly False and Partly True........3
Mostly True............................4
Completely True......................5
14. I feel good most of the time
16. I do poorly in sports and games
18. I am a poor sleeper
32. I do what is right most of the time
34. I sometimes use unfair means to get ahead
36. I have trouble doing the things that are right
50. I solve my problems quite easily
52. I change my mind a lot
54. I try to run away from my problems
68. I do my share of work at home
70. I quarrel with my family
72. I do not act like my family thinks I should
86. I see good points in all the people I meet
88. I do not feel at ease with other people
90. I find it hard to talk with strangers
100. Once in a while I put off until tomorrow what I ought to do today

Completely False
Mostly False
Partly False and Partly True
Mostly True
Completely True
May 20, 1976

During the past semester, as part of my Master's project at C.S.U.N., I have been conducting group counseling sessions with nine students at Sierra Vista Junior High School. I have asked for your help, as parents, in evaluating your child's home behavior. As a last bit of information, I am requesting that you check off your responses on this Behavior Rating Form and please send it back to us in the enclosed envelope. I will be comparing the responses of the group as a whole before and after the group counseling experience. I have certainly appreciated all of your cooperation this semester.

Thanks so very much.

Sincerely,

Rosemary Papa-Lewis