

# Minors' Dissatisfaction with Their Life Circumstances

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**ABSTRACT:** To expand the scope of clinical research on youngsters' subjective well-being, the present work gathered data on the degree of satisfaction/dissatisfaction with respect to major aspects of daily living and on the relationship between life dissatisfaction and perceived control at school of children and adolescents. The self-reports of students in regular classrooms and those referred for mental health services are contrasted. In addition, data on the relationship between dissatisfaction and scores on the Children's Depression Inventory are reported for the mental health sample.

Increasing attention to the topic of subjective well-being has resulted in a line of research focused on individuals' judgments about the quality of their lives, especially in terms of degree of satisfaction.<sup>1,2,3,4,5,6,7,8</sup> For those concerned with pathology, dissatisfaction with life has been seen as a symptom and often a major factor in the ongoing sequence of events causing and maintaining psychosocial problems. As a result, a common direct or indirect objective of psychological intervention with adults is to help clients reduce their sense of dissatisfaction.<sup>9,10,11,12</sup> Among young people, however, the focus on dissatisfaction has been much less commonplace and has been limited in scope. The most comprehensive emphasis on dissatisfaction among children and adolescents is seen in research on the degree to which students are satisfied with school experiences, and the intent usually has been to use such student data as indicators of school effectiveness.<sup>13,14</sup>

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From the viewpoint of clinicians interested in enhancing youngsters' subjective well-being, the focus of research on minors' life satisfaction needs to be extended. In doing so, a reasonable first step involves moving beyond school experiences to clarify specific life areas where youngsters are dissatisfied. Findings of this nature can play a particularly important role in efforts to assess intervention need and efficacy.<sup>12</sup>

Data presented here are from research on youngsters' degree of satisfaction/dissatisfaction with respect to major aspects of daily living. Also reported are data from a line of investigation on the relationship between life dissatisfaction and perceived control at school. With respect to the focus on dissatisfaction, contrasting findings are reported from students in regular classrooms and those referred for mental health services. In a previous study comparing students in regular and special education classrooms, we found the special education students reported lower degrees of life satisfaction, and in both groups, those with lower degrees of satisfaction reported lower degrees of perceived control at school.<sup>15</sup>

## Method

### *Samples*

Four separate samples were used. Three samples were drawn from students enrolled in regular classroom programs in three Los Angeles area public schools located in different parts of the county. The schools were selected based on their willingness to participate in research. Specific classrooms were designated by principals based on their view that the teachers were willing to have their students participate. Students were recruited in these classrooms using standard informed consent procedures. The fourth sample comprised students from Los Angeles area schools who were referred to a mental health center for services.

Sample A consisted of 221 students (110 males and 111 females) whose school was in a low to moderate income area. Ages ranged from 9 to 19 ( $M = 14.5$ ,  $SD = 2.8$ ); 70% represented ethnic minorities, primarily blacks (32%) and Hispanics (22%).

Sample B encompassed 179 students (97 males and 82 females) whose school was in a middle income area. Ages ranged from 11 to 16 ( $M = 13.2$ ,  $SD = 1.0$ ); 16% represented ethnic minorities, primarily Hispanics (7%) and Asians (7%).

Sample C consisted of 68 students (24 males and 44 females) whose school was in a moderate to high income area. Ages ranged from 8 to 18 ( $M = 12.9$ ,  $SD = 2.9$ ); 13% represented ethnic minorities, primarily Asians (12%).

The mental health (MH) sample was 47 children (34 males, 13 females) referred by their schools to a mental health center for treatment, who were

seen by one clinician for one or more sessions. Assignment of cases to the various clinicians in the center is random (unless parents speak only Spanish, in which case they are assigned to a bilingual clinician). Ages ranged from 7 to 16 ( $M = 11.1$ ,  $SD = 2.5$ ); 24% were from ethnic minority groups. All participants were informed that assessment (including interviews, questionnaires, and tests) would be administered as part of the intervention process. Based on teacher statements of reasons for referral, clients were categorized as referred primarily because of emotionally based (a) pervasive school behavior problems ( $N = 25$ ), (b) underachievement ( $N = 15$ ), or (c) school avoidance ( $N = 7$ ). In keeping with clinic policy, specific clinical diagnoses (e.g., childhood depression, conduct disorder) were not made.

### *Instruments*

A measure of degree of satisfaction/dissatisfaction with specific life events was administered to all youngsters. In addition, the MH sample was given the Children's Depression Inventory, and their clinical interview included questions about problem severity and expected improvement.

*Dissatisfaction.* To study dissatisfaction with specific life circumstances among youngsters, we have developed a scale called the Perceived Life Satisfaction Scale (PLSS). The scale consists of 19 items constructed to elicit ratings of degree of satisfaction/dissatisfaction with respect to major facets of minor's daily living. (See Table 1 for the items.)

Specifically, the scale covers five areas identified as major domains by quality of life investigators such as Flanagan,<sup>5</sup> Diener and his colleagues,<sup>2,3</sup> and Evans and his colleagues.<sup>4</sup> The five areas are:

- (1) material and physical well-being (money, health, safety),
- (2) relationships (family, friends),
- (3) environment (home, school),
- (4) personal development and fulfillment (learning, future, creativity, meaning, goals), and
- (5) recreation and entertainment.

In rating PLSS items, individuals respond on a 6 point Likert scale. As a visual aid to assist understanding of the ratings and to encourage attention, the rating alternatives are printed in large letters and graphically represented as circles with varying degrees of shading on a 4" × 11" explanation card. This card is placed in front of the youngster and used by the administrator to initially explain and subsequently remind the youngster about the difference between each rating. The 6 point ratings are converted into indices of dissatisfaction by scoring low ratings (1 and 2) as 2, moderate ratings (3 and 4) as 1, and high ratings (5 and 6) as 0. Thus, dissatisfaction scores can range from 0 to 38. Test-retest reliability with a random sample of 37 students from Samples A and B yielded a Pearson coefficient of .85.

*Perceived Control at School Scale (PCSS).* The PCSS is a 16 item index of the degree to which students perceive themselves as having opportunities to participate in decision making and to be self-determining at school. The scale includes items associated with positive experiences of and interference with autonomy. Two typical items are:

**Table 1**  
Means and Rankings for High and Low Dissatisfaction Groupings  
on Perceived Life Satisfaction Scale

<i>PLSS Items</i>	<i>School Samples (combined)</i>				<i>Mental Health Sample</i>			
	High N = 56		Low N = 410		High N = 7		Low N = 40	
	<i>M</i>	<i>Rank*</i>	<i>M</i>	<i>Rank</i>	<i>M</i>	<i>Rank</i>	<i>M</i>	<i>Rank</i>
How satisfied do you usually feel when you think about . . .								
the amount of spending money you usually have?	1.23	1	.68	1	1.43	4	.68	2
the amount of time you can spend doing anything you want?	1.20	2	.47	3	1.14	9	.33	12
the amount of control you have over your life?	1.14	3	.39	7	1.71	1	.48	6
going to school?	1.09	4	.64	2	1.71	1	.73	1
the opportunities you have to learn new things and improve your skills?	1.04	5	.27	14	1.43	4	.25	16
your physical appearance, such as your height, weight, hairstyle?	1.04	5	.46	4	1.29	6	.50	4
your progress at school compared to others in your classroom?	1.00	7	.45	6	1.71	1	.58	3
the way you get along with your mother?	1.00	7	.27	12	1.29	6	.35	9
the way you get along with your father?	.98	9	.33	10	1.00	12	.33	12
how physical fit and energetic you are?	.95	10	.38	8	1.14	9	.35	9
the amount of time you can spend watching TV?	.93	11	.46	4	1.29	6	.50	4

**Table 1 (Continued)**

<i>PLSS Items</i>	<i>School Samples (combined)</i>				<i>Mental Health Sample</i>			
	<i>Dissatisfaction Groupings</i>							
	High N=56		Low N=410		High N=7		Low N=40	
	<i>M</i>	<i>Rank*</i>	<i>M</i>	<i>Rank</i>	<i>M</i>	<i>Rank</i>	<i>M</i>	<i>Rank</i>
How satisfied do you usually feel when you think about . . .								
the type of clothes you wear?	.93	11	.35	9	.86	17	.48	6
nonschool activities such as hobbies, sports?	.93	11	.29	11	1.14	10	.30	15
the type of neighborhood where you live?	.89	14	.27	12	1.00	12	.43	8
the type of place (home, apartment, etc.) where you live?	.89	15	.26	15	.71	18	.32	12
the way you get along with your friends?	.77	16	.20	17	1.00	12	.18	18
the goals you have set for your future?	.70	17	.20	16	1.00	12	.15	19
the numbers of friends you have?	.68	18	.19	18	.86	16	.35	9
the type of job you'll get when you stop going to school?	.54	19	.16	19	.43	19	.20	17

\*A ranking of 1 indicates the highest mean; 19 is the lowest. A higher mean indicates greater dissatisfaction. Note that several items for a group have the same means; where this occurs, the highest ranking is used for each item involved (e.g., if the three highest rated items are tied, all three are assigned a rank of 1).

At school how much of the time do you feel you have a say in deciding about what the rules should be?

At school how much of the time do you feel you have a choice about what you are doing or learning?

Items are rated on a 6-point Likert scale, and scores range from a low value for perceived control of 16 to a high of 96. The index has been validated with

both special and regular education samples. Test-retest reliability for a random sample of 40 students chosen from Samples A and B used in this study yielded a Pearson coefficient of .78. For a complete description of the measure, data on its validation, and discussion of its conceptual basis, see Adelman, Smith, Nelson, Taylor, and Phares.<sup>16</sup>

*Children's Depression Inventory (CDI).* The CDI was designed as a self-report severity index for use with children diagnosed as depressed. Its 27 items, derived from the Adult Beck Depression Inventory, are responded to by choosing one of three multiple choice items which are converted to ratings of 0, 1, or 2.<sup>17</sup> For example, the youngster is asked to choose between the following three statements: "I am sad once in a while" (scored 0), "I am sad many times" (scored 1), "I am sad all the time" (scored 2). Kovacs<sup>17</sup> has suggested that CDI scores of 10 to 18 indicate mild depression, while scores of 19 or higher indicate severe depression.<sup>18</sup> As can be seen in Table 2, the content of items include affective statements (e.g., I am sad . . . , I hate myself), somatic worries (e.g., I have trouble sleeping every night, I worry about aches and pains), confessions of negative behavior and attitudes (e.g, I am bad all the time, I never do what I am told), and problems with school (e.g., I do very badly in subjects I used to be good in).

Data on reliability and validity are summarized by Finch and Rogers.<sup>19</sup> Test-retest reliability coefficients as high as .87 have been reported with emotionally disturbed children.

*Problem severity and expected improvement.* Among the questions asked of youngsters in the MH sample during the clinical interview were (a) "Are you having problems at home? (If Yes) How serious are the problems?" (1 = very to 4 = not at all), (b) a comparable item regarding problems at school, and (c) "Over the next year or so, how much do you expect things to improve with respect to your problems? (assuming things go as you think they will)" (1 = not at all to 6 = very much).

### *Procedures*

Samples A, B, and C were administered the PLSS in their classrooms by research assistants trained for the purpose. The following general instructions were given:

We are concerned about knowing what you like and what you dislike. We know that not all students see things in the same way. We're going to read some things to you so you can tell us how satisfied you are with each of them.

After reading the instructions, a sample item and the explanation card were used to check that students understood the directions. Then, each item was read aloud and the administrators circulated to be available if any student was having difficulty responding. Similar procedures were used in administering the PCSS. Average administration time was 20–30 minutes.

**Table 2**  
 Children's Depression Inventory (CDI) Means and Rankings for  
 High, Moderate, and Low CDI Groupings of Mental Health Sample

CDI items stated in the form that is given a rating of 1:	<i>High CDI</i> <i>group</i> N=10		<i>Mild CDI</i> <i>group</i> N=17		<i>Low CDI</i> <i>group</i> N=20	
	<i>M</i>	Rank*	<i>M</i>	Rank	<i>M</i>	Rank
My schoolwork is not as good as before	1.50	1	1.12	1	.75	1
It is hard to make up my mind about things	1.40	2	.65	9	.30	8
I have to push myself many times to do my schoolwork	1.30	3	.65	9	.50	2
I feel alone many times	1.30	3	.71	6	.05	23
I am tired many days	1.30	3	.71	6	.40	3
Things bother me many times	1.30	3	.82	3	.10	18
I have fun at school only once in a while	1.20	7	.41	17	.35	6
I think about killing myself but I would not do it	1.10	8	.76	5	.15	13
I do many things wrong	1.10	8	.59	11	.10	18
I am not sure if things will work out for me	1.10	8	.59	11	.40	3
I do not like myself	1.00	11	.18	24	.00	26
I do not do what I am told most times	.90	12	.53	14	.20	10
I can be as good as other kids if I want to	.90	12	.59	11	.20	10
There are some bad things about my looks	.90	12	.53	14	.15	13
I do not like being with people many times	.90	12	.35	19	.10	18
I have fun in some things	.90	12	.71	6	.30	8
I get into fights many times	.80	17	.53	14	.20	10
Many days I do not feel like eating	.80	17	.24	22	.15	13
I have trouble sleeping many nights	.70	19	.35	19	.40	3

Table 2 (Continued)

CDI items stated in the form that is given a rating of 1:	High CDI group N = 10		Mild CDI group N = 17		Low CDI group N = 20	
	M	Rank*	M	Rank	M	Rank
I feel like crying many days	.70	19	.12	26	.05	23
Many bad things are my fault	.70	19	.24	22	.15	13
I worry that bad things will happen to me	.70	19	.82	3	.15	13
I am bad many times	.70	19	.18	24	.00	26
I have some friends but I wish I had more	.60	24	.41	17	.10	18
I am sad many times	.60	24	.35	19	.10	18
I am not sure if anybody loves me	.50	26	.12	26	.05	23
I worry about aches and pains many times	.40	27	.94	2	.35	6

\*A ranking of 1 indicates the highest mean; 27 is the lowest. A higher mean indicates greater severity. Note that several items for a group have the same means; where this occurs, the highest ranking is used for each item involved.

For the MH sample, both the PLSS and the CDI were administered by the clinician during the youngster's first clinical session along with the other clinical interview question. It was not feasible to give the PCSS to this sample.

## Results

Findings are presented first on the degree of satisfaction/dissatisfaction found among the three school samples; then dissatisfaction data from the MH sample are reported along with findings on the relationship between the PLSS and CDI; finally, data are offered relating dissatisfaction to perceived control at school.

### *Dissatisfaction in the School Samples*

No significant difference in mean dissatisfaction ratings were found between the regular public school samples. The means were 8.6



( $SD = 5.9$ ), 7.0 ( $SD = 4.1$ ), and 7.8 ( $SD = 4.7$ ) for Samples A, B, and C, respectively. There also were no significant findings with regard to sex and ethnic group differences. However, as can be seen from the means, the trend was in the direction of a higher mean level of dissatisfaction in Sample A, the school with the largest enrollment of lower socioeconomic and minority students. This trend reflects the fact that this school had the largest proportion of students with relatively high dissatisfaction scores.

The age distribution and number of students in Sample A also allowed for analysis of the relationship between age and dissatisfaction. The analysis was confounded, however, because this sample was dominated by lower socioeconomic/minority students. Nevertheless, it can be noted that the older students showed a modest tendency toward higher dissatisfaction ratings than the younger students (Spearman correlation coefficient = .33,  $p < .001$ ).

To explore differences between students who indicated little or no dissatisfaction and those who gave relatively high ratings, the three public school samples were combined and the dissatisfaction score separating the top 10% from the other students was identified. In the absence of established norms or standards, it seemed reasonable to contrast the top 10% with the rest. The cut-off score between the two groups was fifteen.

In comparing these two groups for sex, ethnicity, and age differences, again, the only trend was that students in the group with relatively high dissatisfaction scores from Sample A (the lower socioeconomic/high minority school) had a slightly higher mean age ( $M = 15.5$ ,  $SD = 3.1$ ) than the low dissatisfaction group ( $M = 14.2$ ,  $SD = 2.7$ ),  $t(219) = 2.61$ ,  $p < .01$ . In addition, the mean item scores for the two groups were ranked to clarify the types of events that produced the least and the most dissatisfaction. As can be seen in Table 1, similar trends appear for both groups. For the school samples, the Spearman rank order correlation between the high and low groups is .83 ( $p < .01$ ). Items with mean ratings of 1.0 or greater are particularly noteworthy as indicators of life areas contributing to the dissatisfaction of the highest scoring students.

### *Dissatisfaction in the Mental Health Sample*

As previously found with students in special education classes, the mean level of dissatisfaction for the sample of students referred for mental health services was significantly higher than for any of

the samples of students in regular classrooms,  $M = 9.7$  ( $SD = 6.8$ ),  $F(1,502) = 3.91$ ,  $p < .05$ . Moreover, for this group, a sex difference was found. That is, post hoc analyses indicated that the girls mean rating of dissatisfaction ( $M = 12.8$ ,  $SD = 8.2$ ) was significantly higher than the mean for the boys ( $M = 8.4$ ,  $SD = 5.7$ ),  $t(45) = 2.1$ ,  $p < .04$ . A modest, but significant, age correlation was also found, Spearman  $r = .33$ ,  $p < .02$ . No differences were found in analyses comparing the youngsters with respect to ethnicity or their different referral problems.

With regard to the ranking of mean item scores for the high and low dissatisfaction groups (see Table 1), the trends are similar to those found in the school samples. The Spearman rank order correlations between the two samples on the items for the high groups and the low groups are  $.79$  ( $p < .01$ ) and  $.78$  ( $p < .01$ ), respectively. The lowest correlation is found in comparing the item rankings for the high and low groups in the MH sample,  $r = .53$  ( $p, .05$ ).

The correlation between the MH sample's dissatisfaction scores and their ratings on the Children's Depression Inventory provide initial data on the relationship between dissatisfaction with life events and indices of depression. A Spearman coefficient of  $.55$  ( $p < .0001$ ) was found. A review of the scattergram indicated that those with low and moderate CDI scores tended to have low dissatisfaction ratings, while those with high CDI scores tended to split between high and low ratings. Although the cell sizes were relatively small, a  $X^2$  analysis was performed to assess whether the noted difference was significant. That is, using Kovac's criteria, the 20 individuals with low (1–9), the 17 with mild (10–18), and the 10 with high ( $\geq 19$ ) CDI scores were contrasted with respect to how many gave low ( $< 15$ ) vs. high dissatisfaction scores. The findings indicate that a significantly higher proportion of those with high CDI scores gave higher ratings of dissatisfaction,  $X^2(2) = 12.4$ ,  $p < .002$ .

To highlight the highest rated items on the CDI, the means for the high group were ranked and contrasted to the means for the moderate and low groups (see Table 2). The rank order correlations between the items for the three groups are modest,  $.37$  ( $p < .05$ ),  $.55$  ( $p < .01$ ), and  $.52$  ( $p < .01$ ) for the respective comparisons between the low-high, low-mild, and mild-high groups. Here, too, items with mean ratings of 1.0 or greater are particularly noteworthy as indicators of problems contributing to high CDI scores.

Post hoc analyses (Pearson correlations) were made of the relationship between students' ratings of problem severity (at school and at home), expectation of improvement, and their dissatisfaction and CDI scores. Neither the dissatisfaction nor CDI scores were related to rat-

ings of severity of problems at home. The CDI was significantly related to severity of problems at school,  $r = .48$  ( $p = .02$ ) but was not significantly related to expectations of improvement. The opposite findings were found for the dissatisfaction ratings; that is, they did not significantly correlate with severity of problem but high dissatisfaction ratings were related to low expectation of improvement,  $r = -.54$  ( $p < .001$ ).

### *Dissatisfaction and Perceived Control*

To test our hypothesis that low perceived control at school contributes to student dissatisfaction with life, the dissatisfaction ratings were compared to the self-report data on perception of control at school. The overall Spearman correlation between the perceived control and dissatisfaction ratings was only  $-.29$  ( $p < .001$ ). As expected, however, a comparison of the ratings of dissatisfaction for students whose perceived control scores placed them in the bottom, middle, or top third of the distribution showed the high perceived control group to have significantly lower dissatisfaction ratings. The dissatisfaction mean ratings were 9.5 ( $SD = 5.5$ ), 8.1 ( $SD = 4.9$ ), and 6.8 ( $SD = 4.9$ ) for the low, moderate, and high groups, respectively,  $F(2,462) = 10.81$ ,  $p < .0001$ . Post hoc analysis confirmed a significantly higher dissatisfaction score for the low as contrasted with the high perceived control group.

To further assess the relationship between dissatisfaction and perceived control, a comparison was made of the mean perceived control ratings of the high (top 10%) vs. low dissatisfaction groups. Again, as expected, the high dissatisfaction group was found to have given significantly lower perceived control ratings. The perceived control means were 51.2 ( $SD = 11.0$ ) and 56.8 ( $SD = 9.1$ ) for the high and low dissatisfaction groups, respectively,  $t(65) = 3.58$ ,  $p < .001$ . These groups also differed significantly in rating the specific item on degree of satisfaction with the amount of control they have over their life. The means were 1.14 ( $SD = .64$ ) and .39 ( $SD = .55$ ) for the high and low groups, respectively,  $t(466) = 9.44$ ,  $p < .0001$ .

## **Discussion**

It is encouraging to find how few students reported a significant degree of dissatisfaction with major circumstances in their lives. Their positive status makes more poignant the situation of the minority of

students who do indicate dissatisfaction, especially those referred for mental health services and those in special education programs.

The data from the present study show youngsters referred for mental health services reporting relatively high levels of dissatisfaction with life circumstances. These findings complement the trend we previously noted among students in public school special education programs.<sup>15</sup>

For those who are dissatisfied, the current study demonstrates the value of measures such as the PLSS in providing specific information on aspects of daily living that lead to the types of problems reported on instruments such as the CDI. Furthermore, the significant relationship between dissatisfaction and expectations of improvement suggest several directions for future clinical research with children and adolescents. For instance, the data underscore the importance of including measures of life dissatisfaction in psychotherapy research both as a predictor and outcome variable (e.g., Is a high degree of life dissatisfaction an indicator of poor prognosis?). Also, the relationships found between dissatisfaction and perceived control add to other research on perceived control suggesting the potential value of intervention studies to determine the degree to which enhancement of perceived control decreases levels of life dissatisfaction and increases expectations about overcoming one's problems.<sup>16,20,21</sup>

Clearly, the limitations of the study preclude speculating about the post hoc findings related to age, sex, and possible social class/minority group differences. The findings simply underscore the importance of designing subsequent research to investigate these variables. And, of course, it is essential to move on to studying the different ways minors who are highly dissatisfied with their life circumstances overtly manifest their dissatisfaction.

### Summary

In sum, significantly higher levels of dissatisfaction with life circumstances were reported by youngsters referred for mental health services than by several different samples of students in regular public school classrooms. In addition, the girls referred for mental health services gave higher dissatisfaction ratings than the boys, and a modest age correlation was found. With respect to the validity of the measure of dissatisfaction, a moderate correlation was found with the Children's Depression Inventory, suggesting that the instrument is

measuring different aspects of a similar domain. Finally, significantly higher dissatisfaction scores were found among youngsters who indicate low, as contrasted with high, levels of perceived control at school.

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