COPING WITH JOB LOSS AND CAREER STRESS:
EFFECTIVENESS OF STRESS MANAGEMENT
TRAINING WITH OUTPLACED EMPLOYEES

THESIS

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Anne Miya Maysent, B.A.
Denton, Texas
August, 1995
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The stress which accompanies job loss has been well documented by DeFrank and Ivancevich (1986), Iverson and Sabroe (1988), and Gordus (1986). Some of the responses to job loss have included reduced psychological well-being, depression, anxiety, as well as an increase in physical symptoms. A stress management intervention was developed and integrated into the services provided by one of the nation's largest outplacement consultants. The purpose of the intervention was to aid outplacement clients in the management and resolution of stress associated with job loss and career transition. Based on the results of this study, the intervention had the effect of helping treatment participants maintain their levels of effective coping when compared to nonparticipants. This study supports the hypothesis that stress management training can be helpful for unemployed individuals and may impact their emotional well-being as they go through the job search process.
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CHAPTER I

INTRODUCTION

Today companies are failing at an unprecedented rate. There were over 57,000 corporate failures in 1986 which did not take into account those companies who maneuvered out of bankruptcy through down-sizing and restructuring (Offerman & Gowing, 1990; Ropp, 1987). According to an article in the April 1991 issue of FORTUNE magazine the impact of these corporate failings has been keenly felt by managers in companies such as Citicorp, Occidental Petroleum, Digital Equipment, and Drexel Burnham Lambert. The size of these layoffs ranged from 200 to 4,600 employees. This article suggested that unemployment among managers doubled from 1990 to 1991.

The local employment situation is consistent with the national trends. The Texas statewide unemployment rate was eight percent for March, 1992 (U.S. Department of Labor, 1992). Managers, professionals, sales staff, and technical experts composed ten percent of the overall unemployed population. The predictions for the future were equally bleak. A study conducted by Fortune and Wyatt, Co., a consulting firm, interviewed over 1,000 companies and found that eighty-six percent of those companies reduced their
white collar employees in the past five years and forty-one percent of the human resource executives predicted that this trend would continue for the next five years.

The challenge to the unemployed worker and perhaps even more so to the white collar worker is to develop job search strategies that are effective while maintaining a high level of motivation through-out their job search. The average job search for a laid off manager or executive has increased from six months in 1991 to over eight months in 1992 (U.S. Department of Labor, 1992). Studies have consistently found that job loss ranks between seventh and ninth in the severity of stress it creates in comparison to over sixty other life events (Holmes & Rahe, 1967; Masuda & Holmes, 1967; Paykel, 1971). Some events that have equal or greater amounts of stress are the death of a spouse or divorce (Holmes & Rahe, 1967). Research suggests that job loss increases an individual’s risk for emotional, as well as physical illness (Iverson & Sabroe, 1988; Liem & Rayman, 1982).

Reactions to Job Loss

Studies investigating the relationship between health and job loss have found that general health reports became progressively more negative as the length of unemployment increased (Warr & Jackson, 1984). A similar study found that the number of individuals who reported a
physician-diagnosed illness increased with the duration of unemployment (Cook, Cummins, Bartley & Shoper, 1982).

A study done by Jackson, Stafford, Banks & Warr (1983) found that psychological distress increased as individuals went from employed to unemployed status and the reverse pattern occurred when workers became reemployed. O'Brien and Kabanoff (1979) surveyed both employed and unemployed individuals and found that the jobless sample noted an elevated level of stress symptoms also a greater prevalence of heart trouble, shortness of breath, and vision problems. Researchers also found (Cook et.al, 1982; Redburn, 1983) more heavy drinking and alcohol abuse among unemployed individuals.

Unemployment can impact individuals on an emotional or psychological level. Studies conducted by Banks and Jackson (1982) and Bebbington, Harry, Tennant, Sturt and Wing (1981) suggested that their unemployed samples had more "psychiatric problems" than comparable employed groups. Finlay-Jones and Eckhardt (1981) found these effects across age lines. They studied young job-seekers and found that a significant number of their sample was experiencing emotional distress. They reported that seventy percent of those individuals began experiencing problems after beginning their job searches. Studies conducted by Feather and his colleagues (Feather, 1982; Feather & Barber, 1983; Feather & Davenport, 1981) found that those subjects with
the highest motivation to find a job, and those who rated work as highly attractive had the highest scores on various depression indices.

Considering the research that supports the belief that unemployment can play a role in increasing an individual’s vulnerability to illness combined with the belief that job loss is generally experienced as a highly stressful change event, a program was developed to prepare newly displaced workers for the difficulties that lay ahead. It was developed with the hope that preparation might relieve some of the physical and emotional trauma frequently experienced by unemployed individuals.

A stress management program was developed for the clients of Drake Beam Morin, Inc., one of the nation’s largest outplacement firms (Fortune, April 1991). Drake Beam Morin, Inc. provides support to displaced employees in the form of counseling, training, and clerical services. Drake Beam Morin recognizes that the trauma of losing one’s job is often devastating, but they also believe that the event, if handled properly, can result in a positive outcome.

Before describing the program developed for the Drake Beam Morin clients, the area of stress and the extensive research surrounding it will be discussed. Stress is generally viewed as a combination of one or more of the following factors: an environmental stimulus, an
individual's response to the stimulus and the interaction between the two (Beehr & Franz, 1986; Ivancevich & Matteson, 1980). Considerable research has focused on how individuals appraise stimuli. According to Wrubel, Benner, & Lazarus (1981) if an individual perceives a stimulus as threatening they are more likely to label the response as stressful rather than stimulating.

Overview of Stress Research

Selye (1956) conceptualized stress as the struggle to overcome a noxious stimulus. He proposed that it was the struggle itself that was far more damaging to the individual than the damaging qualities inherent in the noxious stimulus. Selye believed that the individual went through three stages when responding to a stimulus: alarm, defense, and exhaustion. He proposed that the way one defended him/herself from a stimulus would either lead to a negative experience, exhaustion, or a positive experience, adaptation.

Elliott and Eisendorfer (1982) classified stress on a temporal continuum. They proposed that stressors fell into four basic categories: acute or time limited, serial events that follow one primary event, such as the adjustments following a divorce, chronic intermittent events like regularly scheduled staff meetings, and chronic stressors such as disabilities. Because the individual is able to habituate to long term stressors, the strain or damage to
the organism is reduced (Davis, 1963; Goffman, 1963). However, Elliott and Eisendorfer (1982) suggested that it was the intermittent stressful events that caused the most damage. Their rationale was that given the frequency of the stressors the individual did not have sufficient time to reacclimate or adjust to the stimulus, therefore they dealt with the next stressor with limited or deficient resources.

Lazarus and Cohen (1977) characterized stress by the quality of the stimulus. They categorized events as: cataclysmic such as catastrophes, major changes like a plant closing, or daily hassles such as traffic congestion. They proposed that it was not the larger cataclysmic stressors that caused the greatest damage to the individual, it was the slow deterioration of defenses brought on by daily traumas. This belief was supported by research done by Holmes and Rahe (1967) and Holmes and Masuda (1974).

Besides quality, quantity, and duration, stress has also been categorized by the physical or psychological impact it causes. Attempting to define stress has proven to be a difficult and frustrating task for many researchers (Dohwenrend & Pearlin, 1980; Pearlin et al., 1981; Rabkin & Streuning, 1976). Lazarus (1966) initially addressed this dilemma by viewing stress as an organizing concept for understanding a wide range of phenomena used by humans and animals to adapt to their environments. He suggested that stress could not be reduced to a singular process. He felt
that it ought to be left up to each individual researcher to define the form of human adaptation they were attempting to isolate (Lazarus & Folkman, 1984).

Cognitive Behavioral Model of Stress

Lazarus and his colleagues (1966, 1981; Coyne & Lazarus, 1980; Folkman, Schaefer & Lazarus, 1979; Lazarus, Kanner & Folkman, 1980; Lazarus & Launier, 1978) developed a stress model that focused on the individual. They suggested that stress and coping was relational and process oriented. The relational aspect defined stress as a relationship between the individual and the environment that the individual perceived as exceeding his or her resources or endangering his or her well-being. The process orientation reflected the belief that the relationship between the individual and environment was dynamic and constantly changing and that the relationship was bidirectional with the environment and the individual impacting each other. Once an individual perceived a stressor they would attempt to reduce the stress by changing the environment or their perception of it. The individual continually appraised and reappraised the situation in an attempt to reestablish a state of equilibrium. Therefore, these researchers did not view stress solely as an environmental trigger or as the individual’s response, but as a complex combination of cognitive appraisal, judgement, and response.
The characteristic that set the cognitive behavioral model and extensions of it (Lazarus, Averill & Opton, 1970; Lazarus & Launier, 1978) apart from earlier stress models (Cannon, 1935; Selye, 1956) was the prominent role that individual perception and coping played. Rather than a passive Stimulus-Response model, Lazarus and others looked at the individual as an active participant in their perception and actions. Folkman (1984) expanded this formula to include controllability of the event and its impact upon the individual’s experience of stress. This dynamic and relational model suggested that an individual could change their environment, appraisals or cognitions, and behavior from one stressful event to another and within a single stressful incident.

Applying this model to all events would lead to considerable frustration because some conditions cannot be improved by simply thinking differently about them. The question was asked "When is a stressor manageable?". Roskies (1987) and Meichenbaum (1985) delineated over twenty distinct problems amenable to stress inoculation or stress management training. These problems ranged from anger control, test anxiety, dental fear, to the prevention of physical illness. Roskies believed that the best distinction between problems best treated via improving coping skills versus those handled through drug treatment or medical interventions is a clinical judgement. A judgement
based on a mutually agreed upon idea of the problem by a trained clinician and the individual. Unless both the individual and the clinician agree upon the cause of the stress there exists no basis for stress interventions on the individual level.

The Lazarus model for intervention (Beck, 1976; Ellis, 1962; Lazarus, 1966; Mahoney, 1980; Meichenbaum, 1977, 1985) focuses on increasing the individual's competencies to manage his or her environment. This follows the belief that effective stress management depends upon possessing the necessary cognitive and behavioral skills to confront the stressor and to use those skills to deal with it. It is the clinician or counselor's role to prepare the individual for these change events through education and training.

Effective management of stress should not be confused with elimination of stressors. Bandura (1977a, 1977b) suggested that the human condition always included challenges and threats to its existence or to its equilibrium. Therefore, successful treatment of stress reactions should not attempt to rid an individual of stress, the goal ought to be to aid the individual in the amelioration of stress by increasing their effectiveness in functioning in spite of distress.

**Cognitive Behavioral Intervention Model**

Meichenbaum (1985) proposes a three stage model for implementing a cognitive behavioral treatment that included:
conceptualization of the problem and goals for treatment; skill acquisition; and application. In the first stage the counselor familiarizes him or herself with the presenting problem and the approach used by the distressed individual in an attempt to handle it. While information is gathered from the individual the counselor distributes information about the stress process.

The activities that occur during this early stage reflect basic core ideas upon which cognitive behavioral therapy is founded (Bandura, 1977a, 1977b; Ellis, 1970, 1973; Lazarus, 1966, 1981). Some of these elements include: the importance of the person/environment relationship; the active role of the individual in affecting this relationship; a present versus historical focus; and attention to the responses to specific problems rather than to global behavioral patterns.

The second stage of Meichenbaum's (1985) treatment emphasizes the acquisition and rehearsal of new coping behaviors. There has been considerable debate over the optimal skills and strategies that should be acquired by individuals during this period (Bernstein & Borkovec, 1973; DeBerry & Einstein, 1981; Goldfried, 1977, 1979; Holmes, 1984; Lehrer, Woolfolk, Rooney, McCann & Carrington, 1983). Lazarus and Launier (1978) and others (Kahn, Wolf, Quinn & Snoek, 1964; Mechanic, 1962) have divided the various coping strategies and behaviors into two camps. The first is
problem focused. This category covers techniques such as information gathering, problem solving, communication skills training, time management, utilization of social supports and direct efforts to alter or exit from the environment. The second category covers emotional regulation strategies. Included in this category are searching for meaning, emotional distancing, affective expression, cognitive relabeling, and relaxation training.

Folkman and Lazarus (1984) have shown that both forms of coping, problem focused and emotional regulation, are used in most stressful encounters and that the relative proportions from either category vary according to how the encounter was appraised by the individual. Folkman and Lazarus (1980) analyzed over thirteen hundred stressful episodes and found that in ninety-eight percent of the situations both emotion based and problem focused coping skills were used. However, Folkman (1984) goes on to distinguish between an individual’s attempt at coping versus the effectiveness of the coping strategy. She points out that coping refers to the cognitive and behavioral efforts to master, reduce or tolerate the internal or external demands created by a stressful situation. This definition did not assume the strategies are always effective, it refers to efforts to manage demands, no matter the success of those efforts.
Frequently, individuals use coping strategies that can be improved or that are completely ineffective. The challenge to the counselor developing a stress management program is to isolate the unique qualities inherent in the population being addressed and provide them with coping techniques which build upon their strengths.

Pearlin and Schooler (1978) recommended using a variety of interventions rather than offering a single intervention as the panacea for all individuals in all circumstances. If an intervention program hopes to be consistent with Lazarus' (1985) model that focused on the individual's role in perceiving and responding to the environment, it ought to have sufficient flexibility to meet the needs of various situations.

The third stage of Meichenbaum's (1985) model reflects a shift in emphasis from skill acquisition to application of new knowledge to existing or potential stressors. During this period the individual should have sufficient knowledge of various techniques to assess a situation, apply one or more technique and evaluate the effectiveness of the intervention based on his/her own level of functioning.

Type A Behavior Pattern and Stress

Within Drake Beam Morin's client population, the Type A behavior pattern is frequently seen. The Type A behavior pattern developed out of studies by Friedman and Rosenman (1974) in which seemingly healthy individuals began to show
signs of coronary heart disease. Upon closer examination these researchers found that these individuals exhibited a pattern or style of coping with stressful stimuli that we now call the Type A Behavior Pattern (Rosenman, 1978).

The Type A Behavior Pattern is an action-emotion complex that is exhibited by individuals who are engaged in a chronic struggle to achieve an unlimited number of goals in an unreasonably short period of time (Friedman, 1969). Kobasa, Maddi and Zola (1983) point out that these individuals tend to be extremely demanding of themselves and never seem truly content unless they are battling multiple deadlines, obstacles and harassments (Sparacino, 1979).

Waldron (1978, 1977) suggested that Type A individuals are driven, impatient, and competitive, but also have more external signs of success, higher occupational status, more rapid career advancement and higher academic honors (Glass, 1977). The Type A pattern is a double edged sword for many individuals. It is a pattern that can bring about many rewards, but at a high cost to the individual.

Roskies (1987) refers to Type A individuals as competent performers and results oriented. She does not assume that all Type A individuals suffer from coronary heart disease or severe stress reactions. A number of researchers have found that when Type A individuals are faced with difficulties they simply try harder and will usually persist long after others have given up. They do
this by ignoring many warning signs of stress including fatigue and illness (Carver, Coleman & Glass, 1976; Matthews & Carra, 1982; Silber, 1961a, 1961b). Research on the Type A style suggests that although these individuals can handle significant amounts of stress, the cost of coping for the individual is usually very high.

The Type A individual is frequently rewarded by rising upward within the business community (Glass, 1977). They are often given and appear to thrive on greater and greater challenges within their workplace (Schlaegel, Wellwood, Copps, Gruchow & Schratt, 1980). As a result, the Type A pattern is commonly seen among individuals who have risen through the corporate ranks into management and executive positions. However, when Type A individuals begin to feel the strain physically or emotionally they have difficulty connecting their behavior and stress inducing thoughts with their symptoms. Instead, they are more likely to blame their symptoms on a demanding environment and believe it to be the price one must pay for doing a good job (Folsom, 1985).

Type A Versus Hardiness

Kobasa (1979, 1983) suggests that the factors that differentiate individuals who are achievement oriented and successful while also competent at managing high levels of stress includes: a sense of commitment to what they are involved in; a realistic belief in their sense of control;
and their perceptions of situations as challenging rather than threatening. He and others (Kobasa, Maddi, & Kahn, 1982; Kobasa, Maddi & Zola, 1983; Kobasa & Puccetti, 1983) suggest that not only do these qualities, which he categorizes as "hardiness" increase productivity, but they also lead to health benefits, intrinsic motivation and increased satisfaction vocationally and personally.

Roskies (1987) suggests that Type A individuals can be trained to adopt some of these "hardy" qualities. It requires they use fewer reactive appraisals of situations and exhibit greater flexibility in choosing responses to their environment. She suggests that it is the ability to exert effective control over cognitions, behavior and physical responses that allows the individual to increase coping efficiency by responding to challenges in a way that minimizes negative impact and strain.

Applying the ideas of control, challenge, and commitment (Kobasa, et al., 1983) to stress management requires a closer examination of each of these ideas in the context of coping. Researchers have suggested that generalized beliefs about control (internal versus external) and situational control appraisals are related to coping effort and persistence (Bandura, 1982, 1977; Lefcourt, 1976). It has been suggested that the strength of the expectations for mastery determine how long and how much effort an individual will exert (Bandura & Schunk, 1981;
Brown & Inouye, 1978; Schunk, 1981). Strickland (1978) and Anderson (1977) noted that people with an internal locus of control were more likely to engage in problem focused coping patterns than were people with an external locus of control.

The perception or expectancy for control appears to factor into an individual’s appraisal of stress versus challenge. Folkman (1984) suggested stress appraisals were likely when the desire for control was not matched by expectations for control or when exercising control would increase the level of distress. The perception of a situation as challenging was more likely when encounters relevant to one’s well-being were appraised as potentially controllable, either by one’s emotional coping or by altering the environment and that these coping efforts would not create additional distress.

Under conditions of challenge positive emotions such as eagerness, excitement, and hopefulness are dominant and have been found to facilitate problem focused coping (Lazarus, 1980). A study by Anderson (1977) supports this hypothesis. He interviewed businesspeople who had been negatively impacted by a flood. Looking at those individuals who adopted an external versus internal locus of control and a threat versus challenge appraisal of the situation he found that after two and a half years those who adopted internal and challenge appraisals were more successful and had used more effective problem focused coping skills.
The third area which Kobasa (1983) attributes to effective coping is commitment or an active involvement in the coping process. This relates back to the internal versus external locus of control. Individuals who perceive themselves as possessors of control are more likely to participate in the management of their environment.

Self Concept and Stress

One area that has not been addressed by any of the previously presented research has to do with the challenge some stressors present to an individual’s self-concept. Pearlin, Lieberman, Menaghan and Mullan (1981) suggest that there are two dimensions of self concept that are relevant to stress appraisals: mastery and self-esteem. Mastery refers to control expectancies discussed earlier. Self esteem refers to the judgements one makes about one’s self worth. These investigators found that when individuals were faced with persistent strains, unscheduled or unexpected life events, such as job loss, which they viewed as proof of their inability to affect their lives, they suffered classic symptoms of stress. These symptoms ranged from emotional malaise to physical ailments. These investigators found that coping efforts that were effective with this job loss population were both problem and emotion focused. The problem focused technique required that individuals seek out comparative scenarios that resulted in a better/worse outcome. By doing so the individuals were better able to
view their situation on a continuum, rather than from the singular perspective of failure. The emotion focused technique called for cognitive reframing or relabeling of success. Previously these individuals had defined success in economic terms so that when their economic base was threatened by job loss their self-image was called into question. By redefining success in terms other than financial, these individuals were able to maintain a higher level of self esteem.

Kobasa (1979) proposed that unemployed individuals who had less hardy personalities would have more stress related symptoms following job loss and unemployed Type A individuals would display more negative effects (emotional, physical, behavioral and psychological) than would Type B individuals. Kobasa and Puccetti's research (1983) suggested that Type A individuals were likely to be less effective in adopting coping strategies that reduced the negative effects of job loss, particularly emotion-focused and problem-focused activities. Recalling the principles of the Type A behavior pattern, these individuals strive to control uncontrollable events, maintain unrealistically high standards for themselves, and adopt external loci of control. Therefore, it can be extrapolated that this population is at high risk for stress reactions when faced with unemployment and its attendant concerns and emotional challenges. A review of the literature done by DeFrank and
Ivancevich (1986) reported that individuals who were high on hardiness (control, commitment and challenge) were more likely to be effective in using various coping strategies to reduce the negative effects of job loss.

Summary of the Literature

Summarizing the research presented, job loss is usually perceived as a highly stressful event in one's life. The degree to which it is perceived as threatening or harmful depends on an individual's employment history (Cobb & Kasl, 1977), economic status (Hepworth, 1980; Jackson & Warr, 1984), emotional balance (Gore, 1978; Lajer, 1982), personality factors (Freidman & Rosenman, 1974; Kobasa, 1979), and coping strategies (Folkman, 1984; Lazarus, 1981). An intervention that is aimed at minimizing the negative emotional, physical and behavioral effects of job loss needs to synthesize all the previous research. The intervention should have the following components as recommended by Lazarus (1979): reduction of the distressing environmental conditions; tolerance of or adjustment to the negative events and its realities; maintenance of positive self image; maintenance of emotional equilibrium; and continued satisfactory relations and social supports.

Based on the belief that job loss is a highly stressful event for an individual to experience, developing these resources within that individual that might reduce the negative effects of job loss stress would be beneficial. A
program to combat the stress associated with job loss would need to address the physical, cognitive, and emotional components associated with stress.

Hypotheses

A stress management program which incorporated and addressed the physical, cognitive and emotional effects associated with stress was developed with the belief that if individuals conducting a job search were given this type of stress management training,

Hypothesis 1: Their use of effective stress management techniques would increase;

Hypothesis 2: As their use of appropriate stress management techniques increased, their perception or experience of stress would decrease.

In order to test both of these hypotheses, the stress management program, "Managing your Career and Lifestyle Stress" was administered to individuals who were unemployed and actively looking for jobs.
CHAPTER II

METHOD

Subjects

The treatment group consisted of 76 (70 men and 6 women) unemployed Drake Beam Morin, Inc. clients who completed all phases of the stress management program and follow-up questionnaires. The ages of the participants ranged from 27 to 67 with a mean age of 47 years. The 76 participants were primarily Caucasian along with one Asian-American, two Mexican-Americans, and three African-Americans. These individuals had left careers in insurance, finance, real estate, and engineering to name a few. All participants were white collar workers and generally had occupied mid and upper level management positions prior to being unemployed.

The control group was randomly selected from the existing DBM client population who had not opted to participate in the stress management training. Fifty people were asked to participate and 37 completed all the necessary questionnaires to be included in the control group. Of the 37 control group members there were 33 men, four women, two Mexican-Americans, and one African-American. Their ages ranged from 32 to 59 years with the mean age of 46.
Intervention

The intervention developed for the Drake Beam Morin clients focused on each of these components. The program titled Managing Career and Lifestyle Stress (Drake Beam Morin, copyright, 1991) is divided into components addressing the body of stress and coping literature. The five sections are 1) Understanding and assessing stress; 2) Managing stress by managing your thinking; 3) Managing stress by strengthening yourself; 4) Managing stress by taking control; and 5) Planning to improve stress management. The intervention is a two part workshop facilitated by trained counselors. A thorough examination of each component follows.

Part I: Understanding and assessing stress

The first section focuses on introductions, rapport building, and education of the clients. The participants are asked to fill out the Holmes-Rahe Stress Inventory (Holmes & Rahe, 1967) which appropriates values to life change events. These 43 events are representative of health, work, family, personal, social and financial areas of life adjustment. There has been considerable alterations and extensions made to the original scaling items used by Holmes and Rahe (Brown & Birley, 1968; Horowitz, 1977; Hurst, Jenkins & Rose, 1978 Paykel, Prusoff & Uhlenhuth, 1971), however Rahe (1974) suggests that among all these lists there is a surprising unanimity of life events
considered stressful. The goal of offering participants this stress inventory was not for the counselor to quantify the individual's stress level, but to illustrate to the participants that stress can be induced by both positive and negative events. The primary stress agent is that of change. All the events on the inventory cause the individual to move from a steady state of psychological adjustment into a state of disequilibrium. This view of stress was supported by several researchers who found that the degree to which an individual was forced into a state of disequilibrium was related to an increased risk for psychological distress (Dowenhrend, 1973; Hough, Fairbank & Garcia, 1976; Rahe, 1979). These researchers did not attach the state of disequilibrium to positive or negative events, but simply to change events. Using this measure it was hoped that participants would have tangible evidence of the stress they are experiencing.

During this period the counselor assessed the functional level of the participants as was suggested by Roskies (1987). The participants were encouraged to discuss their personal experiences with and perception of stress. From this the facilitator guided the discussion toward a didactic format of teaching different theoretical models of stress and its management. This cerebral approach is more effective with individuals who are intellectually astute and career oriented. Jenni and Wollersheim (1979) found
cognitive interventions effective in reducing typical Type A behaviors that exacerbated the experience of stress. The didactic approach is supported by Lazarus (1967) and Lazarus and Folkman (1984) who suggested that part of the intervention ought to provide individuals with much needed information concerning the processes they were experiencing.

Models of stress. The first model presented to the participants was Roskies' (1987) theory that Type A behavior does not automatically lead to dysfunction or physical impairment. She suggests that in the standard stress situation an individual is faced with a change event. The individual mobilizes all of his or her resources, thoughts, feelings and actions to deal with the threat. After they have adjusted to or eliminated the distressing event they regroup so as to replenish their resources to meet the next challenge. Roskies suggests that it is the Type A individual's nature to maintain a level of hypervigilence for stressful stimuli as well as a higher than normal level of physical activity. Therefore, when they are faced with a stressor they overreact to it because of their basic difficulty modulating responses and activity levels. They are more highly aroused by all environmental stimuli (Glass, 1977; Rosenman & Freidman, 1961, 1963). As a result, even if they cope with the initial distressing event effectively they expended more energy than was necessary and are unlikely to allow themselves time to recuperate and regroup.
following the event. Therefore, when the next stressor occurs the Type A individual must meet the challenge with fewer resources than the individual who allowed himself or herself time to replenish his or her energy resources.

Next, the participants were presented with a list of stress symptoms. Many high functioning individuals have difficulty recognizing when they are experiencing stress. Researchers have attributed a plethora of symptoms to stress (Catalano & Dooley, 1986; Derogatis, et al., 1971; Gove & Tudor, 1973; Kelvin & Jarrett, 1985; Pearlin, 1975; Seligman, 1977). Some of these symptoms include changes in sleep patterns, eating patterns, physical wellness, sexual activities, energy level, emotional balance, marital or family problems, and alcohol or drug consumption. This list is not exhaustive, but the forty-five items cover some broad areas in which stress responses are likely to show up. This exercise is intended to aid participants in recognizing their own unique stress triggers (Roskies, 1987).

The next theoretical model presented to the participants was Bridges' (1980) Transitional Model. He suggests that individuals are continually moving through and dealing with change. He suggests that normally people are not aware of the changes going on around them. Individuals classify events in their life as expected predictable developments. It is only when those events are not expected or their impact is detrimental to one's well-being that it
is classified as a stressor. He takes a long-term perspective of an individual’s life in which one is continually moving from one change event to the next.

Bridges (1980) believes there are some consistent phases and experiences one goes through during any change, either positive or negative. He labels these phases as: the Ending, the Neutral Zone, and the New Beginning. The Ending is a period of letting go, loss, and sadness. The unemployed individual can easily relate to this phase, especially because most of the outplacement clients are actively in this phase. The Neutral Zone, by Bridges own admission, is a misnomer. He describes this as a period of confusion, hope, despair, anxiety, and excitement. During this period the individual is well on his or her way to saying goodbye and letting go of the emotional burdens attached to the Ending, however they also have a futureful perspective in anticipating their next step. This is the stage which outplacement clients spend most their time. Excitement about their possible futures is sometimes diminished by anxiety or anger about their present or past. As a result, individuals during this period may feel out of control of their emotions.

The last stage in this model is called the New Beginning. This period is marked by a sense of renewal and revitalization. The individual is now committed to the next step and the actions necessary to being successful within
it. Bridges notes that none of these stages are discreet, each stage flows into and overlaps one another at different periods. He suggests that if one can put all life’s transitions, both good and bad, into this perspective the way in which one chooses to deal with them can be less damaging and painful. He also posits that these changes can bring about inner growth rather than a destruction or demise of one’s self beliefs.

The final model is Burns’ Cognitive Behavioral Model (1980). He proposes that the way one thinks about a situation or about himself or herself will directly impact their affective and behavioral responses. He suggests that people have great difficulty modifying their emotional responses to a situation and that thoughts are more easily reshaped than are emotions. Therefore, rather than allowing patterns of emotions to lead to thoughts and on to behaviors, alter the cycle so that thoughts lead to behaviors which lead to a change in emotional responses. In essence, he recommends removing emotions from the early stages of the process, allowing them to exist, but focusing on shaping one’s thoughts so that they are motivating rather than deflating.

Burns (1980) and Bridges (1980) propose that the stressor or environmental stimulus is not inherently good or bad. It is the individual’s historical perspective, current situation and cognitive appraisal that deems an event as
positive or negative. Neither of these theorists propose a naive, "don’t worry, be happy" perspective. They do suggest that it is in an individual’s best interest to evaluate each situation based on reality and control rather than distortion and helplessness. These proactive approaches parallel the cognitive perspectives of individuals high in hardiness and effective coping skills (Kobasa, 1979; Kobasa and Puccetti, 1983; Lazarus & Folkman, 1984).

Part II: Managing Stress by Managing your Thinking

The second section focused on identifying, challenging and replacing cognitive distortions with more effective and realistic self talk. The first step in removing irrational thoughts is to begin recognizing them as irrational. The aim of this module was to make participants aware of how their own expectations and judgements contribute to the intensity and duration of stress experienced and to demonstrate that modification of these habitual thought patterns can lead to reduced stress.

Ellis (1962), Ellis and Harper (1975), and others (Beck, 1976; Meichenbaum, 1977, 1985) have focused extensively on the nature and treatment of irrational beliefs. Some typical distorted beliefs are: "I can’t change myself.", "I must be perfect and absolutely competent.", and "I have no control over my unhappiness.". Because these beliefs reflect a pattern of deep seated values and beliefs individuals may resist intervention (Lazarus & Folkman,
1984). Therefore, treatment began with increasing participants' awareness of when, how and why irrational thoughts occur so as to build up their commitment to the purpose of this intervention. Participants were provided with a list of ten typical cognitive distortions (McKay, Davis & Fanning, 1981). These are slight derivations from those suggested by Ellis (1962). Participants were asked to look through the list and their descriptions and select those patterns or beliefs that most closely resemble themselves. The rationale for this activity was to provide examples of beliefs that lead to increased tension and discomfort, such as unrealistic expectations for themselves or others, catastrophizing, and constantly focusing on the uncontrollable rather than the controllable elements of their life (Roskies, 1987).

After introducing the idea of irrational or distorted beliefs participants were provided an exercise entitled Recognizing and challenging distortions. A scenario was set up in which a character was faced with a stressful situation. The character's internal dialogue was written out. The participants were asked to label the emotions the character might be experiencing, the distortions being used, and healthier, more productive thoughts that could replace them. After going through two examples, participants were asked to apply the same technique to a personal situation that they perceived as stressful. This stage of the
exercise tied into the application step in the intervention (Meichenbaum, 1985; Meichenbaum & Jaremko, 1983).

The scenarios addressed two categories of stressful situations. They reflected what Roskies (1987) refers to as predictable versus unpredictable stressors. The two situations require different types of preparation and adaptive skills. In the predictable situation one is able to prepare for the likely responses to the stimulus. By evaluating the situation from a temporal distance, one can select the coping skill that is most useful when the situation actually occurs. Mental rehearsal increases an individual's experience of control over the situation.

The second scenario reflected the unpredictable type of stress encountered daily such as long lines at a grocery store, traffic jams, and cancelled appointments. It is impossible to eliminate these types of daily hassles (Lazarus & Cohen, 1977) from life, however the reactions to these situations can be altered drastically. The first step in dealing with unpredictable stressors is recognizing the signs of increasing tension. Once the tension is recognized the individual can interrupt the process by braking (Meichenbaum, 1977; Roskies, 1987). This braking process is not intended to deny the existence of the stressor, it allows the individual to regain control so they are better able to deal with the situation.
The facilitator was faced with the challenge of overcoming participants’ perception that modifying and replacing negative self talk was merely a game of semantics that was an artificial externally imposed pattern of thoughts and actions. It was the facilitator’s responsibility to point out that all patterns of thought are learned and can be unlearned or relearned. It is only natural that a new activity or approach will feel artificial, but as with all new skills, it becomes more natural with the passage of time and with continued use (Roskies, 1987).

**Part III: Managing Stress by Strengthening Yourself**

The third module of the workshop focused on behavioral changes that can reduce the experience of stress. During this module participants were trained in relaxation exercises that were individualized and focused on the particular stress triggers they experienced. Relaxation and visualization have proven to be effective in combating the experience of stress (Hillenberg & Collins, 1982; Holmes, 1984; Lehrer, Woolfolk, Rooney, McCann & Carrington, 1983). Goldfried (1977) pointed out that although individuals find different forms of relaxation more effective than others, not all are practical for situations that arise during the day. For instance, although jogging may be an ideal way to relieve tension, it is not appropriate in the middle of an anxiety provoking interview.
The methods discussed during the workshop focused on the individual's stress inducing internal dialogue and the behavioral consequences of this type of thought pattern. In these exercises, the individual replaces the negative internal dialogue with more effective statements and visualizes the behavioral outcome of that exchange. By visualizing the desired behavior and desired outcome, the individual increases their sense of control and lowers their autonomic responses to the stressor.

The second component of the relaxation module trained participants in deep muscle relaxation. Researchers have found that using a slow, well-modulated tone which guides the listeners through the various muscle groups, instructing them on how to relax their muscles is very effective in reducing physical tension and anxiety (Bernstein & Barkovec, 1973; Heide & Barkovec, 1984). After guiding the participants through the exercise they evaluated their current tension level versus that prior to the exercise.

The participants were taught that relaxation in its various forms (visualization, deep breathing, muscle relaxation) can be used in several ways. Roskies (1987) suggests three main ways in which relaxation can be used as a coping skill: to modulate physical tension throughout the day; to prepare for potentially stressful situations; and as the first step in regaining control when in a high state of
tension. Participants shared their stress "triggers" and applied these techniques to diminish their negative effects.

Part IV: Managing Stress by Taking Control.

The fourth module of the workshop provided participants with three approaches to evaluating and coping with stressors. The ideas of evaluating, increasing and accepting control over situations has been researched by several professionals (Archer, 1979; Dooley & Catalano, 1988; Folkman, 1984; Rotter, 1975). Their findings suggest that control expectancies or beliefs about control greatly impact how one appraises and responds to situations. The more controllable a situation seems, the less stressful for the individual. The first step in establishing control expectancies involves an evaluation or appraisal of the situation. Averill (1973) and Thompson (1981) found that control expectancies at times increased the experience of stress. This occurred when individuals perceived themselves as able to control uncontrollable events, typical of Type A individuals. As a result, their efforts to establish control were unsuccessful and increased their distress. This module focused on helping participants realistically evaluate situations by looking at the amount of control they have over it, the importance of the situation to them, and to develop action plans for taking and relinquishing control when appropriate.
The first exercise in this module was called assessing control. The aim of this exercise was to guide participants through the process of assigning degrees of control to an upsetting event. Keeping in mind the work of Freidman (1969), Rosenman and Freidman (1963), and Glass (1977) in which they found that Type A individuals typically were struggling to achieve an unlimited number of poorly defined goals as well as maintain control over uncontrollable factors, helping these individuals to clarify what their primary objectives are and how attainable they are can increase their effectiveness in coping. The second exercise, decision clarification, helped participants set priorities and make their goals tangible. By doing so they were better able to generate realistic and appropriate steps to achieve them. The decision clarification process required that participants write out all areas of current concern, selecting the three most important areas, and drawing up a list of pros and cons for dealing with the situation in the current fashion or developing novel alternatives. This is a practical technique used in decision making processes (McKay, Davis & Fanning, 1981), but is frequently forgotten when an individual is in a state of distress.

The final exercise in this module focused participants' attention on areas that are controllable within their lives. During the job-search process there are many areas which for
all practical purposes are outside the individual’s control, such as waiting for a returned phone call, speed of negotiating a job offer, or the economic slump of certain industries. When an individual is faced with significant uncontrollable areas of their life it has been found that successfully attending to areas that are more controllable can aid the individual to generalize these control expectancies to other areas of their life (Rotter, 1975; Folkman, 1984). Participants selected an area of their life that they have not attended to, which was important to them (commitment), and that was under their control. They then developed an action plan for taking steps to affect that area of their life and markers for measuring their success. The goal of the exercise was two-fold: encouraging a positive change within the individual’s life; and expanding their perceptions and expectations for control in other areas of their life.

Part V: Action Planning to Improve Stress Management.

The fifth module was a summation of the previous sections. The discussion focused on stress management as a lifelong process rather than a gimmick used within circumscribed parameters. This is a philosophy recommended by Marlatt (1985) and Marlatt and Gordon (1985) who point out that before any behavioral change becomes permanent, the individual must go through a learning process that includes slipping or making poor choices at times. The counselor’s
role is to predict that this will happen, but as the new behaviors become more engrained these slips will become more infrequent. It is important that the counselor frame these slips not as failures, but as guideposts for the individual to measure their progress.

Highlighting previous modules included recognizing somatic indicators of stress, ineffective belief systems, and control expectancies that exacerbate stress, as well as discussing relaxation techniques which counteract the effects of physical distress. The various techniques were presented in visual form as a grid connecting the most appropriate techniques or interventions with different symptoms of stress. Participants developed an individualized stress management plan that outlined their particular stress triggers, techniques that worked most effectively for them, and developed a strategy for dealing with an isolated stressor.

In concluding the workshop, participants were provided with a list of reading materials and audio tapes used to facilitate relaxation. Participants were encouraged to use these materials as they deemed necessary. They continued to have access to trained staff to discuss concerns or pitfalls they experienced following treatment.

Measures

The Occupational Stress Inventory [OSI] (Osipow & Spokane, 1987) was given to participants to test for
treatment effects. This instrument was developed by Osipow (Osipow & Davis, 1988; Osipow & Spokane, 1984) whose research linked an individual’s perception of stress and strain with their ability to use appropriate coping resources, such as those taught in Drake Beam Morin’s training program. The researchers reported that as an individual’s coping resources increased his or her experience of stress and strain diminished.

The Occupational Stress Inventory (Osipow & Spokane, 1987) consists of three major scales which assess stress related to the work environment, the individual’s perception of stress and strain, and the coping skills used by the individual. Since this study was directed at unemployed individuals, the first scale used to assess the work environment was deemed inappropriate and not filled out by the participants.

Two scales were deemed appropriate, the Personal Strain Questionnaire [PSQ] and the Personal Resources Questionnaire [PRQ]. The PSQ was divided into four factors: vocational, physical, interpersonal, and psychological strain. The vocational strain scale assesses the extent to which the respondent is having problems in the quality or output of work. The psychological strain measures the extent of psychological adjustment or mood problems the respondent reports. The interpersonal strain scale measures disruptions to interpersonal relationships and the physical
strain scale measures complaints about physical illness. Cronbach's alpha coefficients are .71 for vocational strain, .89 for psychological strain, .81 for interpersonal, and .87 for physical strain (Osipow & Spokane, 1984).

The Personal Resources Questionnaire (PRQ) measures the coping skills and their effective use by an individual. The greater the use of coping mechanisms the higher the subscale scores. The PRQ is divided into four subscales: Recreation, Self Care, Social Support, and Rational/Cognitive Coping. The Recreation subscale measures the extent to which respondents make use of and derive pleasure from recreational activities. The Self Care subscale measures the degree to which an individual takes part in personal activities for health purposes such as controlling their diet and exercise. The Social Support subscale measures the extent to which an individual feels support and help from others as well as whether they use the help of friends and family. The final subscale assesses Rational/Cognitive coping skills and whether one uses them when appropriate. Some of those coping skills include prioritizing, problem-solving, and delegating. The internal consistency of these subscales was evaluated by Osipow and Spokane (1984) using Cronbach's alpha coefficient. They measured .71 for recreation; .73 for self care; .83 for social support; and .78 for rational/cognitive coping. Osipow and Davis (1986) found that all coping resources were effective
in reducing global strain and use of high and low levels of the resources made a significant difference in the direction of the stress and strain relationship.

**Procedure**

The treatment consisted of attending and participating as a group in the "Managing Career and Lifestyle Stress" Workshops conducted by either Stefanie Spera or Miya Maysent, both mental health professionals working for Drake Beam Morin. All workshops were conducted at the offices of Drake Beam Morin in Dallas, Texas and were offered as needed to Drake Beam Morin clients. The treatment results were gathered over a two year time frame in order to have a sufficient number of participants for this study.

The 76 subjects in the treatment group were self-selected. They volunteered to attend the "Managing Career and Lifestyle Stress" workshops during their tenure with Drake Beam Morin. The subjects were able to attend the workshop at any time while they were receiving outplacement services. The control group, which consisted of 37 individuals, was selected from individuals who had decided not to attend the "Managing Career and Lifestyle Stress" workshop and were active clients of Drake Beam Morin between the dates of September 1 and 15, 1992. These individuals were asked to complete the Occupational Stress Inventory. Of the 50 that were asked to participate in the control group, 37 returned the completed questionnaire.
The workshops were conducted as two 3 hour classes spread out over a one week period. During the first three hour session the facilitator covered Sections I, II, and III. Between the two sessions participants were asked to practice some of the techniques taught. The second session began with participants sharing related experiences from that week while applying some of the stress management techniques. The remainder of the second session was devoted to Sections IV, V and wrapping up. At the conclusion of the workshop participants filled out program evaluations and the Personal Strain and Personal Resources Questionnaires from the Occupational Stress Inventory.

All Drake Beam Morin clients were given a vocational assessment when they began their tenure with Drake Beam Morin and included in the assessment was the OSI. The results from this initial assessment served as the baseline measure for both Treatment and Control groups. Individuals in the control group were asked to fill out the same two questionnaires, the Personal Strain Questionnaire and Personal Resources Questionnaire, from the Occupational Stress Inventory between September 1 and 15, 1992.

Statistical Analysis

To analyze the results, a One-Way Repeated Multivariate Analysis of Covariance (MANCOVA) was conducted. The variances on each of the eight scales within the Personal Strain and Personal Resources Questionnaires were analyzed
(see Tables 1 and 2). The time which elapsed between pre-testing, done at the start of DBM's services, and post-testing, done following treatment, varied from individual to individual. To reduce the risk that this type of variance might confound the data, the elapsed time between pre- and post-testing was entered as a covariate in the analysis resulting in both observed and adjusted means and standard deviations.
CHAPTER III

RESULTS

The repeated measures MANCOVA between treatment and control groups yielded several significant results. Of the eight scales that were evaluated, seven resulted in significant findings. The four scales found in the Personal Strain Questionnaire (PSQ) measuring the individuals’ perceptions of stress or strain indicated that initially both the treatment and control groups were experiencing relatively similar levels of strain. However, as time passed, the treatment groups remained at that same level of strain, while the control group significantly increased their perception of strain. All four scales in the Personal Strain Questionnaire resulted in significant Fs as can be seen in Table 2. The interaction effects for each of these variables are illustrated in Figures 1-4.

The perceived coping resources of both the control and treatment groups were then evaluated using the Personal Resources Questionnaire (PRQ) and an inverse relationship was found. On three of the four scales measured by the PRQ, the treatment group maintained their utilization of effective coping resources to challenge their perceived stress and
Table 1

Observed and Adjusted Means of the Personal Strain Questionnaire

<table>
<thead>
<tr>
<th>Strain Variables</th>
<th>Treatment Group</th>
<th></th>
<th></th>
<th>Control Group</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obs.M</td>
<td>Adj.M</td>
<td>SD</td>
<td>Obs.M</td>
<td>Adj.M</td>
<td>SD</td>
</tr>
<tr>
<td>Phys pre</td>
<td>19.921</td>
<td>20.123</td>
<td>5.430</td>
<td>17.837</td>
<td>17.635</td>
<td>5.263</td>
</tr>
</tbody>
</table>

Note. Voc = Vocational Strain, Psych = Psychological Strain, Interp = Interpersonal Strain, Phys = Physical Strain.

Figure 1. Vocational Strain Effects Group by Occasion

Vocational Strain  Pre Adj M  Post Adj M
Treatment (A)      A (19.550)  B (20.399)
Control (B)        B (17.098)  A (20.327)
### Figure 2. Psychological Strain Effects Group by Occasion

<table>
<thead>
<tr>
<th>Psychological Strain</th>
<th>Pre Adj M</th>
<th>Post Adj M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment (A)</td>
<td>A (25.402)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A (24.372)</td>
<td>B (23.412)</td>
</tr>
<tr>
<td>Control (B)</td>
<td>B (21.589)</td>
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</tr>
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</table>

### Figure 3. Interpersonal Strain Effects Group by Occasion

<table>
<thead>
<tr>
<th>Interpersonal Strain</th>
<th>Pre Adj M</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Treatment (A)</td>
<td>A (21.762)</td>
<td>A (21.476)</td>
</tr>
<tr>
<td>Control (B)</td>
<td>B (18.781)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B (22.258)</td>
<td></td>
</tr>
</tbody>
</table>

### Figure 4. Physical Strain Effects Group by Occasion

<table>
<thead>
<tr>
<th>Physical Strain</th>
<th>Pre Adj M</th>
<th>Post Adj M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment (A)</td>
<td>A (20.123)</td>
<td>A (19.458)</td>
</tr>
<tr>
<td>Control (B)</td>
<td>B (17.636)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B (20.179)</td>
<td></td>
</tr>
</tbody>
</table>
Table 2

**Personal Strain Questionnaire Univariate F Test Results with (1,111) DF Group by Occasion**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Error Ms</th>
<th>F</th>
<th>Signif. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voc. Strain</td>
<td>13.66926</td>
<td>13.24362</td>
<td>.000</td>
</tr>
<tr>
<td>Psych. Strain</td>
<td>25.63959</td>
<td>5.68902</td>
<td>.019</td>
</tr>
<tr>
<td>Interp. Strain</td>
<td>13.21092</td>
<td>10.56478</td>
<td>.002</td>
</tr>
<tr>
<td>Phys. Strain</td>
<td>18.54895</td>
<td>5.76545</td>
<td>.018</td>
</tr>
</tbody>
</table>


strain. In comparison, the control group decreased their utilization of effective resources over time. The scales which differed significantly between the two groups included Self Care, Social Support, and Rational/Cognitive coping resources as can be seen in Table 4. The differences between the control and treatment groups in their use of appropriate coping resources is clearly illustrated in Figures 5-7. There were not significant findings indicating that stress management training led to an increase in use of appropriate coping skills. However, there was clear support that those who did not receive stress management training did decrease their use of appropriate coping strategies over time.
Table 3

**Observed and Adjusted Means of the Personal Resources Questionnaire**

<table>
<thead>
<tr>
<th>Resource Vars.</th>
<th>Treatment Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obs.M</td>
<td>Adj.M</td>
</tr>
<tr>
<td>Self care pre</td>
<td>27.947</td>
<td>27.493</td>
</tr>
<tr>
<td>Soc. supp pre</td>
<td>40.250</td>
<td>40.099</td>
</tr>
<tr>
<td>Soc. supp post</td>
<td>40.934</td>
<td>40.767</td>
</tr>
<tr>
<td>Rational pre</td>
<td>36.395</td>
<td>35.927</td>
</tr>
<tr>
<td>Rational post</td>
<td>36.947</td>
<td>36.721</td>
</tr>
</tbody>
</table>


Table 4

**Personal Resources Questionnaire Univariate F Test Results with (1,111) DF Group by Occasion**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Error Ms</th>
<th>F</th>
<th>Signif. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Care Resources</td>
<td>11.40741</td>
<td>5.90351</td>
<td>.017</td>
</tr>
<tr>
<td>Social Support</td>
<td>17.43238</td>
<td>5.56519</td>
<td>.020</td>
</tr>
<tr>
<td>Rational/Cognitive</td>
<td>12.65561</td>
<td>6.81962</td>
<td>.010</td>
</tr>
</tbody>
</table>
**Figure 5.** Self Care Utilization Effects Group by Occasion

<table>
<thead>
<tr>
<th>Self Care</th>
<th>Pre Adj M</th>
<th>Post Adj M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control (B)</td>
<td>B (29.806)</td>
<td></td>
</tr>
<tr>
<td>Treatment (A)</td>
<td>A (28.607)</td>
<td>B (28.207)</td>
</tr>
<tr>
<td></td>
<td>A (27.493)</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 6.** Social Support Utilization Effects Group by Occasion

<table>
<thead>
<tr>
<th>Social Support</th>
<th>Pre Adj M</th>
<th>Post Adj M</th>
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<tbody>
<tr>
<td>Control (B)</td>
<td>B (42.367)</td>
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</tr>
<tr>
<td>Treatment (A)</td>
<td>A (40.767)</td>
<td>B (40.274)</td>
</tr>
<tr>
<td></td>
<td>A (40.099)</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 7.** Rational/Cognitive Coping Effects Group by Occasion

<table>
<thead>
<tr>
<th>Rational/Cognitive Coping</th>
<th>Pre Adj M</th>
<th>Post Adj M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control (B)</td>
<td>B (39.440)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>B (37.117)</td>
</tr>
<tr>
<td>Treatment (A)</td>
<td>A (36.722)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A (35.927)</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER IV

DISCUSSION

The Multivariate Analysis of Covariance yielded results which support the hypothesis that stress management interventions can be beneficial to an unemployed population. These results suggest that some form of education or training for individuals going through a job loss and job search situation might be helpful in containing some of the negative emotional effects that often are associated with these events. This program was specifically developed for individuals conducting a job search, so the generalizability of these effects may be limited to those programs geared to the populations they are meant to serve.

The greatest benefit of the program appeared to be in its ability to assist individuals in maintaining their effective coping resources while minimizing elevations of their perceived stress and strain. It should be noted that following the treatment the participants did not evidence significant reductions in their pre-treatment levels of functioning. This effect is not interesting until compared to the outcomes for the control group who on seven out of eight scales either increased their experience of strain or decreased their use of coping skills.
In evaluating the effects of the stress management program, it appears to have supported the appropriate and helpful activities that participants were already undertaking to deal with their stressful situations. Perhaps through discussions focused on their stressful experiences and recommendations of appropriate coping activities, participants were simply reminded of strategies that had worked for them in the past and reinforced their continued use.

Through the informal information gathering technique of program evaluations, it became apparent that one of the informal benefits of this program was providing the participants with a forum in which they shared their own personal frustrations and concerns as they went through the job search process. So many individuals who conduct job search campaigns are doubly burdened with the belief that they must go it alone. By providing a safe and accepting environment in which to vent and seek feedback, some of this sense of isolation may have been diminished.

Improvements to this study include more rigorous controls on elapsed testing times and reducing the overall length of time it took to conduct this study. This study would also be strengthened by adding another post test several months following treatment to examine the long term benefits and to measure for continued use of the treatment techniques.
This study emphasized the importance of developing consistent, reliable techniques to assist job seekers in dealing with the increased stressors associated with job hunting. It is obvious that there will always be individuals looking for employment. Therefore, it is in the best interests of the outplacement industry, the psychological community, and society in general to find methods for assisting these individuals so they can contribute to society as members of the workforce again.

This study focused on individuals fortunate enough to receive outplacement services and support to assist them in their job search. Of greatest concern are those individuals who are unemployed, but who lack the guidance or support from either professional consultants or colleagues to seek out stress management techniques. Some efforts are being made to reach these individuals who constitute the majority of the unemployed populace. Several state employment commissions have begun to offer outplacement seminars for those individuals whose employers do not provide this type of support as part of their severance program. This is a positive first step in assisting those individuals, however, long term assistance and monitoring needs to accompany this first step to assure that unemployed individuals are given the tools and knowledge to successfully seek out their next job.
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