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STRESS MANAGEMENT RITUALS FOR DAILY WORK TRANSITIONS OF MENTAL HEALTH PROFESSIONALS

A Dissertation Presented

by

ARIC BODIN

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of
DOCTOR OF EDUCATION
September, 1989
School of Education

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STRESS MANAGEMENT RITUALS FOR DAILY WORK TRANSITIONS
OF MENTAL HEALTH PROFESSIONALS

A Dissertation Presented

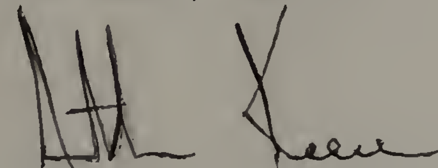
by

ARIC BODIN

Approved as to style and content by:

Janine Roberts, Chairperson

Don Banks, Member



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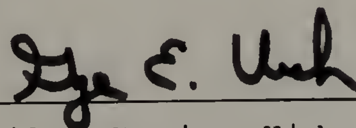

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This rite of passage is dedicated with great love and appreciation to the ones who had to live with me, and without me (when working on this), when I was struggling or being "impossible," my dear family, my children Gabriel and Tara, and my companion Ariella Noor, and of course my dear parents, who most wanted to see me finish this.

Finally, I dedicate this with deep appreciation to the universal teachings of the Medicine Circle, so that " we may walk in balance."

ABSTRACT

STRESS MANAGEMENT RITUALS FOR DAILY WORK TRANSITIONS OF MENTAL HEALTH PROFESSIONALS

SEPTEMBER 1989

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This study presents a framework for creating preventative stress management rituals in order to manage daily transitions. The main purpose of this study was to assess the effectiveness of this framework on the levels of anxiety and stress, and on transition and stress behaviors of mental health professionals.

The sample consisted of 56 mental health professionals from two different agencies in Western Massachusetts. The pre- and posttest administered to a control and experimental group consisted of the State- Trait Anxiety Inventory (Spielberger et al., 1970), and a researcher- designed stress questionnaire. The experimental group received stress-management training, and participated in a six-week self-observation period, which included the use of daily logs for

observing individual stress behaviors. At the end of the six-week period, the experimental group turned in evaluation and follow-up questionnaires, and they also participated in pre- and posttest interviews.

The didactic part of the stress management training included the work of Hans Selye and Richard Lazarus. Additionally, principles of a wholistic approach to health and wellness and the use of therapeutic rituals for stress reduction were part of the treatment. The experiential part of the training worked with the "elements of ritual" and meditation, and allowed participants time to develop and practice stress management rituals.

Statistical findings revealed no significant differences between the experimental and control group, on pre- and posttest results of stress or anxiety. However, the experimental group reported having a greater awareness of work transitions and stress, and they indicated the application of new self-monitored transition rituals. The resultant benefits were reported as a decrease in stress-indicative behaviors, and an increase in positive stress interventions. The main learning resulted in the awareness of transitions, and in the use of meditation-type relaxation techniques and rituals for preventative stress management during transitions. Overall, the results imply that there is a positive potential for the preventative, self-administered stress management framework offered in this study as applied to human service professionals focusing on daily transitions.

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CHAPTER I

INTRODUCTION

Statement of the Problem

Stress and stress management have been acknowledged as areas of major concern for human service workers (Cherniss, 1980; Maslach,1982). Considering the high turnover rate and burnout rate among human service workers, it seems obvious that some alternatives or interventions on an organizational and personal level need to be developed. The burnout rate in this field may be related to the stressful experience of frequent transitions. Transitions and change have been acknowledged as a source of stress, whether experienced at the macro-level (an ending, such as a divorce or firing; a beginning, such as a new job or a marriage), or at the micro-level of daily transitions (a difficult hour with a client). The problem is that little researched has been done on these daily transitions of human service professionals.

Mental health professionals working in agency settings have to deal with many transitions between varied events. Within six to eight hours, a human service worker may transition between four to eight different events: from client to client, from group to client, from clinical meeting to intake interview, etc. Another transition which has not received attention in stress management programs for human service professionals is the transition from work to home. Here, a professional may transition from a crisis event to a much needed time-out, but the lack of closure from the day's

events may prevent the needed psychological break or may interfere with playtime. It is assumed here that such micro-level transitions can cumulatively add to major stress (Lazarus, 1981).

Most current stress management programs involve long-range goals such as changes in diet, exercise, and work-relationships. Such change efforts often become new stressors in themselves. There is a need in stress management education to focus on short-range goals that are preventative in nature, immediately do-able, and easy to monitor. Little research has been done at the preventative micro-stress level, which Lazarus (1981) calls "daily hassles". He claims that minor, daily changes, or hassles are not reported in the literature but are nevertheless potential sources of personal stress.

Therapeutic transition-rituals have been applied in the field of family therapy (Van der Hart, 1983). But no one has linked the theory of rites of passage as an underlying cultural context to the use of daily transition- rituals for preventative stress management. The problem addressed in this study is to investigate if a specific framework of transition-rituals, applied to daily transitions, can be helpful in preventative stress management for mental health professionals.

Significance of the Study

This study represents an effort toward the development of "wholistic stress management strategies," which here include

the conscious integration of a personal belief system to the participant's creation of stress management rituals. Most of the current stress management literature and the content of stress reduction workshops consider the macro-view, such as examining life-transitions or changes in diet and exercise, which are hard to achieve. This study looks at the micro-view of daily stress-events which can add up to major stress if not managed. Specific daily transitions such as entrances/exits between therapy clients and between work and after-work life will be explored. It is hoped that this investigation will shed some light on the relationship between such transitions and stress for mental health professionals.

Information from this study may benefit supervisors, administrators, and personnel departments in deciding if their stress management efforts should focus on work-transitions, and if so, what kinds of interventions or training would be appropriate for a transition-stress focus. The framework offered could, in a preventative way, take care of stress immediately on a daily basis since it is self-administered. It can be offered as a low-cost training to human service workers with relatively little additional professional help. This type of therapeutic stress management can help people become more responsible for monitoring their own day-to-day level of health.

Cherniss (1980) and Farber (1983) emphasize why stress and burnout are important concerns in human services.

Research supports that they clearly affect staff's morale and psychological well-being; they affect the client's quality of care and influence administrative functioning and community programs, which have to cope with frequent staff turnover due to stress.

Purpose of the Study

The purpose of this study is to assess the feasability of a specific self-administered approach to stress management, to explore the extent to which ritualized stress management strategies that are connected to a personal belief system can effectively reduce stress symptoms, and to increase cognitive appraisal and coping with daily transition stress. The main assumption is that subjects who receive the treatment will report less responsivity to transition stressors, demonstrate more awareness of stress-events, and exhibit more stress-coping skills.

The following are the research questions related to the purpose: Can the given framework of daily transition-rituals be effective for preventative stress management among human service professionals? What is the relationship of specific stress management rituals to the experience of daily transitions and to perceived stress? What is the daily transition experience of mental health professionals, with or without the given stress management framework? What are the general and specific implications of this proposed framework for the field of stress management in general, for stress

management in human services, and for daily transitions by mental health professionals?

Methodology

This study is a comparison of a control group and an experimental group of agency mental health professionals (40 females and 16 males) on the nature and extent of measured stress and anxiety. More specifically, this study explores the relationship between skills gained from a stress management training program and participants' management of work- transition stress. It was hypothesized that there would be no difference in the levels of work-stress and anxiety between the experimental group, which received a stress management treatment, and the control group, which did not receive it.

The pre- and posttest measures administered to both groups consisted of the State-Trait Anxiety Inventory (Spielberger, et al., 1970), and a researcher- designed stress questionnaire, which provided descriptive feedback in the areas of stress and stress management. The experimental group participated in stress management training (didactic and experiential), and a six-week self-observation period. This group turned in weekly logs and, at the end of this period, program evaluation questionnaires.

Limitations

The underlying context of this study ran into semantic ambiguities with the concepts of "ritual" and "stress." For this study, Grimes' (1982), Hine's (1981), and Roberts'

(1988) "soft definitions" of ritual were focused on. Participants in the treatment were made aware of the potential differences between stress intervention and a stress management ritual. A ritual has to be connected to a person's belief system, to make use of the "faith factor," and acknowledge the underlying culture-base providing the deeper meaning of the stress intervention. The concept of stress in this study remained within the more difficult "wholistic" dimension, which made it more open to individual interpretation and harder to measure, especially since self-reports were used as data.

The studies on work and stress have been yielding positive results faster than the theoretical notions of stress can accommodate. Increasingly, stress is understood as a complicated and broad process; this is also true of ritual. Stress research, as well as research on ritual, points to the human sciences' predicament that there is no privileged position from which to study self-interpreting human beings; nothing in this study can be interpretation-free. The limits of formalism are encountered in the impossibility of listing context-free variables and when the researcher attempts to establish all the possible causal links or mediators between the individual and the situation.

Stress management can only avoid prescribing context-free coping strategies by assessing individual coping episodes, as was done in this study. Such a program also needs to be based on the person's work- meanings as well as on their

belief system in general. More interpretive studies of the interrelationship between stress and coping of people in real work settings need to be done in this approach. It also requires a non-pathological model of work and stress, so that positive functions of work-meanings and assumptions are not overlooked. Without treating stress and coping as linked interpretive processes, and without embedding them in a personal meaning context, stress management intervention programs will remain limited and only valuable for certain stress-related problems (Benner, 1984).

In this study, there were several difficulties in comparing the experimental and the control groups. First, individuals may have improved in their transition experiences regardless of the treatment framework given, because attention was paid to their experience. This may have resulted in the placebo effect. Individual participants in the experimental group experienced additional stress merely by the added paperwork (daily logs, evaluations), and by paying more attention to stress over a six-week period. The real potential benefits from learned interventions of this kind may not show up until much later, for at least six months or more; but such a long-range follow-up study was not conducted here with both comparison groups. The four-months follow-up conducted with the experimental group was not originally planned.

Other limitations in this study were the small sample size (only 45 participants at posttest-time), the short time-

span between pre- and posttests (six weeks), the possibility of influencing subjects' responses by having most subjects in the same agency, and the obvious shortcomings of having to rely on self-reports. The presence of the researcher at the experimental group's worksite with only some of the participants may also have distorted some of the data responses. For example, subjects felt extra pressure to return data when seeing the researcher personally throughout the six-week self-observation period.

To conclude, more follow-up studies need to be done to focus in on the apparent major gains made by the participants in this study: in their awareness of the transition experience, in having a more positive transition experience, in the application of more positive stress management rituals, and in the reduction of negative stress symptoms and behaviors. Also, a clearer focus on these variables is needed, as well as measuring instruments more reliable than the STAI or the SQ. Additionally, a long range follow-up study is recommeded. Future studies need to include clear delineations of the definitions of stress and of ritual and, because of the existing ambiguities, interpretive studies need to be considered which focus on individual differences and meanings of work, stress, and ritual.

This experimental study only begins to pave the way for further, more rigorous research, which would investigate the link between personal rituals, daily transitions, and stress management for human service professionals.

Definition of Terms

Culture: A system of shared symbols, rituals, and meanings which needs to be interpreted, read, or deciphered in order to be understood (Geertz,1973). In an organizational context, culture can be considered a "root metaphor," since it goes beyond the metaphor of organizations as machines or organisms; instead, they should be considered as expressive forms, and manifestations of human consciousness. This non-concrete status of culture includes areas of greater ambiguity, such as subjective experience and the patterns that make systems such as families and organizations possible (Smircich, 1982).

"The Faith Factor": A combination of the relaxation response technique and the individual's belief system. It contains two familiar spiritual vehicles: meditation and a deeply held set of convictions. In combination they have been shown to increase the usual benefits of stress reduction management and to include previously unreachable states of well-being (Benson, 1984).

Holistic Stress Management: The management of stressors and their effect is a very complex process. Recently "holism" has become a conceptual framework for healthcare delivery as a viable companion to the medical model. Family therapists also utilize "system's theory," which concerns the relationship of part and whole. Holistic health theory takes into account the individual's environment, body, mind, and spirit. Other principles of

holistic health that apply to stress management are self-responsibility, wellness, balance, and harmony. The concept mind includes the mental and emotional aspects of our being. Spirit refers to that part in us which may also be called " higher self," which can experience oneness with the positive forces of the universe or god. It is that part in us which allows us to experience transcendence of sensory reality and to be inspired (Brallier, 1982).

Homeostasis: The abilities of our bodies to stay in a stable state of balance (Cannon, 1939). In relation to this, the "fight or flight syndrome" (FFS) describes the body's physical/chemical reactions, usually during emotional reactions of fear or rage to stressful events, when homeostasis is threatened.

Meditation: Generally this can be a method for handling stress at physical, mental, emotional, and spiritual levels of our consciousness. It is a family of techniques which have in common a conscious attempt to focus attention in a non-analytical way. A great variety of types of meditation have been taught around the world. As with relaxation methods, meditation can reduce messages from inner and outer stressors, keeping the brain alert, and muscles relaxed; then homeostasis can be regained.

Meditation in Action: This is a state of "relaxed alertness" as practiced in Zen or many martial arts, such as T'ai Chi Chuan, when the person may utilize what Benson calls "the relaxation response"; but, instead of being inactive or

passive, one is totally alert. This state is of significance to transition-management.

Ritual: Rituals are collectively, sometimes individually evolved symbolic acts that include ceremonial aspects as well as the actual process of preparation and the presentation, or the experience of the ritual act. This may include ritual elements such as words, gestures, artifact, movement, symbols, sound, or silence, etc. Ritual contains both open parts (spontaneous, creative) and closed parts (formal, prepared), which are held together by a guiding metaphor. Repetition can be a part of rituals through content, form, or occasion. There should be space in therapeutic ritual for including multiple symbolic meanings, or a variety of levels of individual participation to fit different needs or situations (derived from Roberts, 1988).

Elements of ritual may include working with breath, chanting, physical gesture and movement, prayer, vows, offerings, incense, visualization or altered states of consciousness, selecting symbols, performance, and purification.

At another level, a stress management intervention becomes a ritual when it has been imbued with special significance, and when a person derives a unique "power" or "magic" from this intervention. This power is usually related to the person's faith or the conscious connection between the ritual and the belief system.

Rites of Passage: An anthropological term widely used since Van Gennep developed his schema of rites of passage in the early 1900's. It usually refers to rites of transition which mark a change from one status/role to another, i.e., boyhood to manhood.

Relaxation Response: Refers to the inborn capacity of the body to enter a special state characterized by lowered heart rate or blood pressure, decreased rate of breathing, slower brainwaves, and an overall reduction of the speed of metabolism. This can counteract the harmful effects of stress (Benson, 1975).

Stress: A non-specific response of the body to any demand; as essential to life as the air we breathe. Selye (1956) operationally defined stress as the "General Adaptation Syndrome" (G.A.S.), which evolves in three distinct stages: alarm reaction, stage of resistance, stage of exhaustion. According to Selye there are two basic kinds of stress, one is discomfort or "distress," which can lead to illness, the other is "eustress," which is usually exciting or even happy.

Stress indicates the body's reactions to a force, while the word "stressor" indicates the force itself that produces strain, stress, the stress response, distress, and eustress. Stress reactions will vary a great deal among individuals. The word stress seems to have taken the place of such concepts as anxiety, frustration, or emotional disturbance.

According to Lazarus (1966), stress occurs from the transaction between the person and the environment. Depending on the person's perception, the transaction is evaluated as one of threat or challenge. Stress is not only experienced in major events, but also accumulates through the "hassles of everyday life" (Lazarus, 1980).

Symbol: Any object, act, word, quality, or relation that is used to convey meaning, feelings, or an internal state. Symbols usually represent something else, and their impact is not necessarily there by choice, design, or prior agreement. Symbols are more inclusive than other cultural forms, since there is an endless source for symbolic meanings in most behavior, interactions, gestures or visual signs. A symbol can be part of a ritual or ceremony (eg., a candle), or it can act in a discrete fashion, such as the symbolism of a coffee-break in an organizational setting.

Transitions, Transition-Rituals: Transitions observed in this study include the experience of entering or exiting an event or environment, such as transitioning between sessions of two different mental health clients. Here the exiting-from and the entering-into the next session may actually occur without any marked boundaries, within seconds or minutes. "Transition rituals" are the interventions or strategies to help manage the transition, to cope with the change, to enhance the individual's experience of it, or to gain a general mastery or control over uncertainty. Stopping for a reflective moment between

clients, taking a deep breath, or washing one's face, may constitute a transition ritual.

Threshold, Threshold Ritual: A threshold is the consciously marked boundary line between two events or environments, such as the actual threshold of a door. The act of entering a room may be performed with a conscious threshold ritual, by stopping for a moment, looking back, saying goodbye to the previous client, then closing the door. A threshold ritual marks small steps, while a transition ritual marks the whole transition.

CHAPTER II

LITERATURE REVIEW

Part I. Stress and Stress Management

This literature review is divided into two major parts: I. Stress and Stress Management, and II. Ritual and Stress Management.

Part I is organized in four sections; section 1, "Three Major Approaches to Stress," serves as a general introduction to stress and stress management, with Selye's physiological approach, Lazarus' psychological one, and the "wholistic" view. Section 2 looks at stress management and the human services. Section 3 takes a look at the reasons why self-administered stress management is most appropriate for human service workers.

Part II, Ritual and Stress Management, is organized in two sections; section 1 addresses the multiple meanings and the problem of definition of ritual. It examines ritual in anthropological contexts and in the contemporary use of ritual. Section 2 gives a more detailed description of stress reduction techniques, such as meditation and the relaxation response, found to be promising self-administered stress management interventions, and as a part of self-created stress management rituals.

Three Major Approaches to Stress

Since the early 1950s, the concept of stress, as popularized by Selye (1974), has been the focus of much public concern and research. An estimated 95 million people

in this country suffer from a wide variety of physical and psychological ailments related to tension-stress (Stroebel, 1985). Symptoms such as hypertension, migraine, anxiety, phobias, and alcohol or drug abuse have stress and anxiety components. Two thirds of visits to doctors are precipitated by stress related symptoms. Because research has increasingly linked illnesses such as hypertension and heart-attacks to stress, stress management in the workplace is now of great concern to many organizations. Stress management programs ranked fifth in frequency among existing employee health maintenance programs in 424 companies (Moon, 1984).

There is a substantial disagreement over the definition of "stress," which reflects the rapid expansion of stress research in many divergent directions. The word stress seems to have taken the place of such concepts as anxiety, conflict, frustration, emotional disturbance, trauma, and alienation (Cofer & Appley, 1964). Some researchers limit the term stress to physiological changes related to Selye's General Adaptation Syndrome and the fight or flight response, and the term "anxiety" and "worry" to psychological changes which may include the following: apprehension, feelings of insecurity, uncertainty, inadequacy, conflict, frustration, and anger (Brown, 1980; Woolfolk, et al., 1982). In the 1950s, Spielberger made a strong connection between anxiety and stress, with the publication of a scale for the measurement of anxiety as a trait. Since then, much stress

research has validated this "State-Trait Anxiety Inventory" (Spielberger, et al., 1970).

During the 1960s, the focus of stress research shifted from stress as an inevitable aspect of the human condition to the concept of "coping," which was seen as making the difference in adaptational outcomes to stress (Lazarus, 1966).

Selye's Approach to Stress. Selye operationally defined stress as the "General Adaptation Syndrome" (G.A.S.), which evolves in three distinct stages: (1) "Alarm reaction," which is the initial somatic expression of a generalized call to arms of the body's defensive forces. The body is preparing for a "fight or flight" response, which causes the heart to beat faster, blood pressure to increase, the muscles to tense, the breathing rate to increase, and the digestive system to be inactivated. This state cannot be maintained or the organinism dies. (2) In the "stage of resistance," the body repairs any damage caused by stress but, if the stressor does not cease, the body cannot repair the damage and must remain alert. (3) The "stage of exhaustion," indicates that the body's adaptation energy is finite, and that, under constant stress, exhaustion eventually ensues.

According to Selye, there are two basic kinds of stress; one is "distress," the other is " eustress," which is the positive experience of stress. With both distress and eustress, the body undergoes virtually the same non- specific response, but with eustress less physiological damage may

result. Lazarus (1966) views Selye's distinction between distress and eustress not as stressors but rather as reactions of individual "cognitive appraisal." Stress indicates the body's reactions to a force, while the word "stressor" indicates the force itself that produces strain, stress, the stress response, distress, or eustress. The reaction to stress will vary a great deal among individuals, and there are unlimited sources of stressors. Due to Selye's research, many illnesses are now described as diseases of adaptation, or the result of maladaptive responses to stress rather than to the effect of specific toxins. This development has emphasized stress control as a preventative measure to illness. Selye makes a clear distinction between stress treatment techniques, such as biofeedback, relaxation, physical exercise, and that of a person's philosophy of life (Selye, 1980), which he believes can greatly contribute to stress management. Like Benson (1984), Selye emphasizes a person's belief system as making a positive difference in stress management.

The Psychological Aspects and Lazarus' Research. Selye's revival of the psychosomatic aspects of stress (1956) and the cognitive behavior therapy movement (Ellis, 1979), led to the psychological approach of stress and coping, as demonstrated by Lazarus (1980). Lazarus concentrates on specific kinds of information which are crucial to the cognitive appraisal of a particular stimulus as stressor. Lazarus (1966) states that stress occurs from the transaction between the person and the

environment. He emphasizes how a person uses evaluating perception, thoughts, and inferences to direct all adaptational interaction with the environment. Depending on the person's perception, the transaction is evaluated as one of threat or challenge, thus making appraisal very influential to coping. The amount of stress a person experiences depends on the person's appraisal of the situation as "benign, neutral, stressful, or challenging" (Lazarus, 1980).

"Cognitive appraisal," a key concept in Lazarus' research since the 1960s , is distinguished by two types: "primary appraisal," which evaluates a person's perception of the situation as either okay or harmful, and " secondary appraisal," which involves active coping as a response to the stressor (Lazarus & Launier, 1978). Secondary appraisal is influenced by the following: the person's previous experience with such situations; generalized beliefs about self and environment; and the availability of resources, such as a person's morale, assessments of healthy energy, problem-solving skills, social support, and material resources (Lazarus & Folkman, 1984). Since very little research has been done with secondary appraisal, Lazarus has paid greater attention to the evaluation of coping strategies with respect to their cost and to the probability of success.

Lazarus criticizes the widely used Holmes and Rahe (1967) Readjustment Rating Scale, because the norms of totaling a person's experiences do not explain the unique individual

differences. In his quest for individual differences, Lazarus is not only exploring the major stressors but also the "hassles of everyday life." Although environmental factors are relevant, Lazarus (1980) says that personality factors contribute to why one person feels threatened and another challenged by similar events.

Selye provided a useful language of stress with distinctions like "distress" and "eustress." His research of the body's generalized, non-specific physiological responses to stress (G.A.S.) offers concrete measurable evidence of stress reactions and possible clues for stress treatment on a physiological level. Lazarus, in contrast, emphasizes cognitive stress appraisal and coping, which points to stress management on the psychological level but according to each individual's unique way of perceiving stress. Both Selye and Lazarus stress the importance of an individual's belief system as a strong factor in the effectiveness of stress management. Each of these approaches could be seen as providing one additional "spoke" to the "wholistic wheel" of stress management.

The Wholistic Approach to Stress Management. The recent "trend" of wholism probably has its roots in ancient shamanism, when healing was seen as the restoration of balance among the sick person's physical, spiritual, and social being. Recently, family therapy has explored gestalt therapy and systems theory, which involves a consideration of the whole. Wholistic health principles have influenced

humanism, psychosomatic medicine, and now stress management. For example, Brallier (1982) has developed a model of stress management which she has applied to the human services with a complete set of wholistic recommendations. Girdano and Everly (1979), in a wholistic approach, look at a person's complete lifestyle, incorporating interventions at several levels: physical, psychological, and social. Management of responses to stressors and their effects is a complex process, and a consideration of wholism demands that no aspect can be analyzed without a realization of how and where it fits into the larger picture.

In this approach, the following stress management techniques are considered. First there is "social engineering," which involves a willful altering of lifestyle and/or general environment. It entails modifying one's position in relation to the stressor (ie., boss), not altering the stressor itself. Another technique is "personality engineering," which means changing aspects of the personality. Altered states of consciousness are also used as an aid in stress management, as well as meditation, biofeedback, relaxation training, and physical activities.

Girdano and Everly (1979) feel that the wholistic approach offers more chances of success because it promotes a little change from many aspects of one's life, without causing a major change in any one area. They also talk about the "inner nature" of the wholistic approach, which may bring the person closer to knowing self. Selye, Lazarus, and

Brallier have acknowledged that a person's belief system can greatly influence stress efforts and coping. They feel that beliefs and commitments work interdependently with situational factors to determine the extent to which harm, loss, threat, or challenge will be experienced (Lazarus & Folkman, 1984). People must believe in themselves to transcend everyday stressors.

Since it is very difficult for an individual to change the environment, this study focuses on what an individual can do internally in order to cope with the environment. The use of different types of meditation and the use of therapeutic ritual are suggested by this researcher as being two important areas in individual coping and wholistic stress management. The professional field of human services seems to have a particular need for this type of individualized, preventative approach to stress management, since the literature indicates that high stress is prevalent among human service workers.

Stress Management For Human Services

Social scientists have been aware of how the decline in community and the attendant decrease in meaningful rituals contribute to alienation, mental illness, and family conflicts (Laird, 1984). Social disintegration places an increasing demand on human service programs which in turn affects the rate of job stress and burnout in human service professionals. Although much has been written about stress management for nurses (Skinner, 1979) and the medical

profession (Scott & Hawk, 1986), relatively little has been investigated about specific stress management skills, techniques, or programs for mental health professionals (Cherniss, 1980; Pines & Maslach, 1978). Considering the high burnout rate among human service workers, such as social workers, and therapists, a crucial need exists here for more effective stress management alternatives and interventions on both an organizational and personal level (Cherniss,1980).

Sources and Symptoms of Stress. Scott and Hawk (1986) express the irony of health professionals often having a difficult time with stress, even though they are responsible for teaching or assisting others in managing their stress. Human service workers commonly neglect their own needs while caring for others. They have such high responsibility for the well-being of others that this constant demand for effective individual performance becomes a stress factor (Lortie, 1975).

One of the unique characteristics of the human service field is that the professionals themselves are also the most important "instruments or tools" for the healing and caring of others. A client changes and grows through contact and interaction with the personal qualities of the helper. Helpers are often emotionally involved with clients, constantly having to draw from personal resources. The professional's motivation and skills are also extremely important, thus making effective management of this resource a critical need. Helpers are constantly on the line, yet

breakdown and needed maintenance usually considered a high priority in other work environments, have been rare considerations in the human service field (Cherniss, 1980).

Many sources of stress in human services have been noted: low pay, long work hours, demanding interpersonal contact, low performance feedback, disillusionment, and role ambiguity. Other critical sources of human service stress (focused on in the research of Cherniss, 1980, and Farber, 1983) are the constant transitions or changes in clients, environments, staff, treatment methods, and demands. Lack of control or predictability, experienced in conjunction with many changes and demands, tends to produce conditions of stress common among human service professionals.

From the available literature, Cherniss (1980) offers an extensive list of the signs or symptoms of stress in human service workers: resistance to going to work, clock watching, going by the book, feeling tired, anger and resentment, experiencing a sense of failure, negativism, withdrawal, loss of positive feelings toward clients, stereotyping clients, inability to listen to clients, cynicism toward clients, blaming clients, self- preoccupation, avoiding colleagues, discouragement and indifference, fatigue after work, postponing client contacts, feeling immobilized, sleep disturbance, use of tranquilizers or pills, frequent colds, headaches or gastrointestinal disturbances, excessive use of harmful substances, marital or family conflict, rigidity of thinking and resistance to change.

Stotland and Kobler (1965), after carefully observing and recording changes in staff and patient behavior in a mental hospital over a period of ten years, found that, as staff burnout increased, patients were neglected and soon regressed, often showing more depressed or even violent behavior. They also noticed that, as the atmosphere of the "therapeutic community" deteriorated from a generally "hopeful ideology" to one of hopelessness, patients' behavior also deteriorated, even to the point of a sudden outbreak of suicides. These researchers (one, with a clinical orientation, worked in the hospital for many years, the other was an outside consultant and social psychologist) studied the following data: the whole hospital history and ideology, 85-90% of staff and patient records, nurses' notes, and interviews with 83 staff for 140 tape-recorded hours. They also did years of personal observation in the research setting.

Overall, Stotland and Kobler (1965) confirmed the theories of Frank (1973, from a comparative study of healing and psychotherapy in different cultures), who found that the healers' faith and conviction in what they are doing is the most important variable in a therapy process, and that, in all therapies, the clinician exerts a strong influence on the patient. In fact, in this hospital setting, the increasing loss of hope among clinicians led to increased anxiety among patients and, finally, even to increased suicides. In the early stages of stress, tension, irritability, and emotional

arousal interfere with helping behavior. Later, declining motivation and negative feelings for clients can actually be harmful to many clients who are in need of help (Cherniss, 1980; Farber, 1983).

Truax (1966) suggests that stressed therapists will be negatively influenced in their expressions of authenticity, empathy, and positive regard, which are all seen as crucial in the process of therapy and human services in general. He predicts that clients seen at the end of a working day by a therapist will do less well in treatment than those seen at the beginning. Truax arrived at these findings through direct observation, research of the literature in the field, and an extensive study which involved 49 psycho-neurotic patients (17 males, 23 females, excluding brain-damage, mental deficiencies, alcoholism, or prior psychotherapy), randomly assigned to four residential psychiatrists during four months of therapy; using three Truax scales (accurate empathy, non-possessive warmth, therapist genuineness) measured by observers; and using six three-minute samples of tape-recorded sessions of each subject at intervals throughout the therapy duration.

Truax used the measuring instruments of patient outcome, which were available from the Phipps Psychiatric Clinic, a "patient global improvement scale," a change score on the "discomfort scale," social ineffectiveness ratings, and a "target symptom improvement scale." The overall measure for the 49 patients indicated that therapists providing "high

therapeutic conditions" achieved 90% improvement among their patients, and those providing lower conditions achieved 50% improvement.

Truax' ideas had a major impact in human service programs, which often implemented "empathy trainings." Cherniss (1980) claims that this kind of training would not be enough to influence the level of stress experienced through anxiety or frustration, and that the other wholistic aspects of stress management mentioned here are also necessary to incorporate in such trainings. Overall, most findings in this field seem to support the theory that job strain lowers effectiveness in human service workers. Mental health programs have become concerned about staff turnover as a possible result of stress (Dunn, 1976). These programs also need to look at the area of change and frequent daily work-transitions as another area of stress in human service workers.

Change as a Source of Stress. Since human service workers experience frequent daily transitions, it is useful to look at what the literature has to say about transitions and stress management. Much attention has recently been paid to the problem of the stressful nature of life- transitions (Foster & Little, 1981; Levinson, 1978; Sheehy, 1974). Bridges (1980), for example, in his book Transitions, has outlined a way of making sense of life's changes and offers strategies for coping. Previous to this work, in 1967, Holmes and Rahe developed their now widely used life- event

change index, which acknowledges that change, whether it is considered good or bad, is stressful to the organism and makes it more susceptible to dysfunction.

Dunlap (1981) suggests that the common denominator in stress is change. Change can be seen as the stimulus that disrupts the internal equilibrium, demands adaptation, and sets the stress response in motion. Sethi and Schuler (1984) determined that uncertainty and a person's tolerance for ambiguity are important factors contributing to stress and coping in the human service field. People in the helping professions have to face many ambiguous and novel situations, all of which have a large number of elements as well as contradictory cues. Interruption and change will increase stress vulnerability and produce a state of anxiety. The cumulative effects of having to cope with change increase the risk of illness (Fry & Ogston, 1971).

In relation to stress management and change, Dunlap (1981) warns that, although the ignoring of stressful changes seems to be necessary to the performance of daily activities, such failure may allow accumulation of stress. Gentry, et al., (1985) expressed that the personality is continuously capable of change and that, to increase personality hardiness, one has to confront stress as it occurs. New coping stategies can be developed whereby "feeling in control" will increase the likelihood of uncertainties being interpreted as challenging opportunities rather than threats (Budner, 1962).

Self-administered, Preventative Stress Management

Overall, the most commonly proposed stress management strategies for the human service field have been those involving organizational changes, such as employee health maintenance programs, or changing the quality of training, supervision, social interaction, workload, or benefits in general (Cherniss, 1980). However, since organizational factors can most often not be controlled by the individuals on the job, this study concentrates on stress management techniques which are more accessible to the individual. They usually involve self-control, self- regulating processes such as intra-personal factors, cognitive appraisal and coping style, and emphasise the person's belief system. This section will focus on this type of stress management training.

Behavior therapists have developed many different treatment techniques, designed to help clients cope independently of their life stressors. These techniques have been developed to address both the psyche and the soma. Documented through the research of Benson (1975), and Jacobsen (1938) among others, psychologists have discovered that the state of relaxation produces changes opposite to those produced during a state of stress. The clinical effectiveness of relaxation techniques such as meditation, breathing exercises, and progressive muscle relaxation has been shown to counteract the negative impact of stress by reducing the activity of the sympathetic nervous system,

decreasing the body metabolism, heart rate, blood pressure, and respiratory rate (Lehmann & Benson, 1982).

Since Lazarus' (1966) work on cognitive appraisal of stress, psychologists have developed cognitive stress management techniques to reduce emotional responsivity of such emotions as anxiety and anger during stress (Burchfield, 1979; Funkenstein, et al.,1957). Too many people seem to cope with stress in a haphazard manner; thus, psychologists have developed various cognitive coping techniques which include: systematic desensitization (Goldfried, 1971), imagery (Deffenbacher & Snyder, 1976), various reality orienting self-statements, and modification statements such as self-labels, altered attributions, information seeking, imagery rehearsal, anticipatory problem solving, and task organization (Meichenbaum, 1973).

Coping Skills Training (CST). Moon (1984) compared different procedures of stress management training and also reviewed a variety of techniques, which she groups under the generic name of "coping skills training (CST)." Moon outlines three types of stress management, with an emphasis on relaxation, which can be used in daily transtions as a preventative measure: "Anxiety management training" (Suinn, 1976) involves a combination of deep muscle relaxation, visualization, deep breathing, and shifting from the feeling of anxiety to that of relaxation.
"Cue-controlled relaxation" (Russell & Mattheus, 1975) teaches deep muscle relaxation in combination with a cue

word, such as "calm" or "easy" with each exhalation, until relaxation and cue word are firmly associated. "Relaxation as self-control" (Deffenbacher & Snyder, 1976) involves discrimination of the response-produced cues associated with anxiety, and deep muscle relaxation exercises as specified by Jacobsen (1938). This kind of training may involve using cue- producing relaxation, pleasant scene imagery, tension release from problem areas, or combined exercises.

Outcome Studies of CST. Moon (1984) cites the outcome research of coping skills training (CST) which generally yielded decreased responsivity to various targeted/nontargeted anxiety-producing stimuli (Barrios & Shigetomi, 1979; Miller & Berman, 1983). Miller and Berman conclude, in their quantitative meta-analysis of CST programs, that cognitive behavior programs have been effective with a wide variety of stress problems and formats of treatments. For example, such trainings reduced general anxiety and subjects were able to apply coping skills in other situations not practiced. Cue-controlled relaxation reduced many different anxiety symptoms, such as interpersonal and general anxiety (Barrios & Shigetomi, 1979; Counts, et al., 1978; Goldfried, 1971).

These positive outcome results must be interpreted with caution because many of these studies were uncontrolled single case reports, did not include follow-up assessments, and have no comparisons with placebo or "no-treatment"control

groups. Clearly, CST programs have short-term positive results during the course of the treatment with targeted and nontargeted anxieties, but it is not possible at this time to make long- term positive outcome predictions of these types of programs until more long-term result studies have been made.

Advantages and Limitations of CST. In spite of these limitations, the positive results suggest that CST programs may be close to the ideal stress management intervention, being both remedial (specific treatment effects) and preventative (long term generalized effects), as specified by Barrios and Shigetomi (1979). They are also cost-effective, since ten sessions of stress inoculation may cost only $100.00, as compared to traditional therapy sessions which could be $100.00 for a single session (Kabat-Zinn, 1982). Most CST programs are designed to be used in conjunction with regularly scheduled sessions with a therapist to clarify the information presented (Glasgow & Rosen, 1979). This factor severely limits a wide application of CST since the number of people needing stress management may far exceed the availability of professionals. Many people cannot afford such sessions, others may not need them because they are self-directed. Moon (1984) made these arguments to forward the cause of self-control in treatment, one that is applicable to human service workers.

Pure self-help is not a possible approach for everyone, but it clearly presents a viable alternative for the already

motivated helping professional. Many popular psychology self-help texts are available which use a combination of relaxation and coping skills training, close to the self-administered CST programs mentioned. A very good resource is Aronson's and Mascia's (1981) Stress Management Workbook, which includes exercises for relaxation, imagery, breathing, and meditation.

There is a crucial need in the human service field for preventative stress management techniques, which can be used instantly and are individually tailored. Meditation and stress management rituals could fill a needed gap in providing individual preventative stress management. The following section provides a larger context for the contemporary application of ritual.

Part II. Ritual: A Context For Understanding Self-Created Ritual

The section on ritual is divided into five parts: 1) introduction; 2) a clarification of the meaning of ritual as it is used in this study; 3) Van Gennep's model of rites of passage and it's relevance to transition- stress rituals; 4) the contemporary use of ritual; 5) guidelines for self-created ritual.

Introduction

Based on the researcher's four-year-long experience in facilitating ritual and ceremony with the California organization "Rites of Passage," it appears that ritual

represents an important area for research and practical application for many individual, social and organizational problems. Ritual can be used in therapy and the helping professions; it can be an aid in stress management and in helping people through life transitions. Collective ritual can help bring about greater social or specific group cohesiveness or celebration of creativity; and in an organizational context, ritual can be used as a functional consideration for a "management of meaning" (Smircich & Morgan, 1982).

Few elements in human culture are as rich, enduring and universal as ritual. It attends the great turning points in an individual's life (i.e., birth, death), influences society as a whole (turning of seasons), and can provide the most solemn as well as the most festive moments of existence. Ritual is a constant in human society, a true universal cultural element, from the earliest communities we know of to the most modern secular environments. A ritual structure may be recognized in such common events as greeting a friend (Fingarette, 1972), athletic contests, psychoanalytic practice, or political campaigns.

There is a bewildering variety of events or behavior that could be called "ritual," coupled with a diversity of research and ways of seeing this subject: ritual as communication (Leach, 1976), as play (Huizenga, 1950), as theater (Schechner, 1976), the dramatization of social relations (Gluckman, 1962), or the regulated symbolic

expression of certain sentiments (Radcliffe-Brown, 1952). Of all the different approaches to ritual, a focus on Van Gennep's (1960) work with rites of passage has been chosen because it provides part of a conceptual base for the application of contemporary stress management rituals. In the next section, Moore and Meyerhoff's (1977) work with collective ritual has been highlighted because it creates a link for us between anthropological and modern concepts of ritual.

Collective Ritual and Western Culture. Looking at rituals as occurring in a deeper cultural context in the modern American scene creates many unique problems, since the boundaries or sources of many diverse cultural traditions, of folk-culture, and of recent modern secular ritual are ambiguous and confusing. Most ritual traditions in our society have been transformed by rapid changes in technology and the culture overall, the "Americanization" of immigrants, decline of religious beliefs, and the professionalization of traditional ritual or ceremonial elements in the helping professions.

This transformation has often taken away previously crucial meanings of ritual and made them merely incidental or an unconscious part of the mass culture. Meyerhoff (1982) observes that American festive occasions are more often celebrations of an individual's birth, marriage, divorce or death, rather than the communal recognition of the importance of "communitas" (Turner, 1974) that ceremonies used to have.

For Americans in the 1980s, it is difficult to understand the symbolic or unconscious meanings of ritual. It is simpler to engage in ritualistic behavior, or enjoy observing it in other countries.

Social life may be seen as taking place somewhere between the extremes of absolute order and absolute chaotic conflict and anarchic improvisation. When seeing culture and social life in the light of Turner's (1969) "structure and anti-structure," collective ritual may be seen as a dramatic attempt to bring some of these tensions into orderly control. The confusion or ambiguity of ritual reflects the modern ambiguity in relation to such polarities as sacred vs. secular, traditional vs. modern, spiritual vs. scientific, emotional vs. intellectual, idealistic vs. realistic, public vs. private, and family vs. society. But ritual has a potential for bringing such polarities or paradoxes together (Moore & Meyerhoff,1977).

In their study of ritual and ceremony, anthropologists have mainly dealt with traditional societies where all social, economic, and religious institutions were kin based, that is, tightly bound together by kinship. In such societies, rituals were more effective because everything was imbued with the sacred. Thus, ritual studies previously have been confined to religious and magical procedures. Moore and Meyerhoff (1977) suggest a wider category for the sacred. They say that an essential quality of the sacred is it's "unquestionability," and that unquestionable tenets exist in

secular ideologies which are as sacred in that context as are the tenets of religion. Durkheim's (1915) radical distinction between sacred and secular creates conceptual difficulties and proves to be at variance with much ethnographic evidence. The sacred- mundane distinction is a culture-bound dichotomy rather than a universal one, and divides the universe into two parts (Moore & Meyerhoff, 1977).

Without elaborating on these distinctions, Moore and Meyerhoff claim that one can analyze the ways in which ritual and ceremony are used in the "secular," daily life affairs of modern existence, in an attempt to present particular interpretations of social reality that endow them with legitimacy, or to structure the way people think about social life. Also, one can use ritual as a therapeutic tool in the helping professions. Even without the criteria of religious or magical purpose or form, "secular ritual " is a vast subject.

The repetitious or ordered qualities of ritual suggest a link to the perpetual processes of the cosmos, and the biological and physical universe, implying permanence and legitimacy to cultural constructs. The formal qualities of acting, stylization, and staging make ritual attention-commanding and deflect questioning at the time. These formal characteristics of ritual and ceremony can provide a beginning guideline for creators of ritual; they are not sufficient to distinguish ritual from other cultural

phenomena, such as drama or games, which can be more clearly distinguished in the area of meaning and effect.

Meyerhoff (1982) calls attention to the need for a theory for understanding the experiences of ritual participants - private, subjective, psychological, conscious, and unconscious. The lack of theory is an enormous barrier to understanding ritual and rites of passage. Symbolic experience in dreams, poetry, myth, the arts, and rituals elicits an elusive kind of information, learning, and awareness that is nonetheless significant and real. Usually this type of experience touches on deeper levels than ordinary reality, fulfilling deeper human needs and connecting the rational/irrational, and the personal/transpersonal.

Moore and Meyerhoff (1977) have presented a meaningful attempt to connect the traditional view of rituals and the emerging one. Many scholars of ritual, and experts in other fields who are interested in ritual, have struggled to find a clear definition of ritual. This is also a problem in this study, which presents ritual in a new context. It is suggested that therapeutic rituals, such as those used in family therapy, can provide a context for understanding ritual in stress management. This focus has been selected because family therapy is the only professional field in human services which has been actively using rituals for therapeutic purposes in general, as well as for managing stress or stressful transitions. The next section will

address the problem of definition by comparing anthropological definitions with the ones outlined by the field of family therapy and by the anthropologist Virginia Hine, who has set up contemporary guidelines for self-created ritual.

The Problem of Definition

The concept of ritual is used in common or popular usage as well as in academic disciplines such as anthropology. This writer's use of the term "stress-management rituals" is related to the way the field of family therapy uses the concept "ritual." This section will focus on Roberts' (1988) way of dealing with the problem of definition, paving the way for an understanding of how rituals work for individuals and how they may be applied for personal self-created stress-management interventions.

The main concepts and analysis of ritual come from anthropology. Van Gennep's classic study of rites of passage for life transitions (1960), and Eliade's (1959) and Turner's (1969) extensive work outlining ancient and modern rituals, provided inroads into the interpretation of rituals that bridged traditional and modern cultures. Grimes (1982) made a useful distinction between a "hard definition" of ritual, which has a tight boundary related to classic anthropological research, and a "soft definition" which is more open to capturing the recent attempts to understand and integrate the _potential_ of ritual.

A "hard" definition of ritual would be a term used to describe an established, formal rite such as the Catholic Mass, a tribal purification ritual, or a circumcision rite for an adolescent boy. Turne (1969) and Moore and Meyerhoff (1977) opened up the reference to the formal religious or magical aspects of ritual, and started to include more secular aspects.

Rappaport's summary (1971) is typical of "hard" anthropological definitions of ritual. According to Rappaport, rituals are formulized acts or utterances designed to intervene with the supernatural and contain the following six key aspects: 1) repetition: of action, content or form; 2) acting: saying, thinking and doing something; 3) special behavior or stylization: setting behaviors/symbols apart from the ordinary use, making it formal; 4) order: a planned beginning, middle, and ending, curbing spontaneity; 5) evocative,dramatic presentation and focus: creating an attentive state; 6) and collective dimension: sharing social meaning.

With Grimes' (1982) "soft definition" of ritual, the boundary is not so clear between ritual or a simple repetitive behavior like a hand shake, the secular ritual of a coffee break, or the spontaneous celebration of sports or arts events. In this context, ritual must be understood as free-flowing energy, a kind of "magic," a way of moving into non-ordinary levels of awareness, or as a way of tapping sources of power and energy beyond one's perceived

limitations. In this sense, ritual can be created by anyone, rather than having to remain only in the formal, established context of a culture. Van der Hart (1983) emphasized that the power of ritual lies in its ability to evoke the non-verbal, and the creative, spontaneous aspects, which are seen as the "open" versus the formal, "closed" parts of ritual.

Trice (1984) observes that past research has exhibited a striking lack of uniformity in labeling cultural forms such as ritual. The following aspects are meant as an added dimension for outlining a definition.

Messages carried by rituals are extremely complex, with implicit and unconscious elements not easily interpreted , and consequences difficult to measure. Five clarifying ways of looking at the outcome of secular ritual were distinguished at the 1974 symposium entitled "Secular Rituals Considered": explicit purpose, explicit symbols and messages, implicit statements, social relationships affected, and culture vs. chaos (Moore & Meyerhoff, 1977).

Rituals are often performed with a declared purpose, a formal doctrine or ideology. This is usually most superficial, easy to understand, or visible in the performance of ritual itself, like a parade or the celebration of a holiday. Ritual may present explicit symbols, messages, allusions , or metaphors, to make momentarily visible an ideology, whole or in part, or many fragmentary symbolic elements. This can be seen in the breaking of the bread and drinking of the wine in the

Christian holy communion, representing Christ's body and blood, and reminding ritual participants of his sacrifice.

At a subtler level, ritual may reiterate less conscious materials , such as troubles, conflicts and paradoxes. At any level of communication, there may be effects on the participants, directly involving their social roles, identities , sense of collective contact, attitudes toward others, and the like. At its most general level, all collective ceremony can be seen as cultural order, formality and repetition, set against a cultural void or chaos, such as the unknown mysteries of god or birth and death (Moore & Meyerhoff,1977).

Both Hine (1981) and Doty (1986) felt that ritual is not easily explained, and that it would be better to explain "what ritual does" (Figure 1). Doty looks at ritual in a more formal anthropological context, and Hine presents contemporary guidelines for self-created ritual. The following is paraphrased from their work.

In this researcher's approach to rituals for individual stress management, traditional definitions of ritual have been opened up to include Foster, Hine and Little's (1981) definitions and their work with self-created rituals, and Roberts' (1988) use of ritual in the context of family therapy. In relation to the use of ritual in family therapy as well as in anthropological contexts, Roberts (1988) says that "ritual is not just the ceremony, or actual performance, but the whole process of preparing for it, experiencing it,

and reintegrating back into everyday life (p.9)." Since years of tradition may not be there to draw upon, rituals can consciously create new tradition.

(Doty) Rituals may:
- convey or reinforce personal identity/status
- provide a sense of continuity within complexity (universality)
- provide symbolic references and meanings for other ritual events
- provide menas of expressions beyond the rational
- provide transitions between status or event (say grace before meals)
- relax socially tense situations
- convey/reinforce common meaning
- convey/reiterate societal value
- provide cohesiveness between group members
- mobilize a community into action
- celebrate, entertain, and be enjoyable

(Hine) Ritual:
- is a way of moving into non-ordinary levels of awareness
- links two orders of reality
- taps a source of power and energy beyond one's perceived limitations
- is a way of lifting up a life crisis instead of just going through it
- generates and reinforces commitment
- confers signifcance and meaning
- sets up archetypal situations, which release the transforming power of the collective unconscious (higher self/spirit)
- draws upon visionary or peak experiences
- is an effective way of altering attitude

Figure 1

What Ritual Does

Roberts (1988) arrived at a good working definition of ritual which is very useful for the collective dimension of family therapy rituals. Since this study focuses on self-created individual ritual, Roberts' definition has been slightly altered here for that purpose.

A working definition of rituals, adapted from Roberts: Rituals are individually, sometimes collectively evolved symbolic acts that include ceremonial aspects as well as the actual process of preparation and the presentation, or the

experience of the ritual act. It may include words, gestures, movement, symbols, sound, silence, etc. Ritual contains both open (spontaneous, creative) parts and closed (formal, prepared) parts, which are held together by a guiding metaphor. Repetition can be a part of rituals through content, form or occasion. There should be space in therapeutic or stress management ritual for including multiple (symbolic) meanings, or a variety of levels of individual participation, to fit different needs or situations.

Van Gennep provides a three-stage anthropological model of rites of transition which has influenced people working with rituals in a modern context, specifically the fields of family therapy (van der Hart, 1983) and organizational development (Trice, 1984). Van Gennep's concepts of rituals and transitions are particularly significant to this study with transition stress-management rituals, because he provides us with a larger theoretical context, and a way of finding a deeper cultural meaning in a contemporary framework.

Van Gennep's Model of Rites of Passage

Van Gennep's schema, better translated as "rites of transition," initially classified the different kinds of rites of passage in relation to life events that were ceremonialized: a death involved a "rite of separation," a youngster's passing from youth to adulthood involved a "rite of transition," and a birth of a new tribal member involved a

"rite of incorporation". He found that each rite of passage process seemed to follow cross- culturally the same three-stage development of separation, transition, and reincorporation, each stage marked or separated by a threshold.

For consistency, the three stages will be referred to as "separation," "transition," and reincorporation." In the literature, the first stage is also called "severance," stage two is called the "threshold stage" or "liminal" stage, and stage three is also called "incorporation" or "return." Most ceremonies or rituals seem to follow this basic pattern; Foster says (1984) that without this pattern it may be difficult to imbue the ritual or ceremony with meaning.

Three Stages/Types of Rites. Separation: At a time of intense preparation, such as an adolescent rite of passage, the young boy readies himself to "sever" from mother, father, or home, symbolically to cut the umbilical cord that is tied to childhood. This usually involves a concentrated period of teachings and many ritualistic separation steps to prepare the initiate for the next stage, which involves a final cutting from the childhood stage.

Transition: Here the initiates step over the threshold of their former life and limits, voluntarily taking on a time of testing new limits and possible transformation, a time of endurance. The transition stage is seen as sacred and separate from the previous secular world of normal daily life. In a Native American Vision Quest, a young initiate

will pray for a vision to guide his new life. This stage involves much self-created ceremony to support the transformation, when the initiate is trying on a new existence.

Reincorporation: Literally it means to "take on the body again," since, in the previous stage, the initiate existed in "sacred time" or in the spirit-part of the self. Upon return, the adolescent steps over the threshold of adulthood and is re-united with the world left behind, now taking on the new status or role.

During the separation stage, when a vision quester is about to step alone into the wilderness, the quester is at a crucial threshold. A simple "threshold ritual" may be a ritualistic stepping over a line of stones or a path, not looking back, ready to face the unknown ahead, committed to this movement. The rites of passage process marks universal feelings and transitions, becoming a cross-cultural developmental stage model, and imbuing with meaning stages of learning, maturing, and experiencing. It may provide ancient clues for a contemporary theory of change, transition or stress management.

The rites of passage model can also be seen as cyclical, or as birth- separation, life-transition, death-transformation, and to make the cycle complete, "re-birth-reincorporation." Each stage has its appropriate symbols and can serve as a metaphor for deeper understanding. Figure 2

describes symbolic, archetypal acts which can be performed in each of Van Gennep's three stages.

Separation:	**Transition:**	**Reincorporation:**
- proceeding to a sacred area, crossing a threshold	- nakedness, masks, hairstyle change, body marking	- leaving a sacred area, re-crossing a threshold, re-entry into the familiar
- leaving the familiar behind, leaving behind symbols of status/role	- touching scared objects, lifting up, immersing in water	- accepting symbols of the status/role, symbolic clothing
- removal of symbolic clothing, hari cutting, stripping away	- ordeals, stress tests, fasting celibacy, vigils	- mingling of blood, exchange of hair cutting, gift exchange
- knocking down, smashing, breaking, cutting, burning	- solitude, period of solence	- mending, joining, tying, sharing food or drink
- burying, untying, washing off, purifying, veiling	- making vows, name change, altered states of consciousness	- unveiling, lights from a common source
- lighting candles or a fire to sacralize a space	- living without status/role	
	- change, enactment, transformation, symbolic death or rebirth	

Figure 2
Symbolic, Archetypal Acts in Three Stages

The "stripping off process" in the separation stage in most traditional societies is usually related to male initiation rituals only. In traditional female rites of passage, this stage may involve "addition" processes rather than "stripping away"; this could mean adorning with special garments and body painting. The transition stage, too, may traditionally involve a different process for women: they may be in a retreat hut, but in the company of other designated women, usually elders, rather than being totally alone (Lincoln, 1981).

Van Gennep's rites of passage theories have been applied to transition rituals in family therapy by van der Hart (1983) and by Quinn, et al., (1985). Since the field of family therapy is the only major field of human services which is actively working with rituals and transitions in the treatment of stress, this researcher has chosen this approach as a link to the use of contemporary stress management rituals.

Ritual in Therapy

A useful way to conceptualize family therapy is to see it from an anthropological perspective as "myth and magic" (Kobak & Waters,1984). This model suggests a cultural reading of family systems, therapeutic "magic," and the ritual license of the therapist. Effective magic in the family therapy situation transforms previously locked relations into a newly adaptive stage. The end purpose of both therapy and ritual is the same, to facilitate change so that adjustment in the life cycle can occur at its various stages (Quinn, Newfield, & Protinsky,1985). Rites of passage can be viewed as "metaphorical psychodramas" that families act out to promote adaptive functioning. Most crucially, context influences behavior; thus, rituals need to be ecologically based.

It may be unrealistic to try to incorporate old or culturally borrowed rites of passage within families, but rites of passage may be conceived as a form of ritual that marks a confirmation of the rules, history, and culture of

the family. Watzlawick (1974) characterizes therapeutic rituals as the most elegant synthesis of therapy intervention and technique.

The power of ritual in therapy is explained by three underlying processes (van der Hart,1983). First, "transformation" can be seen as a passage from the ordinary to the non-ordinary therapy session, where a heightened state of awareness and a special learning seem to take place. This is followed by the transition to the ordinary, everyday state (as in Van Gennep's model). Wolin and Bennett (1984) acknowledge, with Moore and Meyerhoff (1977), that transformation as a state of mind in ritual is a most subtle and analytically elusive psychological consequence. Transformation appears to motivate the participants to repeat their family rituals again and again.

Another powerful process in ritual is dramatic performance, which releases strong affect, and symbolic communication, endowing the ritual with meaning. The custom of gift giving, for example, is a means of communicating through significant objects.

The power of ritual in therapy also lies in the commitment to ritual, which gives it stability. There are families who have high and low commitment, those who are stuck, or those who are relatively flexible in their use of ritual. Families who have low commitment could benefit from therapeutic interventions, which may include ritual. Family

therapists are using family ritual as a diagnostic tool, as an intervention within the session, and as a prescription.

Van der Hart (1983) describes rituals in therapy as a form of meditation; they should be performed with dedication, attention, and inner discipline, if they are to have a therapeutic effect. In the Buddhist meditative approach, for example, the emphasis is on the way one behaves during the performance of rituals. Participants are not expected to cherish exhalted thoughts or to express deep emotions, only to be open to what they are doing, to the most simple gesture; they must be fully there in the present. This is also called " mindfulness."

Van Gennep's Model Applied to a Therapy Transition. Kobak and Waters (1984) describe the famly therapy process itself as a rite of passage, closely identifying with Van Gennep's ideas. The next step in applying this model is illustrated in Figure 3, which describes a transition ritual for human service workers (such as entering/exiting between two therapy clients) for each of the three stages.

This model, according to Hine (1981) gives individuals some specific guidelines and a cultural meaning-base when creating personal rituals.

Example of a Therapeutic Ritual. O'Connor (1984) gives an example of a ritual treatment of a ten-year old girl's migraine headaches, which illustrates the complex relationships between a therapeutic ritualistic prescription, a magical world view, and the resultant healing. The child's

headaches were diagnosed as a grief reaction and depression caused by the loss of her father, who was separated from the mother, and who used to be very close to the child. The symptom was seen as a way for her to represent her father, who also experienced headaches, and also as a way to get his attention, to bring him back to her.

Separation:	**Transition:**	**Reincorporation:**
- saying goodbye to the previous client, consciously separating from all mutual attachments, letting go of accumulated tensions - giving thanks for acquired gifts (learning, caring) - proceeding to move consicously over the threshold, closing the door - clearing of unfinished business, prepare for a commitment, readiness for the next client	- in a private, personal space, behind closed doors - experiencing a new state, a relief from previous tensions - beig aware, a meditative state - making the most of an energy which renews or refreshes - let go of the previous event -be aware of uncertainty in relation to next event, prepare - look out of the window, eyes unfocused, spacious, relaxing	- conscious, ritualistic, door-closing to previous event - open door to next event, in the moment, fresh energy - greet new client, shake hands, experience a readiness, gladness - reincorporate energy from previous event, renewal from sacred space, apply it to next event, not lingering

Figure 3
Stress-Management Rituals in Three Stages

The headaches were viewed as a "transitional object," which could be an object, ritual or experience that the child uses to direct separation anxiety. With this object, the child can safely project feelings of rage or love that are otherwise painful or unacceptable to the real person involved. Of course, adults may also engage in such rituals,

transitional objects, or a magical world view, but less openly than is common in so-called "primitive cultures." Piaget (1960) descibes this as "preoperational logic," not pseudologic but a type of logic derived from psychological rather than physical causality. Here one is predisposed to magic, ritual, and predictable world views, according to Piaget. Anthropology and family therapy provide the human service worker and creator of stress management rituals with references and principles for using magical thinking in a healing context.

In this example of a child's migraines, the therapist first established with mother (who then related it to the child) that these headaches could not bring back her father, and that the child could not work out their problems in this way. Secondly, mother was asked to track the child's pain incidents over the next three weeks. Third, a transitional bedtime ritual was suggested to supplant the function of the migraine, one which resembled previous bedtime rituals done with father. Mother was asked to allow the child to call dad at bedtime, and, for herself, to spend an extended time with the child performing similar story-telling rituals to those previously performed by the child's father.

Finally, it was suggested to the child to imagine "giving" her headaches to her favorite childhood toy horse, (not in her possession any more) in any way she wanted to, by touching the horse for example, since the horse was strong enough to take it. It was also suggested that if she could

give her pain to the horse, the pain would go away. In three weeks, the nature of the headaches had changed, and in six months they were gone. Both parents remained separate, but strongly engaged with the child.

This example was chosen because this kind of therapeutic magic can be a crucial element in stress management rituals (as focused on in this study); it is closely related to what Benson calls "the faith factor" (1985), and the healing power of meditation-type rituals. The origins of this kind of self-healing ritual can be traced to "preoperational" children (age 1-8) in our culture, and to beliefs and practices of shamanic magic in other cultures.

The field of family therapy is rich with many examples of the use of therapeutic rituals. The book by Imber-Black, et al., (1988) offers good guidelines for designing therapeutic rituals, including a consideration of symbols in clients' language, of utilizing formal and spontaneous aspects in rituals, and of utilizing time and space (sacred, imbued with special meaning). The authors also suggest making use of alternation or repetition of actions or speech, and other ritualistic techniques and symbolic actions inspired from anthropological resources, such as a "letting go" (separation, purification), a giving and receiving (gift exchange), or the use of Van Gennep's stages of transition as ritual design considerations.

Overall, van der Hart (1983) makes the point that it is not easy to motivate a client to perform rituals. It becomes

necessary first to associate with the client's idiosyncratic symbols and most highly valued representational system. For the ritual to work, it needs to be co-created both by the therapist and the client. The person must be ready; the timing of the ritual is essential, as well as a full attention, dedication and inner discipline of the ritual participant. Overall, the guidelines provided by the field of family therapy, as connected to anthropological resources, offer a strong theoretical and practical background for the use of individual stress management rituals.

Looking at rituals and larger systems, the field of organizational development has recently become quite aware of "organizational culture," and, within this concentration, Dandridge, et al (1980), and Trice and Beyer (1984) have focused on organizational symbolism and the use of rituals.

Organizational Rituals and Symbolism

Dandridge, et al., (1980) defines "organizational symbolism" as referring to those aspects of an organization used by members to reveal the unconscious feelings, images and values that are inherent in that organization. Symbolism as a vital basic building block of ritual expresses the underlying character, ideology, or value system of an organization. Symbols can reinforce ritual or can expose it to criticism and modification in several ways.

The stories and myths that an organization deliberately concocts, unconsciously invents, or selects as important factual history are accumulated to give meaning and structure

to critical life events (e.g., the organization's founding, critical incidents, charismatic characters, etc.). All organizations use some kinds of ceremonies or ritualized events, such as the orientation program, a banquet, lunches, or coffee breaks. An organization symbolically reveals itself in the externalized and concrete visual sign, a "logo," which is chosen to convey the distinctive inner character of the organization to the outer environment and to itself. Finally, the day-to-day affective and political life of the organization is revealed in the countless anecdotes and jokes that are constantly passed around (Dandridge et al., 1980).

Each of these examples is "symbolic" as the term is used by psychologists and anthropologists (Eliade,1958; Malinowski,1955; Franz, 1972). These various phenomena of symbolism, as well as the rituals used, are expressive of the "deeper layers of meaning" (Geertz, 1973) that are part of all culture and, more specifically, of human organizations.

Myth and ritual cannot be really explained, as such experience is of a wholistic nature. Without this mysterious nature of ritual, full of unknown potential and power, the potency of myth and ritual can disappear. Boulding (1956) describes three stages of the disintegration of an image, symbol, or ritual: belief without self- consciousness (which can be seen as a living reality), belief in believing (one acknowledges the possibility of not believing or believing in

something else), cessation of belief (when an "outsider's" disbelief may create conflict).

Science has brought many cultures into a unified new myth, the myth of science. The availability of fragments of myths from many cultures may put the western world into a broad transition of possible new evolving myths and rituals. Although many observers feel justified in drawing parallels between tribal societies and modern organizations, they also express caution (Cohen, 1976; Bouvier, 1982). For example, it may seem that modern secular ceremonials operate free of the mystic supernatural beliefs present in simpler societies, but "scientism" with norms of rationality, may act as a substitute for the mystic aspects of traditional societies, often being imbued with a similar awe and reverence (Downey, 1967; Pfeffer, 1981).

Also, in contrast to relatively change-resistant tribal life, modern societies are caught up in constant change, which may make ceremonial behavior less distinct, less influential, or shorter lived. But, overall, the influence, meaning, and impact of rituals still seem to be a near universal phenomena, in traditional as well as modern societies.

Existing myths, symbols, and rituals are difficult to change and usually demand a conservative, gradual transition. In most large, modern corporate cultures, there exists such a diversity and complexity that many sub- or even counter-cultures exist, with their own sets of ideologies and rites.

Most subcultures (line staff vs. management) retain their own values and rituals, while accepting out of survival needs some parts of the dominant culture (Yinger, 1978). Here the use of new stress management rituals may begin to take hold as an accepted norm.

Previous sections have addressed what ritual is, what it does, and what it can do in contemporary contexts. The next section focuses more specifically on the use of ritual for stress-management as embedded in the larger context of wholistic stress management, where the use of the "relaxation response" and of meditation have become the key aspects for the focus in this study. The most practical guidelines given will be the elements of ritual in combination with Benson's (1975) elements of meditation, and with Foster, Hine and Little's (1981) guidelines for contemporary "ritual builders."

Wholistic Stress Management, Meditation, and Rituals

The use of therapeutic rituals for stress management can be related to what Brallier (1982) calls a "wholistic" perspective to managing stress during transitions. She takes into account the person's environment, body, mind, and spirit. The spiritual aspects, often linked with the ritualistic, have also been neglected in general stress management research. Transcendental Meditation (TM) brought meditation into the foreground as an accepted intervention (Benson, 1975). Based on many spiritual techniques of

meditation, Benson developed a generalized stress management technique, in order to enhance the relaxation response.

Benson's Relaxation Response. This technique has four basic elements: a quiet environment, an object to dwell on (such as a mental device, a sound or contemplation which may come from any Eastern or Western mode of meditation or spiritual practice), a passive attitude (a "let it happen" attitude, "mindfulness" or a relaxed awareness), a comfortable position (without falling asleep). Thus Benson's four suggested elements of meditation could involve the following ritual scenario, as used for stress management by a therapist during a short transition between therapy clients.

Quiet environment: If possible, step outside or into the bathroom at work, to create a separate "time out" away from the intensity of the work environment. This can be seen as a "separation or threshold ritual," as described by Van Gennep (1960). An external quiet environment may not be possible, but one can create a quiet internal environment, intensified through breath, posture, movement, imagery, or affirmation, as elaborated in the next section on the elements of ritual.

An object to dwell on: In the space of a few seconds or minutes, a meaningful phrase or focus can be repeated, such as any spiritual "mantra" ("ohm shanti" or "peace"), a short prayer, a self-affirmation ("I am calm"), or simply an inner statement or image, which is conducive to enhancing the relaxation response (Benson, 1975).

Passive attitude: Having only a short time-span between clients, accumulated stress could be managed by letting go of the previous tension, consciously breathing it out, or just observing self and environment, going into "neutral" rather than "drive" toward a goal, or by not being occupied with the previous or upcoming event.

A comfortable position: Between active events this would imply also a letting go of physical tensions, being aware of the body and allowing for a comfortable position regardless of what one has to do at the moment. This may involve rest or slow motion such as T'ai Chi, or a gentle walk, a few seconds of closing one's eyes, etc. It has to be a complete separation from the work intensity, if only for a few seconds.

Benson emphasizes that a proficiency in the relaxation response pre-supposes a training, or sometimes a lengthy practice, or a mastery in the techniques suggested both by Benson and by Stroebel. Stroebel (1985) developed another more specific variation to the relaxation response, which is outlined in the next section.

Stroebel's "Quieting Reflex". Stroebel's quieting reflex is an instant, six-second self-regulation technique or stress management ritual, inspired by studies on biofeedback. This technique was developed for stress-prone "type-A" personalities, who needed to use it instantaneously at the moment of stress, while carrying out alert mental activities without putting excessive stress on their bodies. Stroebel

felt that regular, normally effective meditation or relaxation techniques could not work for a fast-paced working professional.

Stroebel's instant technique, developed to maintain an alert mind and to achieve a calm body, involves a synthesis of many strategies previously found to be effective in stress management research. It requires an instant awareness of the stress involved (the emergency response, the stressor, or tension). Then it calls for applying an immediate behavioral response such as an easy, deep breath, combined with an instant relaxation response of jaw and shoulder. This is enhanced by visualization of an inner smile, and feeling a wave of heaviness and warmth flowing through the body. Finally, an affirmation or self-suggestion is needed such as, "alert amused mind, calm body." Techniques such as these will be presented in this study as part of the main building blocks for self- created stress management rituals.

The "Faith Factor" and the Stress Response. Benson's work in Beyond The Relaxation Response (1984) is of significance here, since he validated that a personal belief system is a vital force behind stress management. He calls it "the faith factor." This study makes the point that there is a qualitative difference between applying mere interventions and the applications of stress interventions which are made more effective by a conscious connection to one's belief system. Since it is embedded in the deeper layer of the individual's cultural context, the second type

of intervention could be seen as a "ritual." Linking of the faith factor and daily applied transition rituals can hypothetically be used as effective, preventative stress management for mental health professionals.

The interventions used for this study, derived from Benson's and Stroebel's work, are effective in combating stress because they relate to the stress response of the autonomic nervous system. Benson's study (1975) describes this stress management technique as the "relaxation response," and refers to: the inborn capacity of the body to enter a special state characterized by lowered heart rate, decreased rate of breathing, lowered blood pressure, slower brain waves, and an overall reduction of the speed of metabolism. Changes produced by this response counteract the harmful effects and uncomfortable feelings of stress (Benson, 1984; pp.4-5).

The success of these relaxation techniques in the reduction of tension goes back to Edmund Jacobson's work in the 1930s, when he reported a significant lowering of blood pressure in a group of hypertensive patients who were carefully trained to apply relaxation techniques. More specifically, Stroebel's interventions relate to and combat the initial stages of the "emergency response," as derived from Selye's work. This response involves the following phenomena: a stimulus/cue of perceived threat, a focusing on the cue, followed by a muscle tension for "fight-or-flight," and constricted breath and jaw clenching - then, blood flow

constriction to hands, feet, gut, increased heart rate and blood pressure, and a release of glucose for increased energy.

The Elements of Ritual: Guidelines for Self-Created Ritual

The anthropologist Virginia Hine (1981), in collaboration with Foster and Little, has developed good basic guidelines for ritual creators and facilitators in any field . She clarifies the meaning and practical use of ritual , and provides a bridge between the old traditional rituals and current considerations.

From a variety of anthropological sources, Hine et al., (1981) look at a list of possible components of ritual elements, such as music, singing, chanting, drumming, dancing, and physical movement. Expertise is never necessary in utilizing these elements, since a spontaneous evolving of music or dance is most desirable but may be more difficult for most people in this culture.

Other ritual components may involve the use of gesture, invocation, prayer, statement of belief, ritual silence, and touching a sacred object. More "sacred" elements traditionally used were: stress induction (Vision Quest, a retreat alone), vigils, vows, fasting, offerings, use of incense or smoke, symbols, altered states of consciousness, selection of a sacred space, movement within the sacred space, and the use of congregation.

Virginia Hine (1981) warns that totally spontaneous ceremonies are seldom effective and are not advisable because

of possible fumblings, embarrassment, and breaking of concentration. Rituals usually do not just "happen," but require a concentrated, focused awareness of all participants and a detailed preparation. But in contrast to the use of collective ritual or ceremony, individually created stress-management rituals could evolve out of a totally spontaneous, creative base, taking on more repetitive formal aspects with continued use. Repeated rituals could become diminished in power or "magic," but increase in power with continued use and when the "faith factor" is strongly in place.

In creating a personal ritual or ceremony, according to Hine (1981), a few guiding questions may be useful before starting: What are you ritualizing (formalizing), celebrating, marking? Where in the three-stage Van Gennep model does the ceremony fit (separation, transition, reincorporation, or all three)? What symbolic actions express intentions most meaningfully? What symbols, or objects do you want to use as part of the ritual? (see Cirlot's Dictionary of Symbols) What ritual components do you want to use? What do you want to say, or who will say it (formal or informal, spontaneous or written, or open participation)? Where do you want to do the ceremony, and when? (For other guidelines on personal ceremonies, see Michael Harner's The Way of the Shaman).

The following aspects, introduced here as the "elements of ritual," were derived from the literature and practice of ritual, meditation, and stress management: different forms

of meditation, the use of breath, relaxation, visualization, autogenics/self-hypnosis/positive suggestion, sensory awareness, sound, music, mantra, movement, gesture, dance, spoken words, prayer, affirmation, use of symbols, ritual place, ritual objects, purification, celebration, repetition, contacting a transpersonal resource, silence, drawing on inspirational/energizing resources, opening up, letting go, surrendering, centering, and focusing. These elements can be seen as "building blocks" for self- created stress management rituals, to enhance the relaxation reponse or simply to create a special moment of "time out."

These elements of ritual are described in more detail in the following paragraphs.

Meditation: This form of handling stress at physical, mental, emotional, or spiritual levels of our consciousness has by now been widely accepted and researched, quite often with positive results (Goleman, 1988; Shapiro & Walsh, 1984; Tart, 1976; Wilber et al., 1986). Hundreds of different styles of meditation belong in this family of techniques, which basically involves a conscious attempt to focus attention in a non- analytical, non-judgemental way, without dwelling on thoughts (Brallier, 1982). Forms of meditation can be applied in action at the point of stress, but a considerable amount of practice is necessary to be able to do this.

Breath: Most types of meditation involve an awareness or altering of breath, which can help relax muscles, and

bring oxygen and energy to the body. Usually done in combination with imagery, music, or movement, breath meditation may involve observing the breath, then gently deepening it from mere chest-breathing to abdominal/diaphragmatic breathing (Rama, 1979). Other ways of using breath for meditation or stress management involve the following: the concentration on elemental breaths (water, air, earth, fire), sighing with the release of tension, counting the breath, or breathing into the abdomen ("like a baby").

Imagery: Different forms of imagery as methods of passive relaxation have become widely used in stress management and wholistic healing (Brallier, 1982). Imagery does not need to be associated only with the visual picture in the mind's eye; to allow for more individual differences and more powerful results, it can also include the auditory, gustatory, olfactory, and tactile modes. Our bodies can more easily respond to pictures involving any of the senses than to verbal commands (Achterberg & Lawlis, 1980). Imagery could involve a pleasant or beautiful scene, such as a seashore, it could involve imaging body parts being leaves in the wind, or being with a loved one or the perfect, wise teacher. Imagery can be spontaneous (fantasy, daydreams); it can be memory images in clear, detailed form; it can be guided imagery with suggestions to control body or mind states (Brallier, 1982). Imagery has even been used to alter the course of cancer (Simonton, 1978).

Autogenics: This kind of self-induced deep form of relaxation developed from hypnosis and has influenced many other stress management programs (Schultz & Luthe, 1959). It involves concentration on certain phrases to create a mood, muscle and mind relaxation, and the increase of blood flow. Basic phrases such as the following are used: "I am relaxed; I am at peace; my right or left arm or hand is very heavy or warm; my pulse is calm or strong; my breath is calm or regular; my solar plexus is glowing warm; my forehead is pleasantly cool" (Rosa, 1976).

The following techniques have been adapted from a number of stress management resources (Goleman, 1988; Gillespie et al., 1986; Hamilton & Kiefer, 1986; Kravette, 1979; Lerner, 1985).

Relaxation of body and mind: Relaxation has to begin with awareness and attitude. The following are some examples of possible "cue words or concepts" for eliciting the "relaxation response": surrender, let go, moment to moment, peaceful, free, timeless, spaceless, harmony, oneness, inner wisdom, time-out, expand or contract, spacious, float freely, cloud, inner focus, centering, etc.

Sensory awareness: This basically means to experience one's senses, to be aware, in the moment, seeing, listening, touching, smelling, tasting.

Sound: This can involve the use of prayer, affirmation, invocation, poems, mantras, a sigh, use of breath, hearing one's heartbeat, concentration on inner sound, or music.

Movement: Some variations used are an awareness of movement, dancing, walking, the use of slow motion/fast motion and freeze, creating a body sculpture or image, the use of a sacred gesture ("mudra"), and the ancient, dance-like martial art T'ai Chi Chuan.

Sacred objects: Taking an important place in traditional and contemporary rituals are "power objects," which can act as sacred ritual objects, evoking powerful, meaningful images or feelings. They can be art objects, pictures (photos, paintings, postcards), written messages, treasures, gifts, spiritual objects, natural objects (crystal, sea shell), plants, or found objects.

Ritual place: A personal office, a desk, a chair, a bench in the park, an altar, the outdoors, a cafe, or the privacy of a bathroom can serve as a ritual place at work during a break.

Purification: One of the most universally used elements of ritual, (in a work situation) purification could involve the washing of hands, eyes or face, brushing teeth, deep breathing, letting go of muscle tension, clearing the voice (humming, singing), being exposed to rain, wind, or fresh air, or concentrating on beautiful images.

Examples of personal rituals at work could be the cleaning of one's desk, gazing out of the window, making personal phone calls, puttering around, coffee or cigarette breaks, a "tea ceremony," a chocolate or sweet treat ritual, or a lunch. Other rituals mentioned in the literature are:

visualizing a smile into one's stress points, experiencing an inner smile, the use of humor, self-massage or silence, getting into an inner "space" of silence.

Integrating Different Elements of Meditation or Ritual

In order to be useful for daily stress management, most self-help techniques need some formal teaching and take time to get used to. Ultimately, one needs to respond to stressors with an automatic relaxation response, which includes an undisturbed mind. One needs to be aware that the small "daily hassles," the defeats and troubles, may cumulatively cause as much stress and harm as the great problems (Lazarus, 1980).

Csikszentmikalyi (1975) did some interesting research with the experience of "flow," which should be considered for the creation of stress management rituals. The process of flow involves a merging of action and awareness and a centering of attention on the activity alone (like martial arts such as T'ai Chi or Aikido). According to Csikszentmikalyi there are certain kinds of activities where the flow experience is more likely: team sports, skiing, sky-diving, surfing, and running. These activities have in common that they are exciting, intensely involving the whole organism, often being competitive or testing personal limits.

People can increase the likelihood of the flow experience during daily work by thinking back to their own pleasurable, relaxed activities such as hiking, dancing, or painting.

More importantly, for stress management at work, they may find aspects of everyday work moments (which Csikszentmikalyi calls "micro-flow activities") where there is a possibility of the flow experience: patterns of body movements such as touching, rubbing, fiddling with objects, walking or running, or forms of social activities such as talking, joking, partying, hugging, etc. These kinds of actions tend to bring people into a state of relaxation and enjoyment, and thus may become stress management rituals.

As a way of understanding self-regulating one's emotional response, Brallier (1982) lists fear, anger, guilt, anxiety, depression, and sadness as the most common troublesome emotions usually affecting stress. Moon (1984) and Brallier described how it was helpful in stress management to practice systematic desensitization in order to deal with such emotions as fears or anxieties. An imaging rehearsal may involve the following: imagining the steps leading to the feared event; seeing the scene clearly; relaxing deeply; alternating from a fear-producing scene to deep relaxation; ending on a relaxed, pleasant note; and rewarding oneself for practicing.

Gillespie et al., (1986) talk about "triggers" to relaxation which are daily reminders in the most common activities, such as looking at your watch. In daily work transitions between therapy clients, such a trigger to relaxation may be the moment when the client or therapist closes the door to step out. An immediate ritualistic

response suggested could be a deep sigh, stretching, closing one's eyes, listening to music, or refreshing the face with cool water. The greatest challenge is to apply an immediate stress management ritual as the stressful event happens. Self-created rituals may lack the power of longstanding tradition, but they can evolve into increased self-empowerment and creativity, since there are unlimited possibilities, depending on the situation and the person's inclinations, or openess to self-regulation.

Greenberg (1980) writes that most job situations provide the opportunities for "ritualistic routine," which can give a feeling of familiarity and comfort during stressful moments of uncertainty. Such routine activities as cleaning up a mess, shuffling through papers, or putting the desk in order can become stress management rituals. Greenberg also describes a possible ritual, which could help during daily transitions; he calls it a "me act" rather than a "re-act." Throughout the day, for example, when being bombarded by external demands, a person needs an antidote, an opposite kind of experience, a time out. Such daily mini- vacations or stress management rituals could be described with words like "loafing, browsing, wandering, puttering, messing about, playing" (Greenberg,1980), daydreaming, fantasizing or meditating.

Roberts (1988) operationalized the definition of ritual earlier in this chapter by comparing ritual to the common tasks given in family therapy. To conclude this section, the

comparison made here in Figure 4 will be between a certain stress-management ritual and an intervention in general; both are designed for a human service staff member, who is transitioning between two therapy clients.

Ritual (in general)	Intervention (in general)
1) works with multiple (symbolic) meanings on behavioral, cognitive, affective levels.	1) focus on the behavioral, or physiological aspects of intervention
2) ritual includes open, improvisation, and closed parts; participants are not always sure what will be created, or able to predict the result.	2) emphasis on doing the intervention as prescribed with predicted outcom (diagnostic treatment).
3) reliance on symbols, and symbolic action.	3) reliance on concrete action.
4) the process of creating or preparing the ritual/ceremony is an essential part of it.	4) the focus is on the actual doing of the intervention.
Specific stress management ritual:	**Specific intervention:**
1) focus on guiding metaphore of "purification", a "letting go", to be affected on cognitive, affective, behavioral levels.	1) focus on getting a physical or mental rest period, a relaxation response.
2) sitting back, closing eyes, apply practiced or spontaneous aspects of visualization, (i.e.: taking a shower), experience expected and unexpected results	2) diagnosis of mental, physical relaxation specifically prescribed: rest in easy chair betwen clients, for 10 mins., eyes closed, breathe deeply.
3) use of prayer/affirmation, use of symbolic images (white light) purification of aura, use of gestures to emphasize symbolic cleansing, regenerating energy.	3) concerte action, sitting down, eyes closed, or reading.
4) preparing, setting up ritual space and objects (lighting candle), is part of the intervention.	4) preparation not part of the stress intervention

Figure 4
Ritual Compared to a Stress-Management Intervention

Summary of the Literature Review

The focus of this study is on the use of personal stress management rituals for daily work-transitions, as experienced by human service professionals. Since this is an area which has not been explored before, and since there has been a great variety of theories and research on stress and on ritual, this literature review presents the following acknowledged experts and focal areas, in order to build an experimental framework from a solid theory base: (each area should be seen as representing a single spoke on the wheel of wholistic stress management) Selye (1974) covers the physiological focus; Lazarus (1984) covers the psychological focus; Benson (1975, 1984) provides the relaxation response, meditation techniques, and the faith factor; Cherniss (1980) and Maslach (1976) cover the area of stress in human services; Van Gennep (1960) offers the anthropological focus of transition rituals; Imber-Black, Roberts and Whiting (1988) and van der Hart (1983) explain rituals in the field of family therapy; and Foster, Hine and Little (1981) give guidelines for the use of modern self-created rituals.

Selye provides a useful language of stress and the positive and negative distinctions of eustress and distress. The general definition of stress as "the rate of wear and tear on the body" became more specific in measurable terms as " the non-specific response of the body to any demand made upon it" (Selye, 1976, p.472). The physiological and biochemical reactions to stress have been well documented

through highly sophisticated descriptions of the "General Adaptation Syndrome" (Selye, 1976), and the "Fight-Flight Response" (FFR) (Cannon, 1953), both being reliable indicators of stress. FFR, for example, during a state of stress, involves increased blood pressure, heart and breathing rate, which is exactly opposite to the state of relaxation which elicits reductions of these symptoms. This has been explored by Benson (1975) with the use of meditation-type techniques which resulted in the relaxation response. This state can be taught and then achieved through a cognitive stress management approach.

Lazarus' research (1980) emphasized that individual differences in the perception of stress will decide whether it is seen as a "threat" or "challenge"; he concentrates on the process of individual cognitive appraisal of stress and coping. His work contributed much to self-help coping skill trainings (CST) as researched by Moon (1984). This type of training usually incorporates an effective combination of relaxation and cognitive coping techniques developed by psychologists (Barrios & Shigetomi, 1979). The wholistic approach to stress management (Brallier, 1982; Girdano & Everly, 1979) contributed many other useful self-help techniques focused on in this study (imagery, relaxation techniques, meditation, breath control, affirmations). They could be applied individually, instantly, at the point of stress, without involving more complex, expert, or long-duration treatment.

Among others, Cherniss (1980) and Scott and Hawk (1986) documented the need for stress management in the human services, but the focus on daily transitions as a cumulative source of stress (Lazarus, 1980) has not been investigated. This researcher looked to the area of ritual as a way of dealing with the daily stress and frequent transitions common with human service professionals.

Van Gennep's (1960) three-stage model of transition rituals outlines underlying cultural/anthropological concepts, which have been utilized in the field of family therapy (van der Hart, 1983). Since, traditionally, rites of passage, and the contemporary use of therapeutic rituals in family therapy present effective ways of managing stress and transitions, concepts from these two fields have been presented as a legitimate way of developing a new framework for stress management rituals. For example, "threshold rituals" which traditionally helped people manage life transitions, commonly incorporated such universal elements of ritual as "purification" (preparing for something significant), use of a "sacred" object or place, and the use of "magic" (a transpersonal power or faith motivating or helping heal ritual participants). Many of these elements of ritual have surfaced again in a contemporary use of therapeutic ritual or in meditation-type stress management techniques (Benson, 1984). Foster, Hine, and Little (1981) also provide guidelines for self-created rituals, which include the use of purification (symbolic cleansing, deep

breathing), sacred objects (personal pictures, found natural objects), or dramatic enactment (movement, dance, sound, chanting, drumming, prayer- affirmation).

Backed by some years of exploration with therapeutic ritual, the field of family therapy confirms that ritual in fact is a powerful, and creative tool for therapy and for stress management. Through the use of a "transitional object," the migraine headache of a child was transferred to a toy horse as if by "magic." And through the use of a threshold ritual of washing one's face or deep breathing, a human service professional may be able to get a needed "purification," being able to let go of the tension accumulated from working with many clients.

In evolving a working definition of ritual, Roberts (1988) emphasized that the whole process of the preparation and enactment of the symbolic act are equally important; that ritual may contain formal and spontaneous parts; and that there should be a space in therapeutic rituals for including multiple symbolic meanings or a variety of levels of individual participation to fit different needs or situations.

In conclusion, it has been acknowledged that ritual is universal, that it contains much potential power or "magic," as well as a deeper symbolic meaning, that it offers much room for creativity and potential variety according to individual "fit", and that it is in fact effective therapeutically as well as in stress management. Ritual here

has been included as a part of "wholistic stress management," which includes the physical, psychological and spiritual aspects. Each of these areas informs the other, in combination providing a rich background and resources, both traditionally and contemporarily, for a stress management framework which is personal, preventative, instant, and embedded in each person's belief system.

CHAPTER III.

METHODOLOGY

Introduction

This chapter consists of five sections: sample, design, instruments, treatment, and data analysis. The instruments explained are the State-Trait Anxiety Inventory (STAI), the researcher-designed stress questionnaire (SQ), daily logs, and program evaluations. The section on treatment provides an overview, a description of the content, and a focus on the specific stress management framework given, as well as examples of stress management rituals presented in the training. Data analysis covers the most important variables considered in the statistical and descriptive analyses, and the use of the instruments chosen for this study.

Sample

The population for this study comprised 56 mental health professionals from different units in two different mental health agencies. The kind of human service workers chosen for this study have been described by researchers such as Applebaum (1981), Beland (1980), and Shubin (1978) as being a high risk population, since they are experiencing so much stress in the workplace.

The experimental group consisted of three units: staff from a comprehensive support program, including supervisors, service coordinators, case managers and therapists; staff from the emergency unit, with supervisors, support staff, and

mental health clinicians; and staff from a therapy clinic, mainly child- and family therapists.

The control group was from another nearby mental health agency, an agency very similar to that of the experimental group. There was no personal contact made at the control group's facility, except for the initial introduction to the research. This was set up with the directors of each targeted agency, to confirm interest, cooperation, and participation in the study. Following this initial meeting, a recruitment memo was distributed to all staff in the two agencies. Those interested were invited to attend an introductory meeting, where the information given included the purpose of the study, the time commitment needed, and the potential benefits from the program .

Everyone was encouraged to ask questions, and to see themselves as concerned professionals who understood the need for helping themselves in a difficult stress-prone profession. As in a previous study by Moon (1984), care was taken to minimize expectations of results. However, all potential participants were told that this program would offer tools for learning to cope constructively with transition-stressors and to become more aware of stress and coping.

Design

This section will present an overview of the design (Figure 5), the pre-treatment procedures, the treatment procedures, and the follow-up procedures.

Design of the Methodology

Stage 1. Introduction (week 1)

Verbal introduction to the agency
Written introduction handout
Volunteers selected
Form control group and experimental group
Initial interviews (exp. group only)
Pilot-test the SQ and the STAI with 10 mental health professionals

Stage 2. Pre-test (week 2)

Both groups get the SQ and STAI
Finish pre-test interviews

Stage 3. Treatment. (weeks 3,4)

Experimental group only:
Stress management training (4 hours).
Training evaluation.

Stage 4. Six-week self-observation (weeks 5-10)

Experimental group only:
Daily logs (self-observation)
Practice training materials
Access to consultant and group sharing

Stage 5. Post-test (week 11)

Both groups get:
The SQ and STAI tests
Experimental group only: treatment evaluation.

Stage 6. Follow-up (weeks 12 and beyond)

Experimental group only:
Interviews
Follow-up evaluation

FIGURE 5

Design of Method

Pre-treatment Procedures

Potential participants were given written introductions asking for volunteers. Staff in one human service agency was asked to form the experimental group, and staff from a different agency was asked to form the control group. The same training was offered to the control group after the

same training was offered to the control group after the post- test. A consent form was given to all participants to be signed.

Before the pre-test a pilot test of the stress questionnaire (SQ) and the STAI was conducted with ten mental health professionals. Changes on the SQ were made based on feedback or difficulties encountered.

Ten people from the experimental group were interviewed in order to gather more descriptive data about their individual stress and stress management experiences during daily transitions at work. This group was chosen to represent a cross-section of the treatment population The interviews were conducted at the beginning and end of the treatment observation period. Prior to treatment, all subjects were pre-tested on the State-Trait Anxiety Inventory and a researcher-designed questionnaire (SQ).

Treatment Procedures

All experimental group volunteers participated in two two-hour meetings, each a week apart. Attendance records were kept and any exceptions to total attendance were noted. Participants were given self-help materials with instructions encouraging them to follow through with the six-week testing period at their own pace, and to leave the daily logs and the STAI in the collection box each week.

Only the experimental group used daily logs which asked participants to choose from a list of stress-related behaviors, as outlined in Moon's study (1984). The

reinforcing value of the self-monitoring was emphasized, as well as the importance of the daily data for the success of the study. The procedures for self-monitoring were taken from Mahoney (1976), and Moon (1984). Examples, instructions, and sample forms were given, and subjects tested their understanding of self-monitoring according to the forms shown in Appendix C.

To minimize the possibility of subjects influencing their own ratings, and to decrease continued contact with the completed forms, participants were asked to return them weekly to a collection box, where they were picked up by the researcher. During introductions to the instruments, confidentiality was assured to all participants. Subjects who were late with their weekly data were called. As an important aspect to increase outcome effectiveness, participants were assured that they could contact the experimenter (stress-management facilitator/therapist) personally on a weekly basis, since he was working on the research site.

Follow-up Procedures

Immediately after the training, subjects were given an evaluation form to fill out. At post-test time, the experimental group was given an overall program evaluation questionnaire. Confidentiality was assured and experimenter bias minimized by having subjects not sign their names.

Experimental group interviews explored any additional feedback not previously tapped, covering peoples' stress

experiences, changes in coping interventions, new awareness of stress/transition-stress or rituals used. The questions asked followed the SQ format (as explained in the next section),which was also used as an interview guide.

Instruments

This study utilized a pre-test and a post-test. The instruments used were the State-Trait Anxiety Inventory (STAI), a daily self-report log, a stress questionnaire (SQ), interviews, a training evaluation, a program evaluation, and a follow-up questionnaire.

State-Trait Anxiety Inventory

This test has been widely used and validated in assessing general and specific anxiety/stress (Charlesworth et al; 1981), and was also used by Moon (1984) and Morad (1988) to test stress management programs. It is composed of two parts (see Appendix A).

The first part measures state anxiety, "a transitory emotional state or condition... characterized by subjective, consciously perceived feelings of tension and apprehension, and heightened autonomic nervous system activity" (Spielberger et al; 1970, p.3). Part two of the test measures trait anxiety, an index of anxiety proneness. This is a fairly stable personality variable which discriminates individual differences in the tendency to respond to situations perceived as threatening.

Learning to use coping skills to maintain a sense of personal adequacy and self-esteem during stressful

interpersonal interactions is an important part of mastering stress. Therefore one would expect that successful integration of coping skills could result in a decrease in trait anxiety as well as state anxiety (Charlesworth et al; 1981).

Stress Questionnaire

For the pre- and posttest, a questionnaire with 16 questions was given to both groups, covering demographics and asking for some of the following information: basic stress information, description of the work/non-work transition experience, use of stress interventions/rituals, and information about the personal belief system that influences the meaning of work and stress (refer to Appendix B for the complete SQ).

In order to facilitate efficient statistical analysis, all questions utilized the same standard five-point scale of intensity, with one indicating low intensity, and five high intensity.

The SQ was custom-tailored for this research, with design considerations applied from the work of Lazarus and Folkmann (1984), Moon (1984), Morad (1987), and a pilot test of this questionnaire with ten mental health professionals. Previous experience with Dr. Hambleton at the University of Massachusetts at Amherst, and some of this researcher's experience in designing questionnaires for organizations have contributed to the general design aspects of the SQ.

The following questions from the SQ were also used as a basic interview guide with experimental group subjects. What is your current level of stress experienced at work? Please describe the main sources of it. Describe (in more detail) some of the stress symptoms you experience at work. How do you describe your work-transition experience (given a list of positive and negative desriptors) ? Describe your transitions between work and home. What stress management interventions or rituals do you usually use during daily work-transitions? (focus on this, describe in more detail). What is your general and specific belief system in relation to your work, to stress, and to stress management? Do you believe you derive any personal success or power from the conscious application of your belief system to your stress management? (see Appendix A)

The SQ and the interviews allowed for some open-ended questions, or spontaneous aspects.

Daily Logs: Behavioral Self-Monitoring

Based on Moon's (1984) research with stress management programs, each participant monitored his or her own unique stress-response behavior, as well as work/non-work transitions. The criteria for choosing a target behavior were determined by the subjects. Behaviors reflected changes in responsivity to stress, such as the number of cigarettes smoked, nervous behavior, headaches, etc. The daily log entry indicated the frequency or intensity of the monitored

behavior, and gave information about the stress experienced, and the stress management technique used that day.

Self-monitoring, independent of other treatment procedures, can contribute to behavior change and outcome measures (Nelson, 1971). Since all participants in the experimental group were engaged in self- monitoring, reactivity was expected to be a constant factor in the data. According to Pines and Maslach (1978), keeping a log of daily stresses, coping strategies and their effectiveness is an important step leading from awareness to stress-reduction.

Training/Program Evaluations

Two 12-question questionnaires were designed for an immediate after- training response and for an overall program evaluation, to give feedback on all aspects of the training/program effectiveness and to obtain helpful suggestions for improvement. Four months after the posttest, another program evaluation tool was designed to gather feedback about the treatment's lasting effectiveness (see Appendix D). The questionnaires were designed based on evaluation tools used by Moon (1984), and by the researcher's own previous training evaluations.

Treatment

The first presentation was two hours long, and consisted of a lecture, questions and answers, and handouts. The theory- base covered Selye's (1956) work, the theories of Lazarus (1966), the wholistic view, and rituals or meditation for stress management. People were given guidelines for

self-created rituals and some examples of stress management rituals.

The second training session, conducted one week later, was mainly experiential. Subjects were given specific exercises, such as meditation, the use of deep breathing and visualization, and alternative ways of applying them in their workplace. In sharing and discussions, subjects attempted to match given strategies to their actual experiences and to their belief system, in order to develop personal rituals. The training was followed by a six-week observation period, with the use of daily logs.

<u>Treatment content</u>

Chapter II could serve as a more detailed background guide for the training in this study. The purpose of part one was to increase participants' awareness of stress and stress management for mental health professionals. Relying on the literature of Cherniss (1980), Maslach and Pines (1977), and Farber (1983), this part addressed specific occupational stressors relevant to this population. An argument was made for the importance of learning effective stress management skills for preventative and remedial purposes. This self-administered program was introduced as an effective, low-cost, low time-investment process to acquire stress management skills, but which would require motivation and committment.

In part two of chapter II three major views of stress/stress management were shown as being helpful to this

program: Selye's (1974) framework, Lazarus' approach of cognitive appraisal and coping (1966), and the wholistic stress management perspective according to Brallier (1982), Girdano and Everly (1979), and Benson's work (1975, 1984) on the "relaxation response" and the "faith factor".

From a brief introduction of why rituals are addressed in stress management, part three covered Van Gennep's view of ritual, and the contemporary approach as demonstrated in the literature on family therapy (Selvini Palazzoli et al., 1977). In this context, personal stress management and transition interventions were introduced.

Part four presented the focus of the program, representing the practical applications of stress management interventions to form transition-rituals. The interventions were first introduced with the basic elements as described by Benson and Stroebel. These elements - relaxation, visualization, breath, focus sound/phrase, and movement - were presented in exercise form, followed by descriptions of some specific transition and stress management interventions and rituals. The rituals were largely derived from Benson (1975, 1984), Stroebel (1985), Lerner (1985), and Gillespie et al., (1986), as well as exercises from the researcher's own experience.

In a summary of the training participants were urged to apply themselves conscientiously to the treatment. Since the program was designed to be self-administered, it adopted a structured, behaviorally oriented style, presenting the

material in a concrete learning framework. Learning aids such as charts (summarizing some of the content covered here in chapter II), questions and brief discussions were used to engage people in participating.

Treatment Framework and Rituals

The treatment framework provided a lot of individual flexibility, since the stress reduction rituals are self-created and can be matched to individual preferences, beliefs, tendencies and to specific events. Self- created interventions or transition-rituals can be progressively self-monitored and altered according to individual needs. This type of intervention (anthropologically a kind of "magic" or "medicine power") can be performed without being seen by others, on an internal awareness or visualization level. It can incorporate naturally occuring phenomena such as breath, imagination, and movement, but it is vital to perform the ritual with an inner awareness and a special significance.

The following are some examples of the kind of transition-stress management rituals which may be applied by mental health staff. After seeing a client leave the office, a staff member may visualize taking out all the client's troubles, as if in a backpack or a big balloon. Then the staff-member may proceed to perform a series of closure/clearing transition rituals until clear and ready for the next client. Of course, staff may prefer to concentrate

on all the positive aspects of the client encounter, then visualize retaining these thoughts or images.

A series of rituals may look like this: After the client is out of the office, staff proceeds slowly over the threshold of the room, closing the door behind, putting special ritualistic significance into this otherwise common event. Staff may also imagine saying goodbye to any tensions or overinvolvement still clinging from the previous client.

A staff member may ritualistically wash hands and face, clearing self of all traces of unnecessary or negative client involvement interfering with the next experience. A staff person may concentrate on the positive aspects of the experience, and perform a ritual accordingly. For example, a therapist may want to sit in silence for a moment between clients, or may want to say an affirmation or prayer of thanks, concentrating on the "gifts" received, the strengths or insights gained.

Such rituals can vary in accordance with each person's needs or situations, from the very simple, unseen breathing or visualization, to a more complex series of rituals involving unobtrusive actions, not interfering with any work requirements. The power or effectiveness of the interventions will increase with experience, with the significance given to rituals, with commitment or belief, and with positive experience of results. Effectiveness may also increase through a feeling of self-empowerment, of being able to create one's own stress interventions.

Data Analysis

Comparisons between individual subjects and between the two test groups were conceived in two parts: the statistical analysis, and the descriptive analysis. The two instruments for the statistical analysis were the (SQ) stress questionnaire, with a 1-5 scale of intensity (1=low, 5=high), and the STAI, with a score range from 20 (low anxiety) to 80 (high anxiety). To focus this analysis, a null hypothesis was set up, stating that there would be no difference in the levels of anxiety and stress between mental health professionals who learn skills in stress management, and those who do not learn them. The independent variable was the stress management treatment, the dependent variable was the level of stress and anxiety.

In order to identify the differences in raw scores between groups on levels of anxiety and stress at posttest time in all six variables (work and non-work stress, work and non-work transitions, state and trait anxiety), a comparison of means, standard deviations, and t-tests for statistical significance was undertaken for each of these variables, using ANOVA computer programmed measures. Data were considered statistically significant at the .05 level or $p < 0.05$.

The second part of the analysis was descriptive. No statistical analysis could be performed here, since there were not enough subjects in each of the categories to make statistical comparisons. Except for the actual posttest

itself, most other instruments yielded only about a 50% response from the experimental group (daily logs, interviews, program evaluations). The focus of this analysis centered on each individual's descriptive responses, comparing the individual with him/herself, in pre- and posttest instruments, as well as in interviews. Each question was regarded as having intrinsic importance and was analyzed separately first.

The descriptive data was analyzed with a basic content analysis, looking for "positive" or "negative" reported changes in subjects' stress experience or interventions used. Positive outcome indicators could be an increase of positive stress interventions (use of visualization, meditation) or a decrease in reported nervous behavior. Negative outcomes indicated subjects whose levels of stress-indicative behaviors did not change systematically or whose levels changed in a clinically negative fashion (e.g., increased headaches). Since the instruments yielded a large amount of descriptive data, care was taken in presenting this in tables according to the different categories. Comparisons or relationships were examined, or any stress behavior gains over time.

The State-Trait Anxiety Inventory tests were first scored according to the guidelines given by Spielberger et al., (1970), which provided scoring sheets with weights assigned to each item scored. This data was gathered and then compared over time at baseline and at post-treatment.

The results of the STAI tests were also compared to the descriptive data from the SQ, to measure if there were any significant relationships or changes between State-Trait anxiety level and intensity of stress- indicative behaviors, or any significant decrease in anxiety over time. Comparisons of this data were made between the control group and the experimental group, and comparisons were made of individuals with themselves.

Materials from the semi-structured interviews, conducted at pre- and post-treatment time, provided a context and data for discussion and for the qualitative analysis. Interviews were not formally analyzed.

Overall, the qualitative analysis of this study followed some of the process and guidelines used by Benner's (1984) stress on the job research, which was interpretive in nature. Data gathered from the daily logs, the questionnaires, and the interviews contributed to the depth of the non-formal parts of the analysis.

Summary

The sample for this study consisted of 56 mental health professionals from two agencies, who were divided into the control group and the experimental group. The pre- and posttest instruments were the standardized State/Trait Anxiety Inventory, a researcher designed stress questionnaire, interviews and evaluations (administered only to the experimental group). The treatment given to the experimental group only consisted of two two-hour stress

management trainings, and a six-week long self-observation period with daily feedback logs to be returned to the researcher. The content of the training covered the areas outlined in Chapter II. Most of the instruments and methodology procedures were influenced by Moon's (1984) study, which compared stress management programs and their effectiveness.

The data analysis proceeded on two levels, a statistical comparison (means, standard deviations) between the two groups at pre- and posttest time on levels of stress and anxiety, and a non-statistical, qualitative analysis and comparison of the experimental group subjects with themselves (pre- and posttests) in the areas of stress symptoms, the transition-experience, and stress management interventions/rituals used. Particular emphasis was given to the descriptive data from open-ended questions, interviews, and feedback evaluations.

Overall, it was expected that subjects who received the treatment would show more improvement than the control group in stress or anxiety scores, or in stress symptoms, awareness, and experience of the transition experience, and in the use of positive stress-interventions.

CHAPTER IV.

DATA RESULTS

The primary purpose of this study was to assess the effectiveness of a stress management program on the level of anxiety and intensity of self- perceived stress with a mental health staff. A secondary purpose was to examine the following stress-related variables among two mental health staffs: stress experienced during work/non-work transitions, personal stress management interventions used during work in general (more specifically during work-transitions), use of personal self-created stress management rituals, influence of a personal belief system on perceived intensity of stress, and effectiveness of the given elements of ritual for transition stress management.

The results of this study are presented in statistical form, followed by descriptive results. First, raw data of demographic and minor dependent variables are given, followed by comparisons of the control and experimental group in the six major dependent variables (work/non- work stress, work/non-work transition stress, and state/trait anxiety).

The descriptive data are examined in relationship to subjects' stress symptoms, work/non-work transition experiences, and stress management interventions/rituals. Individuals' belief systems in relation to work and stress, and data from daily logs are also described. The final section provides descriptive data from the treatment evaluations and from follow-up questionnaires and interviews.

Quotes from personal letters or notes are interspersed throughout the data, to enhance it when appropriate.

Statistical Analysis

Demographics and Minor Variables

The sample for this study consisted of two groups of volunteers (N=56) from two different mental health agencies. Both groups were compared with respect to all demographic variables. Overall, on each demographic variable there was not a sufficient number of subjects in every category to conduct any comparisons which may have reflected statistical significance.

There were 56 mental health professionals, 16 males and 40 females, with an age range of 23 to 52. Twenty-six people were from the community support program, 11 from the therapy clinic, nine from the emergency clinic, and ten people from a combination or mediation. The population consisted of 25 therapist/clinicians, nine case managers, nine supervisors, and 13 miscellaneous (outreach, etc.).

Out of 56 people 26 had been one year or less at their work-site, and 11 people two years or more. Twenty people had one to five years professional experience in this field. These figures reflect the high turnover rate in agencies of a high-stress profession. But it is also true that a good number of these subjects remained in their profession for a long time. Thirty-six people had 6-30 years of professional experience, with 20 of them having 11-20 years. This may reflect the dedication, satisfaction, and amount of

educational investment of these participants. This sample shows a tendency toward a high level of health and work satisfaction. Out of 56 people, 40 claimed high wellness, and 14 medium, 25-30 people reported high workplace satisfaction, and 18-20 medium.

In the belief category (many giving multiple choices) 30 out of 56 people indicated "Christian," and 20 listed themselves as "Humanistic." Nineteen out of 56 indicated getting a great amount of effectiveness from their belief system in relation to stress management.

No significant patterns emerged in comparisons between health level, work satisfaction, and stress level, as well as between different belief systems in relation to stress. For example, those individuals who reported a long work history, high level of work-satisfaction, high level of health, and who perceived their particular belief system to be effective, did not necessarily have a lower stress or anxiety rating than those who ranked low in these categories.

The Dependent Variables (Pre- and Posttest)

Both groups were compared on six variables (Tables 1 and 2) to assess the effect of the stress management training program and differences in work/non-work stress, work/non-work transition stress, and state/trait anxiety. Group 1= control group, group 2= experimental group.

Stress scores were on a scale of one to five (high), and anxiety scores had a possible range from 20-80 (high anxiety).

To focus the data analysis, a null hypothesis was set up, stating that there would be no difference in the levels of anxiety and the intensity of experienced stress between mental health professionals who learn skills in stress management and those who do not. The independent variable was the stress management treatment and the dependent variable was the level of stress and anxiety.

Related research areas focused on the individual quality of stress symptoms experienced, work/non-work transition experiences, self-created stress management interventions/ rituals, and the belief system in relation to stress management. Statistical and empirical data are presented in tables 1 and 2 and discussed here in support and rejection of the study's hypothesis and related research questions. Data are considered statistically significant at the .05 level or $p < 0.05$ level.

Table 1

Differences in Means Between Groups (Pre- and Posttest)

Variables	Control Group Means	Experimental Group Means
work stress	.13 lower stress	.08 higher stress
non-work stress	.36 higher stress	.58 higher stress
transition stress at work	.27 lower stress	3.00 (same score)
to work transition stress	.17 higher stress	.41 lower stress
from work transition stress	.12 lower stress	.04 lower stress
state anxiety scores	2.68 higher anxiety	2.79 lower anxiety
trait anxiety scores	2.00 higher anxiety	.76 lower anxiety

Table 2

Statistical Analysis of Major Variables (Pre- and Posttest) for Stress Scores and State/Trait Anxiety Scores

Variables Pre- and Posttest		Mean (M)	Standard Deviation (SD)	Statistical Significance
1) work stress				
group 1	Pre-test	3.31	1.28	.652
group 2		3.16	.96	
1	Posttest	3.18	.90	.804
2		3.25	.94	
2) non-work stress				
group 1	Pre-test	2.95	1.25	.347
2		2.65	1.09	
1	Post-test	3.31	.94	.708
2		3.20	1.02	
3) transition stress at work				
group 1	Pre-test	2.81	.95	.555
2		3.00	1.10	
1	Post-test	2.54	1.01	.137
2		3.00	1.02	
4) <u>to</u> work transition stress				
group 1	Pre-test	2.47	1.43	.446
2		2.79	1.31	
1	Post-test	2.59	.95	.452
2		2.37	97	
5) <u>from</u> work transition stress				
group 1	Pre-test	2.71	1.14	.396
2		2.41	1.17	
1	Post-test	2.59	.95	.452
2		2.37	.97	
6) state anxiety scores				
group 1	Pre-test	35.95	9.10	.725
2		36.87	8.51	
1	Post-test	38.81	10.62	.084
2		34.08	7.40	
7) trait anxiety scores				
group 1	Pre-test	35.04	8.90	.121
2		39.45	9.92	
1	Post-test	37.04	7.71	.514
2		38.69	8.78	

The raw scores from the stress questionnaire (SQ) indicating the level of work/non-work stress were derived

from a standard 5-point scale of intensity (1=low, 5=high). The raw scores indicating the state/trait anxiety levels can range from 20 (low anxiety) to 80 (high anxiety). These scales from the SQ and the STAI were indicated in Table 2 above. Specific differences between groups were reported in Table 1 above.

In order to identify the differences in raw scores between groups on levels of stress and anxiety, a comparison of means, standard deviations, and t-tests for statistical significance at the .05 level was undertaken. Overall, comparing both groups in pre- and posttests, there were no statistically significant differences at the .05 level in any categories.

Looking at the individual differences in stress scores, the experimental group had 13 out of 24 people who increased their stress scores in work and non-work stress, as well as in transition stress at work. In the control group, 11 out of 21 increased their stress outside of work, and in transition stress outside of work. Overall, the scores were very similar in both groups, with no significant differences, as shown in Table 1, above.

The patterns in this sample between the stress and anxiety scores are curious, since for the experimental group, all stress scores were up, but the anxiety scores were down, in comparison to the control group's pattern, which was up for the anxiety scores and down for stress. In the experimental group, 17 out of 24 decreased their state anxiety, compared

to the control group, where 14 out of 21 <u>increased</u> their anxiety. The group difference was 5.65 lower for the experimental group. The individual differences showed that, in the experimental group, 12 out of 24 decreased their trait anxiety (11 showed no change) while, in the control group, 14 out of 21 <u>increased</u> their trait anxiety scores.

Lazarus (1980) emphasized the complex nature of stress and the person- environment interactions which are difficult to measure, and so the curious results of the stress and anxiety scores in this study are also difficult to interpret. Probably more reliable instruments need to be developed for measuring stress, and combining stress and anxiety instruments for the comparison tests can also cause confusing results, as shown here.

To account for the particular score differences here, one guess would be that the standardized state/trait anxiety test is more exact than the (SQ) researcher-developed stress instrument, since it has been widely tested before. The results from the SQ were possibly negatively inflated because of subjects' heightened awareness of stress. This may have influenced these scores more for the experimental group, because the stress questions were presented in a context that was descriptive as well, and related to what this group had learned in the treatment. In contrast, the anxiety test in contrast was presented in its own separate frame, with its own internal pre-tested validity factors.

It is also possible that the meditation-type stress interventions presented only to the experimental group may have actually lowered their anxiety level at posttest time (Davidson et al.,1976). As we will see later, the experimental group did indeed gain much from the treatment, and these gains were also noticable in the anxiety tests as well as in the descriptive data reported.

Qualitative Descriptive Analysis

The raw self-report data on most of the questionnaire items of stress- indicative behavior, transitions, and stress management strategies had to be individualized, using different scales of measurement than the usual repeated measures ANOVA or the post hoc statistical tests.

The logic for evaluating the more descriptive data was as follows. For each subject, the kind of stress behavior, stress management interventions, or rituals used, the nature of the transition experience, and the kind of stress experienced were examined with a basic content analysis, looking for differences which would indicate a change from previous (pre-test) behaviors. Qualitative differences between pre- and posttests were analyzed in more detail with the experimental group, to examine the potential validation of this study's stress management framework.

Tables of results for each category were created to describe the variables or questions asked, and to outline the specific descriptive data reported. Statistical analyses such as chi-square could not be performed in this second

descriptive phase of analysis because of the small number of subjects in each category.

For the pre/posttest questionnaire and the evaluation, each question was regarded as having intrinsic importance, independent of responses to other items, and, consequently, was first analyzed separately. When patterns were noted, items were compared or combined for further analysis, or to discover other relationships between variables, groups, or individuals. The focus remained on the individual in relation to the unique individualized stress- coping experience, in accordance with Lazarus' research.

Figure 6 is an indication of the most common stress symptoms listed by both groups.

control group (21)	experimental group (24)
(13) irritation,anger, emotional	(20) distraction, lack of concentration
(12) overall tension, tightness anxiety, nerviousness	(17) irritation, ange, emotional
(10) boredom, listlessness headahces, similar pains	(15) boredom, listlessness, negative change in attutude to work
(8) distraction, lack of concentration tires, lack of energy, sluggish, pre-occupation with minor physical complaints increase in substances (pills, coffee)	(14) overall tension
	(13) anxiety, nervousness
	(12) tired, lack of energy
	(11) decrease in work performance
	(10) increased substances, headaches, pains

Figure 6
Common Stress Symptoms Experienced at Work

Figure 7 reflects the most common stressors indicated by both groups.

work/clients/ environment	organization/system	outside work
Paperwork	rigid rules and expectations	financial troubles
high case load	agency resistance to management/supervison communication	relationships (family)
amount of work	rigid hierarchy	responsibilities (children)
no time for breaks	too many meetings	lack of time for oneself
difficult clients: suicide, violence, resistance	agency/systems politics	personal stressors: divorce, single parent, death, etc.
transfering/leaving clients	DMH demands	rush hour traffic
clients who do not change	new policies	work-home transition
unmet client needs	variety of systems	variety of roles
poor environment: noise, tight space, artificial light	other provider expectations	taking work home
	other provider relationships	home demands

Figure 7

Most Common Stressors

Descriptive Raw Data

This section reports some of the most significant results from the descriptive sections of the questionnaire (SQ), the open-ended questions, and from the interviews. Table 3 shows the most common work-stress symptoms as checked off by both groups, in the order of the most frequent responses. The numbers indicate how many people checked off that symptom.

Most of these symptoms seem to be changeable in a positive direction, as the descriptive data indicated after the treatment. Even more dramatic, measurable decreases in symptoms such as use of substances (coffee, cigarettes, pain pills) or pains such as headaches were reported by the experimental group. At the top of the list are such symptoms as distraction, emotional responses, boredom, tension and anxiety. Since anxiety is the only specific symptom measured in this study, (the rest can be grouped under "general stress"), the STAI may be a more reliable statistical measure here than the SQ.

The only major difference between group stressors was the control group's listing of "to and from work rush hour traffic" as a major stressor. This reflects the location of the control group in a larger metropolitan area, and their resultant higher stress indicated in "from work transitions."

Complaints were frequent and loudest because of a lack of satisfying communication between individual/departmental concerns and the larger system or management. Often, individual staff expressed a lot of conflict between their original (when entering this field) idealistic, caring attitudes toward needy clients, and their current, often bitter, complaints. During interviews, this researcher detected a sense of "betrayal" in their voices when they talked about management or the system's inadequacies. In relation to the impersonal system's problems and the stressful nature of client-needs, it becomes easy to

understand why human service staff may need a "tough skin" combined with an idealistic or transpersonal belief system in order to cope with these stressors.

The findings from figure 7, the list of major stressors, and the interviews reflect what has been expressed in the literature and in Chapter II, most clearly by Brallier (1982), Cherniss (1980), Farber (1983), and Maslach (1982). On a more personal level, the experimental group reported in interviews the following stressors: having one's own pain triggered by clients, questioning one's own adequacy (not doing enough), feeling too responsible, balancing work and family/relationships, financial problems, and never having enough personal time. Therapists also reported that when they are stressed , they have difficulty being present with clients, they experience indifference and impatience, fatigue, illness or irritability, or an increase in compulsive behaviors such as smoking and coffee drinking. They also tend to overwork or to experience a lack of meaning in their work. Subjects were open in the interviews in discussing these difficulties as well as the positive gains from the treatment, like the following.

> Emergency Clinic night clinician (has never used meditation or visualization before): "Believe it or not I'm using this stuff... it works ... after the nightshift I can't sleep or let go of clients ... so I use deep breathing, relaxation, and especially visualization, visualizing skimming across the clouds, from my airforce days ..."
>
> Therapist: "This stress project has had some effect with reducing stress in myself and with

anxious clients (I showed them how), or other high stress experiences".

Therapist: "This time was the most stressful for me in years, at work and outside. I used the visualization exercise in my group therapy session. It had a calming effect after an intense encounter".

Therapy Clinic Supervisor: (experienced in meditation): "This stress management framework (utilizing the elements of ritual/meditation) makes so much practical sense. It does not take much extra time, like jogging or yoga. But why was I not using it, even though it fits so well with my pressured work? In a way, applying this simple intervention during my work still involves a real internal change in me, in relation to my current stress-patterns which got me where I am now - stressed".

Figure 8 indicates the amount of negative responses given by subjects to question 7 in the SQ, which relates to their transition experience.

control group (25)	experimental group (32)
(23) rushed	(32) anxious, tense
(17) anxious, tense	(31) letting previous experience interfere with next, feeling out of control
(13) unprepared for next experience	(26) rushed
(11) not able to enjoy the next exp., distracted, pre-occupied, dreading next experience	(22) distracted, pre-occupied
(7) letting previous exp. interfere	(20) unprepared for next experience
(6) feeling out of control	

Figure 8
The Work Transition Experience

Out of 11 choices (positive and negative statements), eight choices were negative in the control group, and six were negative in the experimental group. These descriptions indicate that participants did find the transition experience difficult at times, and that they could benefit from the

increased awareness of specific transition-stress management.

After the treatment, all 24 experimental subjects reported changes in their transition experience. Increased awareness of the transition experience should probably be noted as the major gain from the treatment. Seven people merely indicated more awareness of all transitions, while the other 15 people decreased in negative transition experiences such as being unprepared, rushed, distracted, anxious, or letting the previous experience interfere with the next. They all increased such positive experiences as being focused, more prepared, aware, "centered," and, most of all, being able to let go of the previous experience, or being more committed, clear, and ready to enjoy the next experience.

Here are some more examples of what people said about transition rituals at posttest time.

> I'm making faces in the mirror to relax, as an immediate stress coping measure. Also, looking at the bigger picture of things does away with little hassles. I relax more when I wash my hands (hand-washing ritual).
>
> I walk and stretch more between situations, do more creative visualization. I take time out to have a lunch-ritual. When I get home I drink tea and take 15 minutes for myself before making dinner for the family.

Figure 9 lists the amount of the most commonly used stress management interventions given by subjects (see Appendix B, question #11).

Control group (25)	Experimental group (32)
(22) Humor	(28) seek social support
(19) seek social support, go over problem in mind	(24) go over problem in mind
(16) mental rehearsal of event,	(23) humor
(16) positive assessment of performance, empathy	(20) empathy, positive assessment of performance
(14) compare, plan for next time	(19) walk,physical activity
(14) physical activity	(19) eat snack, coffee, cigarett break
(12) eat snack	(19) complain, see larger issues
(11) see larger issues, mobilize hope	(12) distraction, sarcasm, ignore stress source
(11) sarcasm, seek help	(12) change mental state
(10) coffee, cigarette break	(12) mobilize hope
(10) reaffirmation of commitment	(12) change normal routine
(9) walk, change mental state	(11) rest, anticipatory coping
(8) close eyes, ret, relaxation	(9) close eyes, reaffirmation of commitment
(8) imagine internal/external power	(7) relaxation exercise
(7) visualization, prayer, meditation	(7) visualiztion, imagine internal/external power
	(4) meditation, prayer
	(4) blaming, swearing

Figure 9
Most Commonly Used Stress Management Interventions/Rituals.

There was a major shift in the kind of stress interventions used by the experimental group from the pretest to the posttest. In the pretest, only four people used them, while in the posttest ten people indicated they now used visualization, meditation, and relaxation exercises. Thirteen people started to use closing of eyes, an internal focus, and silence, or the use of ritual objects as part of stress management. Of 24 responses, 13 people indicated meditation type stress rituals as their top choice of intervention; only four had used them before, not listing them as top choice.

Stress management interventions and transition stress rituals were more openly discussed in posttest interviews. Many people did not have conscious stress management rituals, but, when asked about short mini- breaks each day, they became aware of what rituals they used unconsciously. Once they talked about it, many more details emerged which they recognized as rituals they used.

Use of food, snacks and coffee, sweets or cigarettes was quite common. They also described small puttering activities like cleaning up the desk, watering plants, making coffee or tea, drawing doodles, meandering to the store for a treat, glancing at magazines/ articles, touching personal objects, daydreaming/fantasizing while looking at personal pictures or photos, closing one's door and not thinking of anything work-related, switching mode of operating from work-oriented to playful or "time-out."

Initially, most staff felt they had no time for stress management rituals during the day, so they were only aware of major breaks like lunch, or jogging, swimming, going to a movie, when getting home. Only a few people used more sophisticated conscious means such as deep breathing, yoga, meditation, relaxation exercises, and visualization. But even those who had used them and had experience with them acknowledged that they had mostly forgotten about using them as a stress management resource.

Only two people from the emergency unit specifically mentioned that stress really worked for them, that it "turned

them on," when the "wheels turned cleaner" and "everything was more precise." These people could not imagine using "time-out" interventions, since it would take them too much effort to get "back into the swing, back into gear."

Additionally, some of the following feedback was given by some of the subjects who received the treatment.

> Emergency Clinician: "I became more aware of what stress management rituals I do use ... using them makes me feel self-empowered, co-creative, having control over stress, not being victimized .. it's magic ... late evening TV is not good, it kills visualization/creativity, I'd rather read novels and listen to ambiance music ..."

> Emergency Clinician: "This had an impact, when stressed I feel more connected to clients. The transition concept makes me more aware of a quiet time-out, a break, if only for a minute. But it needs to fit peoples' culture, getting team support, commitment to reduce stress at work ..."

> Emergency Clinician: "This study hit me at a very stressful time, preventing me from turning in daily logs ... For the first weeks I could not identify what "transitions" are in my work, or how valid it was to track transition stress/interventions for a crisis clinician ... Some days boredom is the stress, other days the pace is so hectic that transition isn't even a memory ... But this training made my use of special personal objects at work more conscious as a stress management ritual. A special stone in my pocket has the effect of a transitional object during my toughest moments. When I'm less stressed I use it less often. On stressful days, I more consciously use my country route home and breathe in more deeply (work-home transition ritual)."

When subjects were asked about their individual belief system in relation to human service work and stress, many common themes emerged. The first area of belief was related to peoples' general attitude of helping- caring for others,

to empower them, to reach their potential, to believe in themselves and in their own strengths. One person expressed: "Mabye I can relieve a little of the pain in the world"; another person: "...and learn about my own frailties in caring for others".

The next area of belief expressed was more specifically related to staff attitudes about mental health clients, for example:

> "to fight for the underdog, to get what clients need; to see mental health clients as unconditionally loved, even if not perfect; to acknowledge that craziness is potentially in all of us; to grow out of the role of helper, so we can get as much out of the experience as the needy client; to help restore the reciprocal balance of nature (equal give/take) in clients; being challenged in discovering total strangers."

One person expressed: "First I was not aware of this, but my work is therapeutic for me." or "I gain as much from my dysfunctional clients as they gain from me." Another area of beliefs covered basic positive philosophies about life and people, such as:

> "to return some of the gifts received, to treat everyone with respect, and dignity, and not to judge, to detach from having to be in control, to believe in success with little visible progress... today is a new day, leave mistakes behind... every down becomes an opportunity to move up...the golden rule: do unto others as you would have done unto you...you reap what you sow."

A large area expressed was of a spiritual or transpersonal nature. Staff expressed belief in god, self,

and internal resources, in the power of personal goodness, the power of faith, making use of internal prayer. Some people made the following statements.

> While inside I try to keep in mind what's real, nature, animals, plants... - Under severe stress, I remind myself that there is always a higher force involved.- An ingrained spiritual sense helps me through everything. - I can't separate out the spiritual journey from my work with clients, there's an obvious connection between my belief and stress management. - A higher purpose helps me get perspective. - Each (client) being is in god's light. - My spiritual resources are on an unconscious level (potentially they could feed my stress managment more).

In the experimental group, 16 out of 24 (vs. control group, 5 out of 21) indicated having a conscious connection to a transpersonal force, and 17 out of 24 (vs. 4 out of 21 in the control group) claimed that they derived a power/effectiveness from their belief system in relation to stress interventions.

In conclusion, there was a definite difference in the make-up of the two groups, a difference that was not statistically measurable in these results, and which may have contributed later to some of the qualitative differences between the two groups. Overall, this researcher found in peoples' descriptions that all the subjects who indicated strong transpersonal or power of belief resources indicated a lowered stress- rating at posttest time. They also utilized more "positive" stress interventions such as humor, empathy, looking at the larger picture, etc., than others who did not indicate those resources.

The following list (see Appendix A, question 16) shows a common variety of what may be seen as "excuses" for not taking personal responsibility for one's own management of stress: lack of time or being too busy, too lazy, lack of discipline, obsessive habit patterns, reluctant to change, procrastination, etc. But the responses also reflect the legitimately stressful nature of human service work, with time pressures and needy clients getting in the way of stress management. "My own needs come last" attitude is a common obstacle to being able to take care of one's own stress.

Overall, there were few personal negative habit patterns which got in the way. Surprisingly, only two people mentioned that they enjoyed the "high" of stress. Lack of know-how and lack of awareness are high on the list, indicating the need among human service staff to get some work- stress management training. Blaming the system and the administration for not supporting stress management enough was also a common complaint in both groups.

Individual Descriptive Data (Experimental Group)

Particular attention was paid in individual data analysis if there was any mention of stress management "ritual," or the use of meditation-type interventions, such as visualization, deep breathing, relaxation or a focus on transpersonal resources (i.e., prayer, or contacting an internal guide). This type of "content analysis" was performed with questionnaires, the interview data, and with the treatment evaluation or feedback.

Since all these measures and instruments generated a huge amount of descriptive data, the focus was on the three content-analysis categories: changes in stress symptoms, changes in the transition experience, changes in stress management interventions or rituals. This type of analysis was considered most crucial for this study, since the statistical analysis did not reveal much significance. This study has been influenced by Lazarus's (1982) research on cognitive appraisal of stress and his emphasis on considering the individual coping response in an individually focused situation, versus the more generalized research approach of comparing group means of stress/anxiety scores. Care was taken in this study to design instruments which would yield a descriptive picture of the individual stress experience and stress management, with a focus on transitions and stress management rituals.

The control group did not generate the positive differences noted with the experimental group, but did show a slight overall increase at posttest in awareness of stress, stress management, the transition experience, and a slight increase in responses dealing with belief system, and acknowledgement of needed stress management.

All 24 people from the experimental group showed positive differences at posttest in stress symptoms, in use of interventions, and in their transition experience. One person who had a higher anxiety rating wrote a letter to the researcher indicating an appreciation for the training, and

how it really helped to get through one of the most stressful times. Other staff expressed the following feedback.

"Through the training and daily logs I became more aware of a stress-induced headache, and when it was possible I would attempt to use the given interventions to reduce my stress level."

"I found this study very useful; the focus on stress made me very aware in a detailed way, of what I do (ie., smoke or drink more coffee), and how it affects me....getting me more stressed in the end."

"Being more aware of stress seems to have the effect of not having stress build up so much; I think I diffuse it at lower levels now. I stopped smoking."

"I usually thought of overall stress, now I'm more aware of small daily increments, transitions. I give myself more of a quiet space now, a time-out."

"I'm more aware of my patterns of stress management, when my denial of stress isn't healthy. I'm making changes: gave up coffee, and don't keep a tight body posture. I'm walking more to physically release stress."

Table 3 reflects the individually indicated descriptive differences in three variables: changed stress symptoms, changes in the transition experience, changes in interventions/rituals. These variables are also compared with the individual's generalized, overall stress rating and anxiety rating. Based on an analysis of positive and negative outcomes in behavior, stress experience, and

interventions used, both positive and negative outcomes were reported. Positive outcomes, for example, in "stress behavior" were assumed when a subject reported an increase of positive self-statements or positive interventions, such as meditation, or a decrease in the frequency of cigarette smoking.

How to Read Table 3. Example of the first subject in Table 3: This person had an increased stress rating at posttest (+), and an anxiety rating that was the same (o). Stress symptoms indicated an increase in coffee use, and a decrease in anger and boredom at work. The transition experience was described with an increase of "looking forward to the next event," and a decrease in "letting the previous experience interfere with the next."

This subject reported a decrease in snacking, and an increase in walking, or seeking peer help, as a favored stress ritual/intervention. Overall, this subject seems to have made gains at posttest by decreasing negative stress symptoms, increasing positive transition behaviors and decreasing negative ones, by decreasing what was perceived as a negative stress ritual (snacking), and by increasing the positive ones of walking, and seeking peer help when stressed.

Each "SR" (stress rating) and "A" (anxiety rating) code of + or - indicates the beginning of one subject's data across three columns. The codes are used in the following way: - down, + up, 0 same.

Of 24 participants at posttest time, nine increased their stress rating, seven decreased it, and it remained the same for 11. Of the 24 subjects, 11 had a lower anxiety rating (5 significantly lower), 11 people showed no changes, and only 2 had a higher anxiety rating at posttest time. Perhaps the STAI gave a more accurate reading of this group's gains compared to the control group, sinceit is a standardized test. The researcher-derived questionnaire (SQ) in contrast, is an instrument which mainly served as a descriptive comparison and had not been validated before in other studies.

Table 3

Descriptive Differences (Experimental Group at Posttest)

subject	SR	A	Stress symptoms	Transition experience	Favorite stress rituals
1	+	0	Decreased anger, boredom	look fwd. to next event not let previous exp. interfere with next	less snacking, more waling seeking peer help
2	-	0	less snacking, food	less anxious, rushed, not let prev. event interfere	increased use of fantasy, release "stuff," use of phys. exercise
3	+	-	increased headache, tension	more committed, focused	add centering self before seen client, relax, exercise
4	+	-	no change	more prepared less distraction, rushed	change in stress patterns, involve in activities, humor
5	+	-	less headaches, drugs, irritation	less rushed, distracted, not let prev. exp. interfere use of enjoyable transition	add positive stratigies use of humor socialize, time-out, coffee ritual, personal break
6	0	-	less irritation, anxiety	more awareness of transition	add deep breaths, prayer, relaxation exercise
7	0	-	less irritation	more committed, in control	add visualization

continued on next page

Table 6 Continued

subject	SR	A	Stress symptoms	Transition experience	Favorite stress rituals
8	-	-	less pain, tension, sluggish, illness	add mental rehearsal of next event	add seeking social support, changing patterns
9	+	0	add anxiety, tension	add awareness of transition	add talking to supervisor, mental rehearsal of problem
10	0	+	performance up less negative attitude	less distraction more prepared	less avoidance of stress, fewer cigarettes, add deep breathing, walks
11	0	0	less distraction, anxiety, tiredness	more awareness of transition	add meditation, seek social support
12	0	-	same	not let previous exp. interfere	add deep breathe
13	0	0	less anxiety	more awareness of transition	add walking, humor, less mental interventions
14	-	-	less negative attitude, neg. mood change	less distraction, rushed, dreading next experience less transition stress	more positive strategies
15	-	0	less irritation	more ready, focused, in control	add humor, walk, see larger picture, change mental state
16	+	-	more tension, tired, neg mood change	more awareness of transition	see larger picture, add tea break ritual
17	-	-	less headaches, pain, anxiety, insomnia	less distracted, anxious	add visualization, phys. activity, time-out
18	+	0	less coffee, cigarettes, boredom, confusion	awareness of transition	same
19	0	0	less boredom	same	same
20	-	0	less tension	cleared w. prev. event	add meditation
21	+	0	less irritation, anxiety, substances	more aware, focused	add phys. activity, walk, less coffee, complaining
22	-	-	less tired, neg. attitude	add enjoyment, readiness	add deep breathing, music, ritual objects
23	+	0	add use of belief system, consciousness	add readiness, finish w. prev. event, look forw. to next event	add prayer/affirmation
24	0	+	same	add awareness, challenged, focused, look forw. to next event, cleared	add visualization, prayer, meditation

Summary of Table 3. (Raw Descriptive Data). Seventeen subjects experienced decreases in the following stress symptoms: anger, boredom, eating snacks or overeating, headaches, the use of pills, irritation, lower work performance, distraction, anxiety, pain, tension, feeling tired, sluggish or ill, negative attitude, negative mood change, insomnia, coffee, cigarettes, and confusion. Follow-up interviews revealed that 7 people with these habits, which may have been more difficult to change, continued reporting positive changes and feeling motivated to continue monitoring them (the amount of cigarettes, for example).

Eight subjects experienced decreases in the following negative transition behaviors: letting the previous experience interfere with the next, feeling anxious or rushed, being distracted, dreading the next experience, and feeling transition stress.

Eighteen subjects experienced increases in the following positive transition behaviors: looking forward to the next event, feeling committed and focused, feeling prepared or in control, making use of enjoyable transition rituals, having increased awareness of transitions (and feeling that this is helpful to stress management), using a mental rehearsal of the next event, being cleared with the previous event, and feeling enjoyment and readiness.

Two subjects experienced no changes in their favorite stress rituals; the other 22 experienced a decrease in the following negatively perceived rituals: snacking too much,

having coffee or cigarettes, complaining, avoiding to deal with the stressors, or using mental interventions instead of the needed physical ones.

Twenty-two subjects experienced increases in the following stress management rituals, perceived as positive: use of positive strategies in general, use of training material such as fantasy, deep breathing, relaxation exercises, meditation, visualization, use of ritual objects, releasing one's "problem stuff," centering self, and use of physical exercise or walking.

Other increases in favored stress rituals reported were changing negative habit patterns, use of humor, getting involved in "time-out" activities, seeking social support, talking to the supervisor, mental rehearsal of the problem, changing one's mental state, seeing the larger picture. Others reported enjoying their existing transition rituals more consciously, such as doing a "tea ceremony" or coffee ritual, taking a daydreaming or fantasy "time-out," or having a few minutes of quiet personal time reading or writing. Everyone in the experimental group reported an increased awareness of the transition experience.

Overall, it should be noted that, although the posttest comparison between groups did not indicate any significant statistical differences, the descriptive posttest and interview data from the experimental group demonstrates an increase or change in positive use of stress interventions or

rituals, more awareness of a positive transition experience, and a decrease in the number of negative stress symptoms.

Eighteen people from the experimental group recorded additionally helpful data as late as 3-4 months after the posttest, describing specific transition experiences, interventions used at that moment and their perceived effectiveness. Many of these people began labeling the stress interventions as "ritual," acknowledging a new way of seeing them as well as utilizing new rituals during transitions.

After the treatment, participants began to recognize "the elements of rituals" and learned how to create their own stress management rituals. They applied more consciousness to their already existing stress interventions, and began to recognize them as "rituals" as they increased their repetitive behavior and enjoyment of the experience.

The perceived effectiveness or results of using stress management rituals were often described in the following ways.

> feeling less intense, slowed down, having a calming effect, tension dissipated, feeling loosened up, relaxed, refreshed, more attentive with the client or event, performing better, having a clearer focus, cleared head/tension, slowed heart rate, feeling ready for the next event, having a good transition between informal self and formal role, feeling lighter, more competent, less pre-occupied with the outcome of the work event.

> These transition rituals help make the shift between events less traumatic... I'm now looking at the bigger picture and not letting things get to me as much. The training reinforced my deep breathing as a quick, efficient way to manage moments of

anxiety... Now I'm focusing on short term, brief moments of stress, as well as longer term efforts to manage stress. I'm conscious now of when to just sit and relax. I try to center myself when feeling particularily stressed.

I have a better awareness of stress and transitions, but I don't think I changed my stress behaviors yet. Although I am not using new rituals, I think I'm putting more importance on the ones I do use... I'm trying to be more aligned to my belief system. I'm more aware of the interconnection between my belief and my stress patterns. Often much of what I'm stressed about is really trivial.

Six-Week Self-Observation Period: Daily Logs

The descriptive data from the experimental group's use of daily logs follows. Here the focus is on participants' stress indicative behavior and how they improved over a six-week period.

Three people decreased their negative stress behavior of feeling tense, or the use of cigarettes, and made use of new stress management rituals such as exercising to music, use of a ritual object, meditation, visualization, or deep breathing.

Two subjects completed two weeks each, made use of new rituals such as walking, having a "lunch ritual", use of silence, centering self, and relaxation or deep breathing exercise. They also decreased their use of aspirin and coffee.

Five people completed three weeks each, decreased in overall anxiety and stress ratings using such new stress rituals as deep breathing, visualization, muscle relaxation, looking at nature every day, clearing one's desk, and/or

slamming a door for a release. They practiced the training material once or twice a day.

Two participants completed four weeks each, adding the new stress rituals of walking, using a relaxation exercise, using a "shutting door threshold ritual." rehearsing the next event, and having a "tea ceremony."

Seven of the 24 participants completed all six weeks of daily logs, reporting the following changes in stress behavior: one subject decreased coffee from five times a day to once a day, another subject decreased a negative stress behavior from four times a day to once (feeling distracted, restless). Two subjects' stress behavior remained the same, but their stress and anxiety rating went down. One subject's cigarette habit went down from doing it hourly, to one or two times a day by the sixth week.

All seven subjects from this group used the following new stress rituals: movement, running, decorating a bulletin board, writing, collecting leaves, reading , humming, doing enjoyable errands, sitting alone, moving slower, creating a private space. They practiced the training material two to five times a day, and used the following training material as new stress rituals: the use of meditation, visualization, deep breathing, relaxation exercise, use of cue words to remind one-self to relax ("peace"), self-massage, sensory awareness, centering, use of ritual objects, letting-go exercise, washing hands ritual, looking at the bigger

picture, calming self with affirmation. Additional feedback about the use of the daily logs was given:

> I became aware of my stress related behavor when I couldn't note it, I would forget it by the time I remembered to fill out the log. This generated more stress for me, since one of my stress behaviors is to begin to get further behind in paper work. If the study would have been longer, it may have given us a chance to complete the logs ...
>
> The task of the logs was cumbersome and added a level of stress that I had not anticipated, given that most of my work-related stress results from not having enough time to catch up on paper work. The daily logs just piled up behind other priorities I look forward to any follow-up training.
>
> I found the daily logs process more stress inducing. The behavior modification of tracking my nail-biting did work. I totally eliminated it, but am not sure that it was related to decreased stress... I became more aware of my stress-behavior, but could not log it, since paper work is the first to go when stressed. Perhaps one could develop a better collection method for people like me.

Training and Program Evaluations/Feedback

Table 4, and the list following it indicate feedback given immediately after the training. From 29 participants, there were only 15 voluntary responses, because by this time staff was "burned out" with paperwork demands from the agency. Nine said that their expectations were met, one said no, and five gave no answer. All 15 wanted more trainings like this.

Training participants had some of the following responses when asked what they liked best about the training.

I liked the relaxation techniques and anti-stress exercises... especially when there were options presented that best fit realistically in a workday....it started me thinking about ways to lessen or manage work stress... it helped me to remember that I have positive alternatives in dealing with distress. I am concentrating on these alternatives now and have found that I am sleeping better now.

I enjoyed the participation of a group of mental health workers in forms of meditation, and visualization for use at work... hearing other peers sharing various stress-coping techniques... I liked that the agency acknowledged the nature of our stressful work by participating in the training and setting it up... It was nice to have playfulness included in training with balloons as a fun "time-out ritual.

Table 4
Training Evaluations

Question	Low	Medium	High
2) overall training presentation?		4	11
3) content clarity?		5	10
4) presentation style?		5	10
5) participant involvement?	3	7	5
6) usefulness of material?	1	8	6
7) increased motivation?	5	3	7

Question #2-7 used a scale of 1-5 (high).

Participants did not like that the training was so rushed, that it was too short, the group too large, and that there was not enough participant involvement. They gave the following training evaluation and suggestions for improvement.

The training needs to be more individualized to help each person formulate a stress plan and rituals, and how to individualize interventions into more lasting rituals, or to delve deeper into rituals... The training needs to be longer, at least 3-5 sessions spread over a longer period of time; it needs enough time to cover this material.

Each session should focus on only one subject (ie: threshold rituals), and spend half of the time practicing.

Break into smaller groups, have more discussion and experimental exercises. Have people share work problems and find solutions. Have a trainer/consultant on the worksite, ideally more than one to coach people. Continue short weekly reviews, 10-15 minutes contact, and continue motivating pep-talks.

Have the mental health agency analyze the data and use it to improve staff stress-management. This ritual framework can help human service professionals be more open to each other's cultural/belief differences, to be more open to other cultural and personal ideas related to stress and well- being.

Overall, most people were particularly grateful for the raised awareness of transitions, and the opportunity to develop a personalized preventative format of stress-management rituals. They enjoyed the creative aspects of developing their own rituals.

Table 5 and the feedback following it addresses participant responses in relation to the whole stress management program and its effectiveness.

Table 5
Posttest Evaluation

Question		Yes	No
1) Liked participating?		11	7
2) Stress level decreased?		7	11
3) More aware of feeling stressed now?		14	4
4) Felt involved in this program?		15	3
5) Satisfied with own level of involvement?		6	12
6) Was level of involvement affected by support?		8	10
7) Received enough support	a) in general?	12	6
	b) from family?	7	11
	c) from staff?	11	7
	d) administration?	4	14
8) Have you looked at training materials since?		4	14
9) Will you use materials in the future?		10	8
10) Have you used the given techniques?		15	3
11) Are you coping more effectively with stress now?		18	
12) Would you recommend this program?		13	5

There were 18 returns from 24 participants. Eleven liked participating, 14 felt more aware of feeling stressed now, and seven felt that their stress level had decreased. Fifteen have used the given stress interventions and rituals. Eighteen expressed that they are coping more effectively now. Overall, this is a 50% or more positive response about the stress management program.

Follow-Up Data

Four months after the posttest a final follow-up evaluation (unplanned) was administered to the experimental group (Table 6), to get a sense of the training retention value or of new, more lasting stress-related behaviors acquired as a result of the program.

Table 6
Follow-Up Questionnaire

	Yes	No
1) Increased awareness of stress:	10	2
of transitions:	11	1
of stress management:	11	1
2) Changed stress experience:	9	3
3) Changed stress interventions:	10	2
4) Using new stress management rituals:	11	1
5) Using more, or different transition rituals:	10	2
6) A slight shift in belief system, related to stress management	9	3
7) Changed transition experience at work:	11	1
outside work:	8	4

The follow-up data four months after the self-observation period shows a positive program retention in 12 out of 24 participants. Of course these 12 people were probably the most motivated and felt that the training helped them. It is difficult to know how lasting the result was in the remainder

of the experimental group. By this time in the study participants were not willing to increase their paperwork, since it added too much stress. But the overall picture is encouraging in favor of this study's stress management framework.

Summary

The demographics of this study indicate a sample population with high work satisfaction and wellness, with half of the subjects having many years of experience in the field of human services, a fact which may have resulted in their having less need for stress management. However, the literature indicates that human service staff working in an agency setting are vulnerable to stress and could benefit from stress management. The participants also reported that they had a spiritual/humanistic belief system, or a positive philosophy which served as an effective resource in relation to their high work stress and necessary coping. As a result of this bias there may have been a receptiveness in this sample to the meditation- type techniques offered in the treatment.

The statistical data analysis supports the null hypothesis of this study, that the experimental group would not show any treatment gains over the control group in levels of stress or anxiety. There were no significant differences in raw scores between the groups in all of the seven major variables. Yet there was a curious difference in lowered anxiety scores for the experimental group (yet higher stress

scores) vs. the control group's higher anxiety scores (yet lower stress scores). The lowered anxiety ratings may have indicated a truer reading for the experimental group's gains from using the meditation-type stress management techniques. These gains were reported as common in the literature on meditation and stress management. Also, the stress ratings may have been inflated in the experimental group, reflecting the increased overall stress awareness from the treatment in conjunction with the higher stress traditionally experienced at the end of the year in this agency.

The most common stress symptoms noted by participants (distraction, anxiety, tension, use of substances) seem to lend themselves to being positively influenced by the kind of preventative and self-managed stress management techniques used in this study. The value of the treatment was supported by the fact that subjects changed more difficult-to-change habits, such as cigarette smoking. Participants recognized that they could gain personal control over these symptoms, while the common work stressors listed, such as paperwork, agency politics, system's problems, unpleasant environments, or difficult clients, could not be easily controlled. These stressors remained; very little could be done about them in the way demonstrated through the treatment unless done on a large scale and with the help of management.

The descriptive data also revealed the positive potential of this study's stress management framework for human service workers. In the face of being helpless to the majority of

stressors mentioned, these workers could exercise personal self-management and daily modification of stress through the use of stress management rituals applied to the mini-focus of daily transitions.

Initially, subjects were not even aware of the significance of transitions, and did not see them as particularly stressful or promising for changing their stress behaviors. But when asked, a majority of participants expressed that they did have difficulties with the transition experience, often feeling rushed, tense, unprepared, distracted, or not ready for the next event. The experience (lasting six months) beginning with the questionnaire, leading to the training, the use of daily logs, the posttest and the interviews, continued heightening subjects' awareness of transitions, and gave them time to experiment with a few transition rituals (such as coffee breaks), then adding others which were harmonious to their belief system, or which fit into their personal work "culture."

When staff was asked to list their most common stress management interventions, they mainly listed predictable ones, such as seeking social support, physical activities, or use of snacks or substances. Very few initially listed meditation-type techniques, but the number increased significantly (approximately 75%) in the experimental group at posttest.

Since this sample expressed many transpersonal types of beliefs, they seemed open to the framework offered here.

Human service staff in general, especially when working with a chronic population, may have a need for a persevering, positive, caring attitude and philosophy, or a need to draw from spiritual/transpersonal resources.

In spite of having these resources and indicating high wellness and satisfaction, most staff members agreed that the concrete, preventative stress management measures offered in the treatment were necessary to help affect their daily work experience in a positive way. Many individuals re-discovered with pleasure the creative stress management possibilities already existing around them, for example, the use of personal rituals such as a "tea ceremony." making faces in the mirror, or the hand-washing ritual.

Human service staff has to be aware of stress and coping for their clients, but too often they are not good in applying this awareness to their own stress patterns. The responses they gave to that question in the SQ sounded as if they could have come from the participants' clients, who usually need help with coping. There was a general sense of using excuses such as: "being too busy, lack of know-how, (or expressing patterns such as) being too obsessive or lazy, putting undue focus on the negative," etc.

An individual descriptive analysis of all 24 experimental group subjects shows that they made significant gains from the treatment. Participants changed negative stress symptoms to positive ones, decreased negative stress habits, gained transition awareness and more positive transition behaviors,

and mostly were able to add positive stress management rituals to their daily routines.

The feedback indicated that this treatment may have been more effective (and the test results would have been easier to measure) with a simpler focus, for example, a specific transition (i.e., between clients), coupled with specific interventions or rituals for this type of event only. In contrast, this study with several focal areas may have been less effective with participants, and it generated a huge amount of data, which made it difficult to interpret.

The lengthy instruments, particularly the daily logs, were an unfortunate choice which added to what all staff listed as their most common stressor: "paperwork." The stress management treatment offered was meant to lower stress, but since it also added to the major work stressor identified, it confounded the stress rating results. More staff became increasingly resistant to responding to any more written feedback measures; they had to be constantly coaxed by the researcher to return logs. This could be considered in the end a "poor" response (50% of the sample). In contrast, subjects responded favorably to interviews. As a result the researcher increased the number of interviews, utilizing only short time spans such as ten minutes to minimize added time-management stress.

Although the daily logs were not well received, using them made it easier for the researcher to trace any specific changes in stress behavior or interventions. A few subjects

admitted that the logs helped them become more aware of their patterns, and thus they were able to begin changing them. Moon's (1984) study, from whom the idea of the logs was borrowed, seems to have achieved a much better response; perhaps because she only used the STAI and the logs, while this study added lengthy questionnaires.

From participants' training feedback, it was indicated that future training should consider a more individualized approach with more follow-up training and the availability of a consultant. The experiential exercises and group interactions were acknowledged as effective, but the ideas presented were considered to be too much material for the time allowed, and in need of a focus on one subject per session. A need for smaller training groups was also expressed.

In the posttest program evaluation, most people felt that their stress did not decrease, but that they were more aware of stress, that they used the interventions, and were coping more effectively now. They also felt that their level of involvement was effected by the support they got or did not get. Most participants felt that they did not receive enough support from their family or from the administration. A built-in component in the training of enhancing their support network may have been helpful to participants. Also, a focus on more experiential exercises rather than handouts seems advisory from this feedback.

Overall, it must be noted that the study's treatment emphasized three areas where significant gains were reported by the experimental group. These areas were novel enough to be recognized by participants in the data, and they were crucial to their stress and coping experience: 1) general awareness of stress and coping, 2) transitions in relation to stress (work and non-work), 3) stress-management rituals (especially as applied to work-transitions)

Secondary gains can also be noted in the following areas: 1) awareness of personal stress symptoms, 2) modification of stress indicative behavior, 3) experimenting with new stress management interventions, 4) a conscious application of the individual's belief system, activating the "faith factor" in relation to work and stress.

In the follow-up feedback four months later, the responding sample may have been positively biased toward the treatment, but they represented 50% of the experimental group, who were still maintaining positive gains from the program. The next chapter will discuss in more detail some of the implications of this study and of the data generated.

Chapter V
DISCUSSION AND CONCLUSIONS

Presented here is a summary of the study, introducing the focal areas for discussion. This is followed by the implications of the study, organized according to the areas of greatest gains made by participants: in the transition experience, in the use of stress management interventions or rituals, and in stress symptoms. The implications of this research are discussed in relation to its significance for stress management in general, to human service professionals, and for stress management programs. The chapter concludes with a discussion of methodological problems (i.e., comparability of groups, use of instruments), and the related implications for future research.

Introduction

This study presented a framework of therapeutic rituals for mental health professionals as a way of managing daily work/non-work stress. The purpose of this study was to validate a self-administered preventative stress-management approach by conducting a quasi-experimental comparison between control and experimental groups of mental health professionals on the nature and extent of measured stress and anxiety. In designing this study, particular attention was paid to the descriptive data as reported mainly by the experimental group in these focal areas: 1) awareness of personal stress and coping in general, which includes the

awareness and monitoring of stress-indicative behavior and symptoms; 2) awareness and managing of work/non-work transitions as related to stress; 3) awareness and application of stress-management rituals, particularly as applied to work transitions; and 4) the conscious application of a personal belief system in relation to work and stress.

Since this study generated a great volume of data, the main focus had to be kept in mind in reading the results. This focus was to explore the extent to which ritualized stress management strategies (in a particular training framework), when connected to a personal belief system, can effectively reduce stress symptoms, and increase cognitive awareness, appraisal and coping with daily transition stress. The major assumption was that subjects exposed to a stress management program will report less responsivity to transition stressors and demonstrate more awareness of daily transitions in relation to stress, resulting in the application of daily transition rituals.

A pre- and posttest, control group and experimental group design was used. The experimental group was exposed to a stress management training program, which was followed immediately by a six-week self-observation period, where the subjects were expected to apply the given stress management framework, particularly to daily transitions. The control group did not experience the training or structured self-observation period. Both groups were assessed at posttest time for different types of stress levels (work stress, non-

work stress, work transition stress, non-work transition stress), and for state/trait anxiety levels.

The treatment consisted of a two-part stress management training experience, which introduced a framework for personal rituals for stress management as applied to daily transitions. This framework was presented with a theory base that included the research of Selye (1956), Lazarus (1966), and Benson's work (1975) with the relaxation response and meditation, and the wholistic concept of health maintenance. A crucial aspect in the presentation was the theory, research, and practice of the contemporary use of ritual. The workshop consisted of lecture, discussion and sharing, and stress-management and homework exercises. The training was followed by six weeks of structured self-observation during which experimental group subjects utilized a daily log for monitoring stress symptoms and recording individual stressors and coping behaviors.

At posttest time, both groups were compared on levels of four types of stress and on state-trait anxiety characteristics. The instruments used were a researcher-designed stress questionnaire (SQ) and the State-Trait Anxiety Inventory (STAI) (Spielberger et al., 1970).

Specific treatment effects were assessed on several variables with additional instruments. Using a daily behavioral log, subjects monitored an individually selected stress behavior, frequency of practice, and types of stress management interventions/rituals used. Particular attention

was paid to getting descriptive data from the stress questionnaire in the following focal areas: 1) stress symptoms experienced, 2) the work and non-work transition experience, 3) stress-coping interventions and rituals used, 4) personal belief system and effectiveness of its conscious connection to work and stress.

The data analysis proceeded on two levels, a statistical comparison of the groups (pre- and posttest) on levels of stress and anxiety, and a non- statistical, qualitative individual analysis and comparison of the experimental group subjects with themselves in pre- and posttests. This analysis also compared the descriptive data between groups.

The statistical analysis was conducted with four tests and by arriving at means and standard deviations. Analysis of results showed that there were no significant differences at the .05 level between groups on the four stress-variables, or on state/trait anxiety levels. Thus, the statistical analysis did support the null hypothesis of this study, that the experimental group would not show any treatment gains over the control group in levels of stress or anxiety.

Since this type of analysis failed to indicate any significant results, a thorough qualitative analysis was undertaken. A content analysis was made of the descriptive data - first a comparison between groups, then a major focus on a comparison of experimental group subjects with themselves (pre- and posttest) as indicated by the stress

questionnaire, interviews, treatment evaluations and follow-up measures.

A number of significant qualitative differences emerged from this analysis. Individuals in the experimental group made the greatest self- reported gains from the treatment in the following areas: awareness of the transition experience, a more positive transition experience (relaxed vs. tense), the application of positive stress management rituals (given in the treatment, or inspired by the treatment), and in the reduction of negative stress symptoms or behaviors (cigarette smoking, tensions). All 24 experimental group participants made some significant gains in some or all of these areas. It must be noted that a pre- and post comparison of individuals with themselves in the control group failed to indicate any significant changes of the type shown by the experimental group.

The most positive descriptive data emerged from interviews, treatment evaluations, follow-up procedures, and voluntary letter feedback. It becomes clear from this data that the value of the stress management treatment cannot be easily measured or compared in generalized stress or anxiety scores, but needs to be analyzed more in individual situation- specific terms, in keeping with Lazarus' (1980) contention. This study attempted to do this by emphasizing the descriptive data through the design of the study and the focus of the instruments.

Overall, the results indicate that, at the time of the posttest, the experimental group subjects may not have lowered their actual stress or anxiety, as reflected in group means, standard deviations and t-tests. But in a more individualized analysis of comparing control group members with themselves, they failed to show the gains that were indicated by the experimental group. In contrast, the experimental group members, compared to themselves in pre and posttests, made significant gains from the treatment in the awareness and experience of transitions, in the application of stress management rituals, and in positively altering transition-stress symptoms. Thus, the given framework shows promise for low-cost preventative stress- management interventions for human service professionals, and for addressing an area in which little research has been done to date.

Since the literature (Morad, 1987) suggests that stress management training decreases levels of anxiety in human services, mental health agencies may want to explore such materials to prevent usually unavoidable stress in this field. People are slow in making behavioral changes, thus the theory and practical strategies needed to manage stress should be presented over a long period of time with intermittent reinforcements. In other words, it is suggested by this research that stress-management for a mental health agency should consider using a framework of transition rituals (with meditation-type techniques) as a preventative

and self-managed measure of coping, as well as making the awareness of stress and daily transition-management an ongoing concern throughout the life of the agency (ideally, with ongoing support and training provided). This study's framework seems to represent a viable alternative to current trends which put too much emphasis on trying to deal with the larger issues of stress (health issues, environmental issues), rather than recognizing that preventative management of the smaller issues of stress (daily hassles, daily transitions, taking personal time out for mini-breaks) could go a long way in reducing human service staff burn-out.

Implications of This Research

Through the descriptive data, the participants reported the greatest gains made from the treatment were in the areas of the reduction of stress symptoms and stress-induced behaviors, in the awareness of the transition experience, and in understanding the importance of stress management interventions and rituals. Each of these areas will be addressed here.

Changed Stress Symptoms and a Focus on Work-Transitions

Since the specific focus of this stress management training was the area of transitions, the researcher was looking for indicators of stress in this area. When subjects were asked to list the most common work stressors, they reported "high case load, the amount of work, time pressures, difficult clients, no time for breaks, urgency of work." Although at pre-test time subjects did not indicate

transitions as a stressor, and they had little or no awareness of the possibility of a conscious re-charging during mini-breaks, at posttest time they began to be sensitized to the potential of breaking up this constant time/work pressure with transition breaks in the form of transition rituals. Once they saw this working, they confirmed that conscious stress management for work-transitions was necessary and beneficial to their existing stress patterns. From their written and verbal feedback, the researcher deduced the following implications for stress management programs in human services.

The staff oberved frequently felt victimized or stuck in an overwhelming flood of events over which they could not exert much control. This often prevented them from re-charging with needed breaks, or even encroached into after-work time causing tension carry-over, and shortening the break from work-related stressors. Ongoing stress management programs were not in place in the human service agencies in which this study was conducted.

Before this training, participants were not even aware of such a possibility as transition-management or transition-rituals. With this added awareness, they began to feel more self-empowered by being able to break up the usually overwhelming flood of different events into smaller units, and by inserting self-created rituals, such as time-out and preventative re-charging measures. Self-reported changes of stress behaviors were common in most of the subjects. At

posttest time 17 out of 24 treatment participants decreased such negative stress symptoms as boredom, anger, irritation, distractions, pains and headaches, anxiety, negative mood changes, and excessive use of cigarettes, coffee or snacking. Follow-up interviews three to four months later revealed that seven people with some of the more chronic or addictive patterns (which are difficult to change) continued reporting positive changes (i.e., smoking only one cigarette per day vs. six to ten, having less tension or headaches), and felt motivated to continue monitoring them.

Even though the focus of this program was not on changing stress behaviors, most participants accomplished real stress behavior changes, mainly by adding transition awareness and new transition rituals to their daily work. This should be considered the most common gain from the treatment. Most subjects did not even make use of the daily logs which monitored stress behaviors, but did apply new rituals such as deep breathing, use of silence, or relaxation exercises. This study seems to indicate that future stress management trainings should consider a focus on daily transitions and transition-rituals instead of concentrating on having people change existing behavior patterns. Most people are resistant to change but may be more willing (as in this study) to experiment or play with some instant, creative actions. These actions may become the small stepping stones which lead toward larger behavior changes, even though they may not have been consciously attempted.

Transition Rituals and Meditation Techniques

With only a skeletal framework of examples given for transition rituals, participants came up with a great variety of their own. Ideas ranged from having "a tea-ceremony" to the use of "sacred, personal objects." like a polished stone. The presentation of "the elements of ritual," which include meditation, deep breathing, visualization, and relaxation exercises, had the greatest impact on the participants for increasing positive stress behaviors and decreasing negative ones.

This outcome has been confirmed in the literature, where meditation has been described as an excellent stress management tool (Benson, 1975; Shapiro & Walsh, 1984; Goleman & Schwartz, 1976; Patel et al., 1985). Through their research, these authors claim that meditators perceive threat more accurately and react with arousal only when necessary. Significant to human services, for example, a meditator should be more empathic because of sharper attention given to hidden messages (Goleman, 1988). Meditation has the unique cognitive effect of increasing the meditator's concentration and empathy, making meditation in essence the effort to retrain attention. This makes meditation an ideal stress management tool for human services because focused attention and empathy are most important dimensions of the therapeutic process. Most people in this study had never meditated before, or had at one time, but were no longer practicing. A majority of participants began to use meditation-type rituals

after they had been introduced to them only twice without follow-up training.

The researcher recommends the use of this study's stress management framework as a more practical approach to introducing meditation-type interventions. This usually seems to require lengthy training, and often meets with initial resistance among the general public because of the spiritual or "exotic" connotations involved. Introducing meditation-type interventions as personal rituals in a practical and tailored stress management program may overcome many of the previous difficulties encountered with such training. In a related way, the work of Benson (1975, 1984) has contributed much to "demystifying" meditation, making it useful to stress management in a "scientific" manner.

It is can be seen from this study that, when human service staff begin to use meditation and relaxation techniques for their own benefit with a measure of success, then they will make these techniques more available to their clients. Research indicates that these methods offer a powerful way to tap the inner capacity of patients to participate in their own healing (Goleman, 1988). In this study, some staff reported that when these meditation techniques worked for them they began using them with their clients. Of course, caution must be advised since some of these interventions may not work for everyone. Staff in this study had the proper resources of supervision and team-work to test out any new materials.

Positive traits achieved through meditation-type interventions include perceptual sharpening, decreased distractability (Pelletier, 1974), autonomic stability, quickened recovery from stress arousal (Orme-Johnson, 1973), and a lowered general anxiety level (Davidson et al.,1976).

Transition rituals from this treatment seem to have increased the experience of what Csikzentmihalyi (1975) calls "flow." The key elements of this experience are the merging of action and awareness in sustained concentration on the task at hand, self- forgetfulness, pure involvement without concern for outcome, and a clarity of situational cues and appropriate responses. This study suggests that meditation and stress rituals, as described in the treatment, may be strategies that help produce a change in internal states, which could, in turn, maximize possibilities of "flow," of being more relaxed, "in the moment."

Even people who admitted the negative effects of coffee or cigarettes at posttest time reported having more enjoyable "coffee or cigarette rituals." They changed their negatively perceived stress patterns into positive ones, usually resulting in a decrease in the actual intake of coffee, and an increase in enjoyment. Many people responded with playfulness and creativity by developing such time-out rituals as "ice cream celebration," "chewing gum ritual," "slamming door ritual," making faces in the mirror, looking through a crystal, or gazing at the horizon.

Some of the creative aspects of rituals were revealed in the training group's sharing with each other. The group's personal sharing functioned as another kind of "ritual" to help create community and to confirm group support. People had a chance to learn from each other or to see that they were not alone in a particular predicament or type of intervention. Stress management training should make a conscious use of the sharing technique, which gives the trainer the chance to tailor the interventions to the participants' needs or inclinations.

The idea of using ritual for stress management is a relatively unexplored area to date, and this study indicates a strong positive relationship between the individual transition-stress experience and the potential for self-created stress management rituals. This researcher was originally inspired by van Gennep's (1960) work of rites of passage for life transitions, which pointed to the unique connection between transition-stress and the use of rituals. This study shows some interesting implications for looking at mini-transitions and personalized transition rituals for the management of stress.

Implications for Stress Management in Human Services

The training evaluation, the posttest evaluation, and the brief follow- up questionnaire, as well as numerous interviews further support the effectiveness and potential of this study's treatment. Almost all of the participants increased their motivations, had their expectations met, and

indicated that they would like additional similar training. The list in Chapter IV of what they liked most and least about the training will be useful for future stress management programs.

People felt particularily positive about the following training elements, which should be considered in future stress management trainings: framing stress-management interventions in the context of ritual, being able to experiment with relaxation/meditation-type exercises, doing group sharing from their own experiences, the playfulness in presentation style (a playful workshop ritual was employed, giving out balloons and colorful chocolate candies to create a "time-out" atmosphere), getting specific work-applicable stress management alternatives, fitting personal rituals to individual situations, and being presented with a theoretical framework which included meditation and ritual.

The major criticisms expressed were that the training was rushed, with not enough sessions, not enough time to individualize exercises and interventions or to practice them, too much material for too short a time, and not enough participant involvement. All of these shortcomings arose out of agency-management-imposed time limitations which did not allow for a more optimal training set up. In the future, it is suggested that this type of program would have better results if the training and practice component continued over a period of at least six weeks. People also suggested that it should include a stress consultant, who would be available

to participants on an ongoing basis (as was done in this study).

This researcher made himself available to participants for this purpose throughout the six-week observation period, and was in fact working at the research site during the complete research period. Thus, his constant presence there, and the countless mini-interchanges with all subjects should probably be considered a major factor which may have positively influenced learning results. Two short group support and review sessions were also set up, based on participants' feedback requests (given right after the training), but very few people took advantage of this. As noted, this research period was a particularly stressful and busy time for the subjects. The extra time asked for to participate in a stress management treatment conflicted with peoples' pressured schedules and commitments. It is at these stressful times that workers need to recognize their plight and learn techniques to stop and get off the treadmill.

Many subjects were motivated and impressed enough with the meditation-type stress management rituals that they began to experiment with them, often with positive results. But most of them complained about the lack of continued follow-through to implant the learning gained, and about the need for more individualized training in order to apply the rituals in their work situations. Future stress management programs should consider applying Marlatt's (1985) "relapse

prevention" techniques, in order to increase positive behavior changes with lasting effects.

Marlatt says that a "lapse" is similar to a mistake or error in the learning process. By defining stress habit changes as a learning process, lapses can be reframed as mistakes, or opportunities for corrective learning, instead of as indications of failure or irreversible relapse. This kind of approach would have been important for this study's six-week self-observation period. It could also include the image of a "relapse road map," which is a visualization technique that can vividly illustrate each subject's unique journey toward reaching his or her goal, and also for preventing setbacks. More attention needs to be given to what Marlatt calls "the stages of the journey of habit change," in order for people to retain their stress management gains (Marlatt, 1985).

Marlatt's relapse prevention techniques also include a detailed set of coping processes which move from "appraisal-focused coping" (i.e., logical analysis, cognitive avoidance) to "problem-focused coping" (seek information, develop alternative rewards), and finally to "emotion-focused coping" (affective regulation, resigned acceptance, emotional discharge). A model of Marlatt's relapse prevention, which includes specific intervention strategies such as using a contract or reminder cards, relaxation training or imagery, and self-monitoring behavior, could be a powerful addition to this stress management framework. This researcher was aware

of some of these techniques, which were consequently included in this study's treatment approach (use of reminder cues, daily self-monitoring logs, relaxation and imagery training), but the time limitations imposed did not allow for a full utilization of Marlatt's approach.

Gruszecki (1988) noted that a review of psychological and educational literature reveals a major emphasis on stress and burnout in human services; very little focus is on self-care or renewal, and then only with generalized theory and advice. A crucial complaint is that most research tended to separate the topics of stress and optimal coping as opposed to addressing these issues together.

In this study (as well as in Gruszecki's study, 1988), therapists confirmed how important the conscious application of one's theoretical orientation or belief system is as a way of understanding self in relation to helping others, and as a way of seeing the whole picture as an extension of oneself. By not getting lost in the other person's problem, a healthy distance can be achieved, creating a balance between awareness of one's own personal needs and those of the other person, which should help in coping with stress.

Methodological Problems

Many factors may have contributed to the fact that there were no statistically significant differences between groups, between individuals, and between pre- and posttest stress/anxiety scores. The most obvious factor is the small sample size; the other problem is the complex nature of

stress, and the person-environment interactions which are difficult to control. Lazarus et al., (1979) appear to be very cognizant of individual stress-coping differences. At the University of California at Berkeley, they are developing a "cognitive-phenomenological model of stress" based on the unique experience of the individual. In this model, people appraise their own individual stress experiences and then relate the results to their own unique ability to cope. Lazarus reports that this model is at an early stage of development, but holds promise for needed conceptual and methodological approaches in research dealing with the unique individual cognitive transactions between person and environment. Consistent with this concern, phase two of this data analysis was performed in greater detail and with the emphasis on the individual experience as reflected in their descriptive data.

Two other factors may have contributed to minimizing stress/anxiety rating differences between groups. First, the time of year when the critical phases of this study were performed are traditionally the most stressful months (end of year, holidays, high client stress) in mental health agencies as reported by staff. Thus their level of stress would naturally elevate considerably from their pre- to posttest times; and their stress-reduction learning could not be applied to a reduction of anxiety. General concepts of stress or new stress-input interventions are difficult to apply when a stressor is intensified (increase of paperwork,

time of year, intensified non-work stressors). Although Charlesworth and Nathan (1982) acknowledged the effectiveness of relaxation training (treatment) in reducing anxiety and improving performance, the timing of the posttest must have negatively affected the results.

Many individual situational factors need to be considered as uncontrollable variables in the measuring of stress levels. Of those mentioned in the raw data, paperwork was listed by subjects as one of the top stressors. Ironically, a good amount of additional paperwork was asked for from the experimental group (more than the control group), where many subjects reported that the study's instruments became an added stressor for them, and accounted for most of the drop-out rate in responses of questionnaires, daily logs or even the posttests. This was a major problem and obstacle to this study's results. Better results may have been obtained by getting subjects to respond immediately after the group training session, in very brief check-list type feedback, or to conduct periodic brief review sessions of fifteen minutes and then ask for the written feedback in the group setting. In other words, the paperwork necessary for the feedback needs to be a thoroughly integrated part of the treatment, so that subjects do not perceive it as "extra paperwork." Another idea might be for them to use a tape recorder to record responses and to collect thoughts.

The following external validity factors need to be considered in the comparison results between groups. One

external validity weakness in this experiment may have been the "placebo effect" or "Hawthorne effect" (Polit and Hungler, 1983). The knowledge of being included in the study and the content of the questionnaire may have contributed to a change of behavior or in self-reports, obscuring some of the measurable effects of the stress- management training. In order to rule this out, means and standard deviations for both groups on the five major variables were investigated, but test results showed no significant differences between groups. From the tests, it appears there was no "Hawthorne effect," yet the descriptive data from the control group indicates a slight increased awareness of stress, transitions and stress management, even though they did not get the treatment.

There may have also been a selection bias which yielded groups that were not equivalent. Participants from the control group may have been more highly motivated at pre-test time, since their recruitment was based only on one brief introduction to the study, while the experimental group had frequent contact with the researcher's presence in the workplace before pre-tests. Experimental group subjects needed more "coaxing" to participate, often complaining that they were too busy. The relationship factor with the researcher needs to be taken into account with this type of study since it will influence results.

Other shortcomings in posttest results could have contributed to the weaknesses of self-report inventories,

which do not lend themselves to precise statistical analysis (Cronbach, 1970). Individuals are affected by the educational process inherent in self-report inventories, thus enlarging their awareness of the impact of stress and stressors in their lives. The changed reporting behavior may reduce the true results of the stress inventories, especially since the experimental group had to do six weeks of self-inventories (the control group did none). All experimental group subjects reported an increase in stress awareness, which may have inflated their posttest scores. In criticizing the predictability of the results of the Holmes and Rahe Life Event Inventory, Lazarus (1981) and Brown (1974) warn that measurement tools may not be free from subject contamination. This also seems to be the case with the the micro-focus test interpretation of this study.

The validity of both the researcher-designed questionnaire (SQ) as a stress-measuring instrument and the STAI as an anxiety measuring instrument become questionable, since fifty percent of the experimental group's subjects verbally reported using the tests as a tool for recording their newly acquired perception in the post-test, which inflated posttest scores. This finding has been confirmed in another stress management study by Morad (1987).

Another problematic area which needs further investigation in relation to this study is the area of client motivation in a self-administered treatment. In relation to this, Glasgow and Rosen (1979) noted the problems of

insufficient practice and high attrition rates. Marlatt's theories of "relapse prevention" (1985) may also be helpful in this area. The specific tailoring of this study's stress management treatment to the experimental group contributed to its effectiveness. For example, throughout the twelve-week period between pre- and posttests, this researcher found that he frequently attended to many different individual needs and participants' struggles with involvement or avoidance of the stress focus. The researcher made himself available to subjects for minor consulting, check-ins, or encouragements relating to stress or confusions with the material. As noted earlier, this may have been a major contributing factor to the positive gains made by participants at the end of the study. Unfortunately this study did not include a comparison group without the individualized treatment. On another level, the researcher's visibility in the experimental group's workplace may have contributed to a negative effect, involving an additional stressor for those who did not respond on time with their daily logs or other feedback, or for those who did not apply the learning to their stress experience.

But if the sole means to positive gains lies in the written handout materials of stress management training, subjects who are not interested enough in the material may lose motivation to continue, and therefore they may fail to benefit. Previous research in this area (Moon,1984) suggests that specific tailoring of the program and the presence of a

consultant, as in this study, can facilitate greater learning, in order for subjects to persevere through the difficult process of self- administered treatment and behavior change. But Moon's research did not validate this hypothesis in generalized stress and anxiety rating tests, comparing tailored and non-tailored (written materials) programs.

Implications for Future Research

Since interpretation of results in the present study was complicated by various methodological difficulties, the following additional points may need to be considered in future research: sample size, the focus of research questions, follow-up time period, support from the administration, experimenter bias, physiological stress indicators, predictors of self-control, the STAI as an instrument, and research on meditation-type interventions.

Sample size needs to be larger to permit tests which may indicate a greater statistical difference. It may permit an expansion of the experimental design to include an "attention placebo group," a comparison group where only training but no self-observation period has been administered, and a comparison group without the individualized treatment or presence of the researcher. If sample size remains small, the complexity or number of research questions need to be decreased. For example, this researcher suggests that future studies may want to focus only on the relationship of overall-stress to the awareness of transitions and the use of

specific stress management rituals. This study attempted to address too many areas, thus complicating comparisons or measures.

If possible, a greater time-period needs to elapse for a follow-up study which should include the same pre-and posttest measures, perhaps on an intermittent basis. This would provide more detailed information on treatment gains or attrition problems. Evaluation of treatment or maintenance efforts would have been increased if subjects continued a simplified daily or weekly behavioral monitoring log over a longer period of time.

Any research involving mental health agency subjects should involve active support from the administration (as in this study) to prevent elevation of stress or anxiety due to added paperwork, training time taken, or extra efforts in applying the learning.

In order to prevent possible effects of experimenter bias, someone other than the experimenter, unrelated to the treatment process and uninvested as to outcomes, should conduct the data analysis. Moon (1984) suggests obtaining co-worker ratings, but this researcher feels that it may tend to increase stress in an agency setting, as does the added paperwork.

Morad (1987) noted that there is a need for developing an instrument which can measure anxiety or stress more objectively, possibly a physiological measure of stress. Both Selye (1980) and Lazarus (1980) agree that measuring

levels of anxiety or stress is problematic, since individual stress and coping characteristics are unique. Selye (1980) and Fishman, et al., (1962) point to physiological stress indicators as being more reliable than cognitive self-reports. If at all possible, Moon (1984) suggests that a measure such as the "17 Keto-steroids test," which measures corticosteroid levels in urine, represents a potentially usable physiological stress measure, since it is less affected by transient factors. But such tests are near impossible to administer in the present setting, because of the "human subjects review" guidelines, or the costs and expertise involved.

Morad (1987), Moon (1984), and this study used the STAI as a standardized test to validate stress management programs, but it is recommended that a more precise instrument be developed to measure exact stress levels. Lazarus, et al., (1980) are apparently developing such a measure to reflect individualized stress characteristics.

In her research comparing self-administered stress management programs, Moon (1984) suggested that one could utilize a screening device like the "self-control schedule" developed by Rosenbaum (1980). This is a self-report instrument measuring the tendency to utilize general coping skills. With this device researchers can explore the potential impact of individual differences on treatment outcomes. A person's help-seeking patterns can be considered an indicator of the level of self- control normally used

before treatment. Rosenbaum considers this a good predictor of potential gains to be expected from learning which involve self-control. But, although this self-control schedule has not been tested yet, isolation of treatment effect predictors for stress management should be considered an important area for further research.

Since this study made use of meditation-type interventions, the following should be considered for future research. Goleman (1988) confirms that, although meditation and stress management research has been plagued with sampling bias and other methodological problems (Davidson, 1976; Shapiro, 1980), and because crucial measures have never been made, such techniques do reduce negative states while increasing positive ones. But this research, which included meditation-type rituals could have been methodologically tighter. For example, no study has been completed to date of the long-term effects of meditation (Shapiro, 1980). Goleman (1988) suggests that such a study should control subjects' initial differences (motivation etc.), randomly assign them to treatments, and assess both pre- and post-treatment measures. Then meditation-induced changes should be tested in brain- based measures of attention and in standard personality and behavioral measures. Goleman also suggests that such research needs to be guided by an overarching theoretical point of view, as grounded in Eastern psychologies, citing Brown's, et al, (1984) research on perceptual changes in meditators.

In general, it is recommended that this study can be replicated if the focus of the research is simplified, the stress management program is further developed, the stress/anxiety measurement improved, and larger groups set up with stricter randomization.

Although this study resulted in no overall statistical differences between groups, participants' self-reports indicated a strong support for the kind of stress management framework used here with human service staff for managing daily transitions. Since the literature documents that transitions can be stressful and that rituals can be therapeutic in transition-stress, it is suggested that human service staff experiencing frequent daily transitions can benefit from a preventative stress management framework utilizing self-created transition rituals. And this study indicates that the training should be embedded in a solid theory base and be presented with experiential exercises.

APPENDIX A

STRESS QUESTIONNAIRE (SQ)

STRESS QUESTIONNAIRE DIRECTIONS

Dear fellow-mental health professionals:

Thank you for participating in this research. Remember, although no names will be mentioned, I do need your names here in order to keep track of who has completed the forms, and to match them to later forms. Only the researcher will see the forms, and all information given is confidential!

1) Self-Evaluation Questionnaire (STAI): Answer both front and back-- first how you feel right now, then on the other side, how you generally feel.
2) Pre-test Questionnaire: All answers are based on your experience during the last few weeks at work. a) First briefly glance at all questions to get a sense of the content-- b) then answer them as quickly as possible, marking all scales-- c) if you have more time, add any additional information for more details.

Note: All scales are from 1 (low intensity) to 5 (high intensity). But please do not get into a pattern of marking most scales with the same number. Please take the extra moment to give the more exact number to make the research more valid.

The questionnaire has 5 different sections: 1. Demographics 2. Basic stress information 3. Daily transitions at work 4. Stress-coping strategies and interventions 5. Personal belief system in relation to work and stress.

When you are asked to choose from a number of different phrases or words please mark all the ones which apply for you, and all the attached scales.

At the end of many questions I am asking for "other comments", please do take the time to add more details here.

If you get stuck with any questions, please go on to the next one, then return to it later. Or call me if you have any questions or confusions:

-- Have fun! and thank you again

STRESS QUESTIONNAIRE

I. Demographics:

1) Name (code) ______________________________

2) Male_____Female_____

3) Age____________

4) Agency_________________ Dept.:
ES._____Clinic_____CSP_________

5) Position: Supervisory_____Therapist/Clinician______
Case-manager____ Service-Coordinator_____
Other___________________________________

6) How long in present worksite? ______________________________

7) Years of experience in mental health field? ____________________

NOTE: Please answer the following questions based on your experience during the last few weeks.
Scale instructions: For all numbered scales in this questionnaire please circle a given number or any space in-between.

II. Basic Stress Information:

1) Current level of health.
(poor) 1______2______3______4______5 (excellent)

2) Current level of overall satisfaction
a) with your work:
(unsatisfied) 1__2__3__4__5 (very satisfied)
b) with your workplace: 1__2__3__4__5

3) Current level of stress experienced at work:
(not noticable) 1_____2_____3_____4_____5 (very intense)
Please describe the main sources of your stress at work:
____
____

4) Current intensity of stress experienced outside of work:
(not noticable) 1_____2_____3_____4_____5 (very intense)
Please describe the main sources of your stress outside of work:
____

5) Stress symptoms at work, and their frequency:

overall tension, tightness (specify) 1__2__3__4__5
headaches, similar pains (specify) 1__2__3__4__5
short breath, throat constriction 1__2__3__4__5
fidgeting, muscle spasms, tics 1__2__3__4__5
boredom, listlessness 1__2__3__4__5
irritation, anger, emotional reactions 1__2__3__4__5
distraction, lack of concentration 1__2__3__4__5
anxiety, nervousness 1__2__3__4__5
tired, lack of energy, sluggish 1__2__3__4__5
negative change in attitude toward work 1__2__3__4__5
pre-occupation with minor physical
complaints 1__2__3__4__5
increased use of substances (coffee, pain
killers, etc. specify:)__________________ 1__2__3__4__5
negative changes in mood (depression etc.) 1__2__3__4__5
decrease in performance 1__2__3__4__5
negative changes in physical appearance 1__2__3__4__5
other (specify): 1__2__3__4__5
____ 1__2__3__4__5

III. Daily Transitions.

Note: You may not be aware of transition-stress until the following event, when you may realize that you did not take enough time to relax or to prepare. This can be considered "transition-stress".

6) Please mark the level of intensity and frequency of stress during the entering or exiting between two different work events (such as between different mental health clients, or between a group and client.)

Intensity of transition-stress: (low) 1__2__3__4__5 (high)

Frequency of transition-stress: (low) 1__2__3__4__5 (high)

Comments (specify what type of events you are transitioning from)

7) Please mark any of the following phrases which seem to describe aspects of your transition experience between work-events. (attitude, feelings, expectations)

During work-transitions are you ?.......

aware/conscious of transition 1__2__3__4__5
ready/focused 1__2__3__4__5

distracted/pre-occupied	1__2__3__4__5
unprepared for next experience	1__2__3__4__5
relaxed/calm	1__2__3__4__5
letting previous experience interfere with the next	1__2__3__4__5
rushed	1__2__3__4__5
anxious/tense	1__2__3__4__5
challenged/stimulated	1__2__3__4__5
looking forward to next event	1__2__3__4__5
finished/cleared with previous event	1__2__3__4__5
neutral/having no expectations	1__2__3__4__5
feeling committed	1__2__3__4__5
dreading the next experience	1__2__3__4__5
feeling out of control	1__2__3__4__5
feeling "on top of things"	1__2__3__4__5
not able to enjoy next experience for a while	1__2__3__4__5
Other (please specify):____________________	1__2__3__4__5
____	1__2__3__4__5

8) Please mark the level of intensity and frequency of stress you usually experience during the entering/exiting between work and free time:

A) Entering work:

Intensity of stress:
(not noticable) 1__2__3__4__5 (very intense)

Frequency of stress:
(seldom) 1__2__3__4__5 (frequently)

B) Leaving work:

Intensity of stress:
(not noticable) 1__2__3__4__5 (very intense)

Frequency of stress:
(seldom) 1__2__3__4__5 (frequently)

Describe the type of transition you usually experience between work and free time,ie.;driving, walking, breakfast or after-work rituals)

A) Entering work: ______________________________

B) Leaving work: ______________________________

9) Please mark any of the following phrases and scales for A) the transition of entering work B) for leaving work: (1= seldom, 5= frequently)

During work and free-time transitions are you usually?......

	A) Entering work	B) Leaving work
distracted/pre-occupied	1__2__3__4__5	1__2__3__4__5
relaxed, calm	1__2__3__4__5	1__2__3__4__5
letting previous event interfere with next one	1__2__3__4__5	1__2__3__4__5
anxious/tense	1__2__3__4__5	1__2__3__4__5
rushed	1__2__3__4__5	1__2__3__4__5
challenged/stimulated	1__2__3__4__5	1__2__3__4__5
looking forward to	1__2__3__4__5	1__2__3__4__5
cleared with previous event	1__2__3__4__5	1__2__3__4__5
no expectations	1__2__3__4__5	1__2__3__4__5
dreading the next event	1__2__3__4__5	1__2__3__4__5
unable to enjoy the next	1__2__3__4__5	1__2__3__4__5

Other: ______________________________

IV. Stress-coping strategies and interventions

10) Which of the following stress-coping "strategies" do you use at work?

1. ignoring the source of stress 1__2__3__4__5
2. avoiding source 1__2__3__4__5
3. leaving source 1__2__3__4__5
4. changing the source of stress 1__2__3__4__5
5. confronting source 1__2__3__4__5
6. adopting a positive attitude 1__2__3__4__5
7. use of substances (coffee, cigarettes, pain-killers, candy, snacks, etc.)

Please specify:__________________ 1__2__3__4__5

8. getting ill (headaches, colds,etc.,) 1__2__3__4__5

specify:__________________

9. breaking down, collapsing 1__2__3__4__5
10. talking about source of stress 1__2__3__4__5

11. changing self (habit patterns) 1__2__3__4__5

12. getting involved in other activities 1__2__3__4__5

Other comments: ____

11) Please mark any of the following stress-management interventions you are using during daily work-transitions:

use of visualization____ meditation____ rest____ humor____walk____ close eyes____reaffirmation of commitment____mental rehearsal of event____ positive assessment of one's performance____ mobilize hope____ coffee or smoking break____ diminish severity of threat____ eating snack____ go over problem in mind____ seek social support____ prayer____ complain____ blaming____ seek help____ change mental state____ plan for next time____ imagine internal or external power___ relaxation exercise____ temper, blow-up____ empathy, see the other point of view____ acceptance____ ignore, continue normal routine____ swearing___ sarcasm___ see larger issues___ positive comparison____ distraction____ anticipatory coping, readiness____ physical activity to dissipate tension____other: ____

From the list above indicate here the most important stress management interventions, then note their frequency and effectiveness:

1. ______________________ frequency: 1__2__3__4__5
effectiveness: 1__2__3__4__5

2. ______________________ frequency: 1__2__3__4__5
effectiveness: 1__2__3__4__5

3. ______________________ frequency: 1__2__3__4__5
effectiveness: 1__2__3__4__5

Comments: ____

V. Personal belief system

Meanings attributed to work, stress and stress management

12) Belief system (formal or informal) that influences the meaning of your work, and your stress experience?

A) General belief system related to spiritual or transpersonal forces:

Buddhist_____Christian_____Existential_____Hindu______ Humanistic_____Judaic_____Native cultures (ie.,Native American.Specify:) ___ Quaker_____Unitarian_____Universalist_____

American.Specify:) ___ Quaker_____ Unitarian_____ Universalist_____
Other; specify: ________________________________

B) What is the relationship of this general belief to your current work in mental health, and how do you see your clients ? (belief in caring for others; contributing to the greater good, etc.--your clients as "needy,sick, in trouble, unique human beings, resourceful, etc.

13) Are some of your stress management interventions more consciously or intensely connected to your belief system in relation to a transpersonal or supernatural force? (Example: Awareness of concentrating on a God-force or transpersonal source of energy in order to serve clients)
(seldom) 1___2___3___4___5 (frequently) No__ Don't know__
Please explain what intervention, and how it is connected:

14) Do you feel you derive a noticable power or success from the connection of your belief system to your stress interventions?
(seldom) 1___2___3___4___5 (frequently) No___Don't know________
(please explain how)

15) What is the level of motivation and commitment you have to changing your own work-stress/distress patterns?
(low) 1___2___3___4___5 (high) Comments:

16) What stands in the way of reducing your stress/distress?

Other comments:________________________________

Thank you for answering, and for contributing to this study!

APPENDIX B

SELF-EVALUATION QUESTIONNAIRES 1 and 2 (STAI)

SELF-EVALUATION QUESTIONNAIRE 2 (STAI)

Name____Date______________

Directions: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you GENERALLY feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

Scale: 1=almost never, 2=sometimes, 3= often, 4=almost always

1. I feel pleasant---------------------------------- 1 2 3 4
2. I tire quickly----------------------------------- 1 2 3 4
3. I feel like crying------------------------------- 1 2 3 4
4. I wish I could be as happy as others seem to be--- 1 2 3 4
5. I am losing out on things because I can't make up my mind soon enough.-------------------- 1 2 3 4
6. I feel rested------------------------------------ 1 2 3 4
7. I am "calm, cool, and collected"----------------- 1 2 3 4
8. I feel that difficulties are piling up so that I cannot overcome them.--------------------- 1 2 3 4
9. I worry too much over something that really does not matter------------------------------- 1 2 3 4
10. I am happy.-------------------------------------- 1 2 3 4
11. I am inclined to take things hard---------------- 1 2 3 4
12. I lack self-confidence--------------------------- 1 2 3 4
13. I feel secure.----------------------------------- 1 2 3 4
14. I try to avoid facing a crisis or difficulty----- 1 2 3 4
15. I feel blue-------------------------------------- 1 2 3 4
16. I am content------------------------------------- 1 2 3 4

(self-evaluation 2 continued)

Scale: 1=almost never, 2=sometimes, 3=often, 4=almost always

17. Some unimportant thought runs through my mind and bothers me------------------------------------ 1 2 3 4
18. I take disappointments so keenly that I can't put them out of my mind------------------------------1 2 3 4
19. I am a steady person------------------------------1 2 3 4
20. I get in a state of tension or turmoil as I think over my recent concerns and interests-------------1 2 3 4

APPENDIX C

DAILY LOGS

DAILY LOGS

For your "Daily Logs": Please select one work-related stress-behavior which you commonly experience at work. You may use one from this list or choose your own stress-behavior. Then you will monitor this behavior only, every day at work. If you frequently experience this behavior after work, please list this count separately.

Examples of stress-behaviors you may want to monitor at work: between meal snacks____ gastrointestinal problems____ eating candy____ urge to emote (i.e., to cry, scream, or use obscenities)_____ smoking cigarettes_____ restlessness, boredom, impatience_____ biting fingernails______muscular tension______ anxiety-producing thoughts______ negative self-statements_____ drinking coffee_____ perspiration______ picking at face______ arthritic pain_____ anger, temper blow-ups_____ isolating self, withdrawing____ use of complaining, blaming_____ headaches____ fidgeting, muscle spasms, tics__ short breath, throat constriction___ distraction, lack of concentration___ tired, lack of energy, sluggish___ negative attitude toward work____ pre-occupation with minor physical complaints____ use of pain-killers____ negative changes in mood (depression)____

Note: Please pick only stress-behaviors which are indicative of varying stress conditions, which can be counted, rather than ongoing behaviors. For example, if you have an ongoing "negative attitude toward work", do not use this as your daily log behavior. But if this negative attitude comes and goes for you only in relation to daily differences in your stress, then this may be appropriate to monitor. Behaviors such as eating candy, picking face, periodic headaches are more specific, and easier to monitor.

NOTES:

DAILY LOG

code name__________ week of __________ behavior monitored______

Instructions: Every time you engage in your stress-behavior, mark an X . Monitor it for each workday. Also monitor one stressful work-transition for each workday, one stress intervention used, and whether you practiced any of the given interventions. Please do not wait until the end of the week.

DAY	frequency of behavior	type of transition	stress ritual used	practiced material
Mon.				
Tues.				
Wed.				
Thu.				
Fri.				

APPENDIX D

STRESS MANAGEMENT TRAINING EVALUATION

STRESS MANAGEMENT TRAINING EVALUATION

1) What were your expectations regarding this training?
   Were your expectations met?

Please rate the following questions #2-7 on a scale of 0=low to 5=high

Please circle the appropriate space on the scale

2) Overall training presentation 1---2---3---4---5

3) Content clarity 1---2---3---4---5

4) Style of presentation 1---2---3---4---5

5) Participant involvement 1---2---3---4---5

6) Usefulness of the material---at work: 1---2---3---4---5
   at home: 1---2---3---4---5

7) Did motivation increase for the stress management? 1---2---3---4---5

8) What did you like best about the training?

9) What did you like least?

10) Would you like more trainings like this?

11) Helpful suggestions to improve the training:

Other comments:______________________________

APPENDIX E

STRESS MANAGEMENT PROGRAM EVALUATION

APPENDIX F

FOLLOW-UP QUESTIONNAIRE

FOLLOW-UP QUESTIONNAIRE

As a result of the training, the observation period, or simply since then--

1) Did you increase your awareness of stress_____ of transitions_____ of stress management_____

2) Has your stress experience changed?__________ How?________

3) Have your stress interventions changed?______ How?________

4) Are you using new stress management rituals?

5) Are you now using more, or different transition rituals?

How?____

What?____

6) Has there been a slight shift in relation to your belief system being more consciously connected to stress management?

7) Has your transition experience changed somewhat at work?

between home and work?___________________________

8) Any other comments regarding stress, stress management, transitions at work or at home, or new awarenesses, new rituals?

Thank you for your feedback!

APPENDIX G

RESEARCH INTRODUCTION

RESEARCH INTRODUCTION

Dear friends and mental health professionals:

Managing stress is a major concern for us. But as we are specializing in helping others, we often neglect our own needs on the job. This doctoral research will present a stress management framework for mental health professionals, and then test it's impact at your work. The self-administered stress management techniques were found to be effective in numerous studies. Usually the major problems with most other self-administered techniques for human service workers are the following: They are not cost-effective to the organization or the individual, since they take too much time to develop, need costly professional monitoring, and need changes on an organizational level. They have not been tested in specific work situations with mental health professionals.

In contrast to these shortcomings, the stress management framework in this study proposes to present the following advantages:

1) The framework is cost-effective to the organization and the individual,since it takes a short time to learn, is self-administered, does not need any professional help over a period of time, and can easily fit into existing work habits without interfering.
2) Interventions can be applied immediately, on the job, as the stressful moment happens; and although they deal only with a minute area of our work lives, they may have an impact in all areas of our lives.
3) Interventions have been specifically designed for mental health professionals, are flexible to match individual differences, and professionals can teach some of these techniques to their clients.

Research Plan and Time Commitments Necessary:

Two groups of volunteers are needed, 20-30 people each. One group will be the "experimental group", which will participate in a 4-hour stress management training and a 6-week self-observation period, when they will apply the learned techniques and supply a short daily log to the researcher. The other group from a different agency, will be the "control group", which will get the training after the testing period is over. Both groups will need to answer a pre-test and post-test questionnaire, which will take about 30 minutes each. All materials will be completely confidential, so that no individual will be identified. Everyone in the study will have the opportunity for some individual attention, will get reference materials, and will have access to the completed study results.

APPENDIX H

CONSENT FORM

CONSENT FORM

All participation in this study is voluntary, and every person involved is free to withdraw consent and discontinue participation in the research at any time, without prejudice to the subject.

All subjects are guaranteed confidentiality by the researcher. No names will be disclosed to anyone.

There is no risk, to any subject involved in this study, of physical, psychological or social injury. But subjects need to be aware that by paying attention to stress, one may increase stress, even if only temporarily. This can be minimized through increased stress/coping skills.

Under the terms outlined above, participants are asked to agree to the following:

Pretest:
For the control group and the experimental group:

1. To answer a 2-page Anxiety Inventory (5 minutes).
2. To answer an 8-page questionnaire about work stress and interventions used (15-20 minutes).

For the experimental group only:

3. 10 people to be available for a 15-30 minute interview during paid work time.

Treatment:

4. To participate in a 2-part, 4-hour stress management training, to be presented during paid work time.

Observation Period:

5. To participate in a 6-week self-observation period:

   To turn in daily logs each week (5 minutes per day).

Posttest: (After 6 weeks)
For both groups:

6. To answer a 2-page Anxiety Inventory (5 minutes).
7. To answer an 8-page questionnaire (same as in pretest; 15-20 minutes)

For the experimental group only:

8. 10 people to be available for a 15-30 minute interview during paid work time.
9. To turn in brief training/program evaluations (5 minutes).

The benefits to be expected from the study:

Participants will be more aware of daily work transitions and potential accompanying stress. They will learn transition-stress interventions beneficial for decreasing overall stress. They will learn to design their own stress management rituals and connect them to their belief system to increase potential effectiveness of their own stress management.

Much of the presented material has been already tested and was found to be effective in general stress management studies. This study presents the added advantage that it has been custom-tailored to the mental health professional, and that it can be used unobtrusively, daily, within seconds.

Thank you for your participation; you will be notified of the time schedule. Feel free to ask any additional questions concerning research procedures. Results of the study will be available upon request.

Aric Bodin, M.Ed., Doctoral Candidate
University of Massachusetts School of Education
Consulting Psychology Program, Hills South
Amherst, MA 01003

I, ______________________________, am interested in participating in Aric Bodin's Stress Management Research, and I understand and agree to all the terms and conditions outlined herein.

Signature: ______________________________

Department: ______________________________

Phone #: ______________ Date______________

APPENDIX I

TRAINING HANDOUT, RESOURCES

HANDOUT RESOURCES

Aronson, Stephen & Mascia, Michael: The stress management workbook. 1979

Benson, Herbert: Beyond the Relaxation Response. (Berkeley, 1986)

Brallier, Lynn: Successfully managing stress. (NNR, 1982)

Cherniss, Cary: Staff burnout. (Sage, 1980)

Farber, Barry (ed.): Stress and burnout in the human service profession. 1983

Girdano, Daniel & Everly, George: Controlling stress and tension. 1979

Goleman, Daniel & editors of American Health Magazine: The Relaxed Body Book. (American Health Partners, 1986)

Hamilton, Jane Meier & Kiefer, Marcy: Survival skills for the new nurse. 1986

Harp, David: The three-minute meditator. (Mind's i, 1988)

Kravette, Steve: Complete relaxation. (Whitford Press, 1979)

Lerner, Helene: Stress breakers. (Compare, 1985)

Maslach, Christina: Burnout- The cost of caring. (Prentice Hall, 1982)

Roggenbuck Gillespie, Peggy & Bechtel, Lynn: Less stress in 30 days. 1986

Stroebel, Charles: QR - The Quieting Reflex. (Berkeley Books, 1985)

Thich Nhat Hanh: The miracle of mindfulness. (Beacon Press, 1976)

ELEMENTS OF STRESS MANAGEMENT RITUALS:

Different forms of meditation, relaxation, contemplation, affirmation...

Ritual building blocks, to transform the secular into the sacred, the formal into the informal, the public into the personal, or simply to create a special moment of "time out".

Relaxation of body and mind: Begin with awareness and attitude--passive attitude, surrendering, letting go, non-attachment, here and now awareness, moment to moment, sensory awareness, mindfulness (detached), observing without judgement, letting be, peaceful, free, timeless-spaceless, harmony, oneness, cosmic, mystery, "true self", god-self, centering, inner wisdom, existence before birth/after death, universal, stop, step out, time- out, contemplation, meditation, expand or contract (spacious, float freely, cloud, air image, vastness, or - inner focus, centering)...

Breath (elemental, sigh, release, counting, like a baby, into the abdomen)

Visualization (inner imaging, imagination, fantasy, daydreaming,...)

Sensory Awareness: Seeing, listening, touching, smell, taste...

Sound: Prayer, affirmation, invocation, poem, mantram, sigh, breath, heartbeat, inner sound, music...

Movement: Slow motion, awareness of, dance, walk, freeze, sculpture, mudra,Tai-Chi...

Personal Objects: "Power objects", acting as personal or sacred objects, evoking powerful/meaningful images or feelings, art objects, pictures (photos, paintings, postcards), written messages, treasures, gifts, spiritual objects, natural objects (crystal, sea shells), plants, found objects...

Ritual Place: Personal office, desk, chair, bench in the park, altar, outdoors, cafe, bathroom...

Purification: Wash hands, eyes or face, brushing teeth, deep breathing, muscle-tension letting go, sounding, rain, wind, fresh air, beautiful images, prayer, visualization...

Personal Rituals and use of substances: Coffee or cigarette breaks, "tea ceremony", bathroom ritual, chocolate or sweet treat ritual, lunch...

Evocative cue words (to help move into relaxed or time-out space): God, peace, relax, let go, let it be, whatever will be, love, harmony, stop, open up, calm, oneness, light, mother, father, cloud, heaven, warm, cool, dance, celebrate, gift, thank you, water, lake, flower, tree, soaring eagle, ...

Images (can be used as cue words or visualization scene); Calm lake, blue sky, blue sea, sunny beach, white sand, palm tree, bubbling brook, whispering pines, cool forest, rolling river, childhood images or spiritual images, fantasy,...

Self-massage: head, neck, shoulders, feet, hands, eyes..

Water purification

Diary writing

Beeing good to oneself, childlike, open, like a cat, drifting, free

"Peptalks and Lifesavers": from " I can't" into " I can!" Make a list of helpful phrases such as : Easy does it-- one step at a time-- lines from a book, etc.

Your most peaceful place, imagine it or have it be real, keep it close at your desk, go there in seconds as an instant refresher..

Smile into your stress points-- sense of humor, laughing

Make a worry list--offer it to the winds... Create a movie of what you want, you are the director-writer...

Maximize the positive

Paste up, tack up reassuring rememberances, photos,...

Sounds of silence

Alone with your innermost self

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