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A CONSTRUCT VALIDITY STUDY OF THE  
CYNICISM SCALE OF THE MMPI-2

by

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A Dissertation Submitted to the Faculty of  
Old Dominion University in Partial Fulfillment of the  
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

URBAN SERVICES

OLD DOMINION UNIVERSITY  
May 1993

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#### ABSTRACT

The purpose of this study was to evaluate the construct validity of the Cynicism Scale, a content scale of the MMPI-2, using cognitive appraisal as the theoretical framework. It was predicted that cynical chemical dependency counselors would report more symptoms of burnout, as well as more frequent and severe daily stressors. A respondent group of 247 members of a statewide organization returned research packets out of a sample of 464 (53.3%). Compared to non-cynical counselors, moderately cynical counselors reported more symptoms of burnout. They also reported more overall coping, although not always as predicted by theory for specific types of coping, as well as more frequent and severe daily stressors. The results are discussed in terms of implications for further research, as well as the practice of chemical dependency counseling. Future research could include a replication of the study with a nationwide sample of counselors, as well as cross-validation using other types of measurement such as participant observation. In terms of practice, the findings are related to supervision, in-service training and alternative treatment models.

## ACKNOWLEDGEMENTS

This road has been a long one, sometimes traveled alone and other times with guides. Unquestionably, the principle guide has been my director, Dr. Edward S. Neukrug, whose quiet leadership and patience are much appreciated. My thanks also go to my other committee members, Dr. William Cunningham and Dr. Wolfgang Pindur, for timely suggestions which helped the process. My companion in the last part of this journey has been my new wife, Robin, who has continued to believe in me.

I wish to dedicate this dissertation to my parents, Jennie Gowey and Vaughan Shelton, who would be proud. They taught me how to rise above cynicism and prevail.

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## CHAPTER 1: INTRODUCTION

Modern workers must cope with multiple stressors which may have a variety of psychological and physical consequences. Workplace stressors include job strain, lack of social support, lifestyle habits, adverse life events, coping style and personality (Taylor, 1990). According to Cox and Ferguson (1991), research on workplace stress indicates that how a person responds to stress is a function of the nature of that stress and his or her individual characteristics. The amount of stress experienced is reflected in the degree of fit between these two factors. If persons with different personality characteristics tend to cope differently with work-related stressors, then managers may wish to identify workers who are at risk for stress-related problems and provide assistance with stress management. The purpose of this study is to evaluate the construct validity of the Cynicism Scale, a content scale of the MMPI-2, through hypotheses which predict that cynical chemical dependency counselors will respond differently than non-cynical counselors to measures of coping and daily stress.

Cognitive appraisal theory (Lazarus & Folkman, 1984) is a major theoretical framework for examining how a person appraises (evaluates) and copes with his or her environment.



In this theory coping is seen as a dynamic process in which a person with certain characteristics (physical, personological) evaluates his or her context or environment, then selects a mode or style of coping with which to handle the situation. The theory is phenomenological in that the key element is how the person perceives and evaluates his or her context. One personality characteristic which affects coping is the individual's belief about self and the world (Lazarus & Folkman, 1986).

Cognitive appraisal theory has been operationalized using two instruments, the Ways of Coping Questionnaire (Folkman & Lazarus, 1988a) and the Daily Hassles Scale (Lazarus & Folkman, 1989). The purpose of the first instrument is to assess how the individual coped with a recent, stressful situation. The purpose of the second is to measure the frequency and severity of various daily hassles (stressors) which the individual may have encountered in the recent past. These instruments will be used in the present study to measure coping style and level of daily hassles.

In the human services professions (counseling, education, medicine, social work, etc.) the failure of coping is indicated by burnout. According to Maslach (1982), a prominent burnout researcher:

Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people work" of some kind. It is a response to the chronic emotional strain of dealing intensively with other human beings, particularly when they are

troubled . . . . [I]t can be considered one type of job stress . . . . [W]hat is unique about burnout is that the stress arises from the social interaction between helper and recipient. (p. 3.)

Part of the second stage of the process, depersonalization, is the development of a callous, cynical and insensitive attitude toward others, particularly recipients of help (Maslach, 1982). The process includes a strong peer influence component in that veteran, often cynical, staff teach new, usually idealistic staff that acceptance depends on becoming more distant from clients and adopting a cynical view of them (Toch & Grant, 1982). The newcomer gradually develops mistrustful beliefs about the motives of the client and his or her desire to change.

Cynicism is a problem not only in the human services profession, but in American society as a whole (Kanter & Mirvis, 1989), and especially in urban centers (Johnson, 1987; Lamar, 1988). The legions of disgruntled, cynical workers may be a significant factor in America's lower productivity during the past 15 years. As will be discussed in Chapter 2, some occupations, such as law enforcement, appear to contain pervasive cynicism.

How can cynicism be measured? The most validated instrument, the Cynicism Scale of the MMPI-2, contains 23 true-false items (Hathaway & McKinley, 1989). The scale is one of the MMPI-2 "content scales," so-called because the items reflect the characteristic which is measured. This study will utilize the scale to contrast cynical versus non-cynical chemical dependency counselors.

To summarize, workers cope with occupational stress and the amount of stress reflects the degree of fit between the individual and his or her work environment. Cognitive appraisal theory provides a framework within which to understand how the individual evaluates his or her work environment and copes with it. In the human services context, a failure of coping is indicated by the development of burnout, and one indicator of this process is the presence of cynical beliefs. The Cynicism Scale of the MMPI-2 is used to measure the level of cynical beliefs. Do cynical helpers cope differently and experience more daily hassles, than non-cynical helpers? If so, then the Cynicism Scale will display construct validity in this instance and will be a potentially valuable aid to supervisors in identifying helpers subject to burnout. The study is concerned with evaluating the construct validity of the Cynicism Scale through hypotheses which predict that chemical dependency counselors will respond differently to measures of coping and daily stress.

#### Purpose of the Study

The purpose of the dissertation study is to examine the construct validity of the Cynicism Scale of the Minnesota Multiphasic Personality Inventory (MMPI-2) with a sample of chemical dependency counselors.

#### Significance of the Study

The Cynicism Scale is one of the content scales of the MMPI-2. The MMPI, first published in 1943 and the most

widely-used personality instrument in the world, underwent a major revision in the 1980s after the creation of a contemporary restandardization sample (Colligan, Osborne, & Swenson, 1983). The MMPI-2, published in 1989, consists of 567 true-false items which may be scored on five validity scales, 10 clinical scales and 15 content scales (Hathaway & McKinley, 1989). The content scales differ from the others in that they were rationally rather than empirically constructed. Whereas the items on the other scales simply discriminate between groups with and without some type of pathology, the items on the content scales were selected by expert judges as exemplary of various traits, including cynicism (Graham, 1990). According to Butcher, Graham, Williams and Ben-Porath (1990), the value of the content scales lies in their ease of interpretability and their usefulness in work with non-clinical populations. In research, their value lies in the investigation of personality factors related to job performance, screening and placement.

The present study may make a contribution to counselor education in three ways. First, it may provide an additional use of an MMPI-2 content scale which students may learn in courses on objective personality assessment. Specifically, the study may indicate that the Cynicism Scale provides a brief means to identify persons under elevated occupational stress. Second, the study may provide a valuable addition to courses on chemical dependency

counseling where the instrument may be presented as a means of identifying at-risk, stress-prone counselors. Third, there may be application of the study in vocational appraisal courses in that the Cynicism Scale may prove to be an instrument which can be used in hiring, job placement and in-service training.

According to a national study (Kanter & Mirvis, 1989), cynicism is a widespread American phenomenon. Kanter & Mirvis identified the components of cynicism as follows: (a) the holding of unrealistically high expectations of self, others, society, institutions, authorities and the future; (b) an experience of disappointment in self and others leading to frustration and defeat; and (c) disillusionment, or the sense of being let down and deceived with resulting attempts to compensate in order to avoid appearing naive or gullible. The researchers administered a telephone survey to 649 representative workers in order to contrast those classified as "cynical" on a self-report measure from the "skeptical" and "upbeat." Of the respondents, 43% were classified as cynical (34% of the professionals surveyed) and the cynical reported a higher level of dissatisfaction with their lives and work. The present study deals with one sub-group of professionals, chemical dependency counselors, and explores the possible links between cynicism versus non-cynicism and self-reported coping behaviors, as well as perceived work-related stressors.

Kanter and Mirvis (1989) found that cynicism is pervasive in the American work force and cynical workers tend to perceive their jobs more negatively than other workers. The researchers administered a seven-item questionnaire to differentiate "cynical" from "skeptical" and "upbeat" workers. The highest levels of cynicism were in public utilities, transportation, and hotels/restaurants, while lower levels were found among professionals--34% compared to the total sample (43%). Levels of cynicism in health services (26%) and education (24%) were lower, which the researchers attributed to the greater education, income, and work autonomy which these professionals enjoy. Cynics were more likely to be male and reported less trust in management and co-workers, were more likely to expect unfair treatment on issues of pay and recognition, were less likely to expect a say and recognition, and expressed less overall satisfaction with their organization. All these differences were statistically significant ( $p < .05$ ). Cynics tended to view themselves as faceless persons in a cold world, rather than as self-respecting and connected to a warm world as the other two groups tended to do.

Individuals in some occupations are more likely to adopt cynical attitudes as a means of adjusting to the roles and demands of their work. Niederhoffer (1967) proposed a theory of occupational cynicism adapted from Durkheim and Merton's classic sociological theory of anomie or normlessness (Durkheim, 1951; Merton, 1957). According to

Niederhoffer, the police officer develops resentment (a "sour grapes" attitude) and comes to view most citizens as manipulative and mean, and self as misunderstood, mistreated, and unappreciated. Cynicism appears to be prevalent in the law enforcement and correctional fields in which workers must cope with difficult, uncooperative persons in stressful environments (Farmar, 1977; O'Connell, Holzman, & Armandi, 1986). Other research indicates that medical, dental, and pharmacy students tend to develop cynicism as their professional education progresses (Eli, 1984; Hatoum, Smith, & Sarpe, 1982; Rezler, 1974).

One way of understanding cynicism is through cognitive appraisal theory, which is concerned with the cognitive processes people use to evaluate their environments and cope with psychological stress (Lazarus & Folkman, 1984). The theory is transactional-individual (Pollock, 1984). When applied to the professional helper this means it examines how he or she copes with stress in the workplace. The theory is concerned with both individual factors, such as how the helper appraises his or her situation, and contextual ones involving the work environment. The theory will be described in more detail in Chapter 2.

Chemical dependency counselors are an important group of professional helpers because alcoholism and chemical dependency are serious national problems which result in huge costs to individuals, families, communities, and society. According to the National Institute on Alcohol

Abuse and Alcoholism (1990), about 10.5 million adult Americans exhibit symptoms of alcoholism and another 7.2 million are abusers of alcohol. The Institute reported that nearly one-half of all violent deaths are alcohol-related, more than 20,000 fatalities annually are attributed to alcohol, and alcohol-related problems cost employers about \$65 billion during 1986. Additionally, the Institute reported that health care for alcohol-related accidents and illnesses cost \$16.5 billion that year. According to Bureau of Justice statistics (1989), drug abuse continues to be an equally significant problem as evidenced by an 89.9% increase in drug-related arrests between 1979 and 1988. Those with serious alcohol and drug problems require treatment and almost 600,000 persons participated in treatment programs during 1987 (Bureau of the Census, 1990).

Drug abuse is a particularly acute problem in urban America where the cocaine epidemic has created a tremendous increase in violence and associated social decay over the past decade (Johnson, 1987; Lamar, 1988). In some larger cities there are "urban war zones" which are so dangerous that the police avoid going there whenever possible (Moore, 1989). In the spring of 1991, groups concerned about urban degeneration staged a march on Washington to protest "the betrayal of the cities" (Elliott, 1991), while one observer called for an urban Marshall Plan (Jacob, 1991). Despite the media focus on large cities, midsized urban areas have



not escaped the blight of drug-related violence (McCormick & Turque, 1991).

The chemical dependency counselor plays a vital part in the provision of addiction treatment, but the counselor is subject to burnout under high levels of occupational stress and job insecurity when the economy or public support changes (Hyman, Strug, & Priyardarsini, 1986; Knauert & Davidson, 1979). Given the severity of America's alcohol and drug problem, research on stress in this field is needed so that measures can be taken to reduce burnout and thus improve counselor selection, functioning and retention.

The importance of the present study stems from the pervasiveness of cynicism in society, the relationship of cynicism to work-related stress and burnout, and the importance of counselors in addiction treatment during an era when addiction continues to be widespread in America (Craig, 1987). According to Rose (1988), many counselors, despite believing in the disease concept, have a tendency to blame the client for relapses rather than the disease. Thus, the issue of whether the client with a presumed disease is responsible for his or her behavior may place the counselor in a therapeutic quandary. In addition, those with addiction problems, as well as their families, often resist help. From the standpoint of the disease concept, resistance reflects the primitive and powerful defense mechanism of denial (Arterburn, 1987). Client resistance is

a major contributor to counselor work stress (Schottenfeld, 1989).

First, the study will evaluate the construct validity of the MMPI-2 Cynicism Scale through exploring how cynical versus non-cynical chemical dependency counselors cope with work-related stressors. If cynical counselors do cope differently, then researchers will require a valid instrument to study occupational cynicism and at present validity data on the MMPI-2 content scales is limited (Butcher, Graham, Williams, & Ben-Porath, 1990). Second, the findings will be used to make recommendations to program administrators which may aid in the reduction of work-related stress, one contributor to burnout (Cherniss, 1980). Research indicates that the effective chemical dependency counselor sees his or her clients more frequently and is proactive, anticipating client problems and working with the clients to develop and implement new behaviors (McLellan, Woody, Luborsky, & Goehl, 1988). These characteristics do not appear to be those of a cynical counselor.

Since around 1980, job stress and burnout in the helping professions have received major attention in the literature (Cunningham, 1983; Maslach, 1982; Rogers, 1987). According to some burnout researchers (Carroll & White, 1982; Cherniss, 1980a), cynicism is an indicator of stress and burnout. Cynical professional helpers may deal with work-related situations differently than non-cynical helpers. If this is the case, recommendations will be

presented through which administrators can use the Cynicism Scale to identify cynical counselors who are under greater stress and provide remediation in the area of stress management.

Administrators could utilize the instrument as an aid to the hiring process, a self-assessment tool in in-service training, and as a means of identifying counselors who may need intervention to prevent burnout. If there is a link between cynicism, maladaptive coping and daily hassles, the scale could be used as a screening device to supplement the interview process and identify prospective counselors who do and do not cope with stress adaptively. In in-service training, counselors could use the scale as one indicator of the efficacy of their stress management techniques and, if needed, formulate a plan to reduce stress on the job. Finally, managers could use the scale to identify burnout-prone counselors and provide support and assistance as part of the supervisory process. By discussing specific items in the scale with a counselor, the manager could help him or her to identify beliefs and cognitions which contribute to the burnout process.

#### General Methodology

This study will utilize the causal-comparative method, which is sometimes called *ex post facto* research, where inquiry is aimed at exploring relationships between behavior patterns or personal characteristics by comparing subjects in whom this pattern or characteristic is present with

similar subjects in which it is absent or present to a lesser degree (Borg & Gall, 1989). Chemical dependency counselors in Virginia will be classified as cynical or non-cynical through the administration of a cynicism scale taken from the MMPI-2. Cynical and non-cynical counselors will then be administered two questionnaires derived from Lazarus' cognitive appraisal theory (Lazarus & Folkman, 1984) and compared as to their style of coping with and perceptions of work-related stress.

Based on the literature, hypotheses will be developed which predict that cynical counselors cope differently, and less adaptively, with work stress and experience more frequent daily hassles. If the hypotheses are generally supported by the data, evidence of the construct validity of the Cynicism Scale will be provided. The subject of construct validity will be discussed in Chapter 2.

#### Limitations and Assumptions

The primary limitation of this study lies in the characteristics of causal-comparative designs compared to experimental designs. Since the researcher cannot manipulate independent variables in causal-comparative research, he or she must attempt to compensate for as many of the potential sources of invalidity as possible. In this study, a relatively large number of subjects will be selected in an effort to compensate for two conditions often present in causal-comparative research (Borg & Gall, 1989). First, the employment of personality correlates as

independent variables introduces some uncontrolled variance into the study because behavior is multi-determined. Second, when the subject groups are broken down into sub-groups for analysis, as will be the case here, within-cells sample sizes become smaller and the standard error increases. The goal of using a relatively large number of subjects is to increase confidence in the results, i.e., that any significant differences between groups (CYN versus NCYN) on the dependent variables (stress measures) are due to the independent variable.

As Cook and Campbell (1979) observed, the chief value of quasi-experimental designs is that they permit the study of phenomena or attributes in the "real world" outside the laboratory.

A secondary limitation of the study is that it cannot be known with certainty to what extent chemical dependency counselors in Virginia resemble those in the country as a whole. At present, no national organization represents a cross-section of the field and, in fact, the National Association of Drug and Alcohol Counselors (NAADAC) is feuding with another group, the National Certification Reciprocity Consortium, over the form national certification should take (Meachum, 1991). However, NAADAC is the larger group and is probably more representative of counselors in treatment settings, and VAADAC is a state affiliate of NAADAC. In addition, Virginia includes a variety of demographic conditions from urban to suburban to rural and

the state's certification system resembles NAADAC's national credentialing. Overall, VAADAC's membership is probably similar to the national body in training and variety of demographic characteristics.

This study makes two assumptions which should be made explicit. First, the CYN scale, as well as the WOCQ and DHS, appear to possess adequate reliability and validity to encourage confidence in its results. Although the CYN scale is rather new, early psychometric data is encouraging. In addition, the scale's items resemble those on the shorter cynicism instrument used by Kanter and Mirvis (1989). In their national study, these authors found numerous statistically significant differences between CYN and NCYN groups on work satisfaction and related issues.

The present study is itself intended to assess an aspect of the construct validity of the CYN scale. This makes the reliability and validity of the WOCQ and DHS critical. The WOCQ has been developed over an approximately 15-year period and the DHS over a 10-year period. Psychometric data, presented in Chapter 2, indicates that both instruments effectively operationalize elements of cognitive appraisal theory.

The second key assumption is that individuals who possess a certain attitude pattern (i.e., cynicism) will tend to behave differently than those who do not possess the pattern. While direct evidence of this proposition is as yet limited, there is a clear, statistical relationship

between cynicism and hostility, and research indicates that hostile individuals tend to cope differently from non-hostile individuals. Evidence to support these statements will be presented in Chapter 2.

#### Research Questions and Hypotheses

The study is concerned with the following research questions:

1. Is cynicism related to burnout in chemical dependency counselors?
2. Do cynical (CYN) chemical dependency counselors tend to report using different coping strategies with work-related stress than non-cynical (NCYN) chemical dependency counselors?
3. Do CYN counselors tend to report different types of daily hassles (i.e., everyday stressors) than NCYN counselors?
4. Do CYN counselors report more daily hassles than NCYN counselors?
5. Do CYN counselors report more severe daily hassles than NCYN counselors?

Based on a review of the literature for analysis purposes the CYN and NCYN groups will be divided into sub-groups according to the co-variates of age, recovery status, education and gender.

The hypotheses for the study are as follows:

### Cynicism and Burnout

1. Cynicism and burnout in chemical dependency counselors will be significantly and positively related ( $p < .05$ ).

2. Cynical (CYN) counselors will score significantly higher on burnout than non-cynical (NCYN) counselors ( $p < .05$ ).

### Cynicism and Ways of Coping

1. CYN counselors will utilize Confrontive Coping more frequently than NCYN ( $p < .05$ ).

2. CYN counselors will utilize Distancing more frequently than NCYN counselors ( $p < .05$ ).

3. CYN counselors will utilize Escape-Avoidance more frequently than NCYN counselors ( $p < .05$ ).

4. There will be no significant difference between CYN and NCYN counselors in the frequency of Self-Controlling coping.

5. NCYN counselors will utilize Seeking Social Support more frequently than CYN counselors ( $p < .05$ ).

6. NCYN counselors will utilize Accepting Responsibility more frequently than CYN counselors ( $p < .05$ ).

7. NCYN counselors will utilize Planful Problem Solving more frequently than CYN counselors ( $p < .05$ ).

8. There will be no significant difference between CYN and NCYN counselors in the frequency of Positive Reappraisal.



### Cynicism and Daily Hassles

1. CYN counselors will report more total hassles than NCYN counselors ( $p < .05$ )
2. CYN counselors will report more Future Security hassles than NCYN counselors ( $p < .05$ ).
3. CYN counselors will report more Work hassles than NCYN counselors ( $p < .05$ ).
4. CYN counselors will report more Inner Concerns hassles than NCYN counselors ( $p < .05$ ).
5. CYN counselors will report more Neighborhood/ Environment hassles than NCYN counselors ( $p < .05$ ).
6. There will be no significant differences between CYN and NCYN counselors on the remaining factors: Time Pressures, Household Responsibilities, Health, Financial Responsibilities.

### Moderator Variable - Age

1. Younger counselors (up to age 39) will be more likely to be CYN than will older counselors ( $p < .05$ ).
2. Younger counselors will report more problem-focused coping (PFC), i.e., Confronting Coping, Seeking Social Support, Accepting Responsibility, Planful Problem-Solving.
3. Older counselors (aged 40 and above) will report more emotion-focused coping (EFC), i.e., Distancing, Self-Controlling, Escape-Avoidance, and Positive Reappraisal.

### Moderator Variable - Recovery Status

1. There will be no significant differences between recovering and non-recovering counselors for any of the

following variables: CYN versus NCYN, EFC, PFC or frequency or severity of hassles.

Moderator Variable - Education

1. No-degree counselors will be more likely to be CYN than will degree counselors ( $p < .05$ ).
2. No-degree counselors will be more likely to utilize emotion-focused coping strategies, e.g., Distancing, Escape-Avoidance, than will degree counselors ( $p < .05$ ).

Moderator Variable - Gender

1. Male counselors will be more likely to be CYN than female counselors ( $p < .05$ ).
2. There will be no significant differences between male and female counselors for any of the following variables: emotion-focused or problem-focused coping, frequency or severity of hassles.

## CHAPTER 2: A REVIEW OF THE LITERATURE

### The MMPI-2 and Construct Validity

#### The MMPI-2

Hathaway and McKinley (1940) began work on the original MMPI in the late 1930s and constructed a schedule composed of 550 true-false items chosen for their ability to discriminate between psychiatric patients and a nonpatient group of hospital visitors. This procedure is called empirical scaling. The first published version appeared in 1942, and after 1950 the basic format of the test was established, but the original normative sample continued to be used well into the 1980s:

As American culture changed over the five decades since the items were originally written by the test authors, concerns have . . . been expressed about sexist wording, outmoded idiomatic expressions, and references to literary material and recreational activities (Hathaway & McKinley, 1989, p. 3).

The result was the acquisition of a new restandardization sample designed to include persons who were representative of the normal American population. The intent was to broaden the utility of the instrument beyond simply clinical applications (Colligan, 1983)

A new component of the MMPI-2 was the 15 "content scales," constructed differently than the rest of the instrument in that expert judges selected the items as

exemplary of various traits such as anxiety, anger, low self-esteem and cynicism (Graham, 1990). Unlike items on the validity and clinical scales, those on the content scales clearly and directly relate to the trait measured. The content scales were normed and validated using the restandardization sample. Test-retest reliability over approximately nine days on the average was satisfactory, internal consistency "quite high," and validity data promising but preliminary (Graham, 1990).

According to Butcher, Graham, and Williams (1990), the content scales serve a primary purpose as a supplement to the clinical scales by providing an additional source of information about test-takers. Interpretation is straightforward because the items are transparent and the scales require little inference. Unlike the remainder of the MMPI-2, the content scales may be elevated in the non-clinical or normal population. The scales have potential value to stimulate new research, as well as in the evaluation of work performance. According to Butcher, Graham, and Williams (1990, p. 134), "[p]ersonality factors in job performance are important elements to address in pre-employment screening and job placement research."

The Cynicism (CYN) Scale is comprised of 23 true-false items and measures an "attitudinal predisposition" as opposed to behavior (Butcher, Graham, & Williams, 1990). The CYN Scale was selected for this study because it is part

of the MMPI-2, but there is limited evidence available on its psychometric characteristics, especially construct validity. As part of the MMPI restandardization study (Butcher, Graham, Williams, & Ben-Porath, 1990), CYN was administered twice in an average period of nine days to 193 adult subjects in seven states and on an Indian reservation, which resulted in test-retest coefficients of .80 and .89 for men and women respectively. Internal consistency coefficients (Cronbach's alpha) were .86 for men and .85 for women. The intercorrelations with other MMPI-2 content scales ranged from .33 to .53 and were in the expected directions, as were the intercorrelations with the validity and clinical scales. Of particular significance was a .62 correlation for both males and females ( $p < .001$ ) with the Hostility (HOS) Scale, one of the Wiggins Content Scales of the MMPI (Wiggins, 1966). Previous research indicates that persons scoring high on hostility are psychosocially vulnerable and rejecting of social support (Smith, Pope, Sanders, Allred & O'Keefe, 1988). The correlation between cynicism and hostility is important to the present study. In addition, the HOS Scale has been found to predict coronary heart disease and general mortality (Smith, Pope, Sanders, & Allred, 1988). High scorers on HOS tend to employ maladaptive coping styles such as aggressive acting-out (Blumenthal, Barefoot, Burg, & Williams, 1987). The pronounced relationship of HOS and measures of cynicism has led some researchers to conclude that HOS actually measures

"cynical mistrust" or "cynical hostility," i.e., a combination of anger proneness and a cynical, distrusting view of others (Costa, Zondermen, McCrae, & Williams, 1986; Smith, Pope, Sanders, & Alred, 1988).

Levitt (1989) observed that, while CYN is related to alienation and suspicion in sociopathically inclined persons, the scale appears to measure a distinct and different characteristic. He concluded there was "minimal or no item overlap with scales measuring alienation and suspicion and thus [the scale] is a distinct contribution to the measurement of personality tendencies" (p. 49).

Butcher, et al. (1990) provided evidence for the concurrent validity of CYN. Couples completed the MMPI-2 plus a Behavior Rating Form on their spouse. High CYN males were perceived by their wives as having psychological problems centering around hostility, while cynical men also tended to score high on two MMPI-2 supplementary scales, Hostile-Overbearing and General Maladjustment, and low on Outgoing-Helpful. The wives said their husbands had temper tantrums and were whiney, demanding and lacked interest in joint activities. The husbands' descriptions of their wives also provided evidence for the concurrent validity of the CYN Scale. They described their high CYN wives as having psychological problems, not being friendly or sociable and as suspicious and displaying unsound judgment.

As with MMPI and MMPI-2 validity research generally, there is less attention to low scorers. According to Graham

(1990), low CYN persons tend to perceive others positively, trust others, behave in a friendly and helpful manner and tend not to be viewed by others as hostile. This description is similar to a list of preferred attributes of the chemical dependency counselor (Frances & Franklin, 1989), which includes the ability to establish a caring relationship and to maintain an attitude of "informed optimism."

#### Construct Validity of Personality Scales

According to Cronbach (1984), construct validity reflects the degree to which a test measures the theoretical construct or trait which it intends to measure. Any data which reveal the nature of a trait and the conditions of its development and manifestation contribute to construct validation, which involves a gradual process of gathering information from various sources. Anastasi (1988) noted that no test is pure, so the process of construct validation involves interlocking observations, reasoning and imagination.

In a classic article, Cronbach and Meehl (1955) observed that construct validation is necessary wherever a test measures an attribute which is not operationally defined. Based on a review of the literature, a prediction is made that a person who possesses a relatively high amount of an attribute (e.g., high CYN) will act in a certain manner when subjected to a certain situation. According to Cronach and Meehl, "[t]he proposed interpretation generates

specific, testable hypotheses, which are a means of confirming or disconfirming the claim" (p. 290). If the prediction is not confirmed, then one of the following is true: (a) the test does not measure the construct; (b) the theoretical argument which led to the prediction is incorrect; or (c) the design failed to test the prediction properly. A new test is needed in the latter two cases. If, on the other hand, the prediction is substantiated through the validation of research hypotheses, the researcher reports the evidence for this and the process of validation continues with future research.

Similarly, Hogan and Nicholson (1988) described the research paradigm for construct validation of a personality test as follows:

(a) The researcher hypothesizes that individual differences in a disposition (D) are associated with variations in performance of a certain type P;

(b) He or she chooses a measure of D and an index of P;

(c) The researcher selects a sample of individuals with D and records for each subject an index of P;

(d) The researcher then examines the extent to which scores on D covary with the index of P. In this study, CYN is D and the two stress measures are indexes of P. Hogan and Nicholson (1988) saw construct validation as synonymous with hypothesis-testing and the procedure which is used in the "hard sciences." They emphasized the necessity for the



researcher to go beyond the establishment of relationships between D and P and ask what the validation results have to say about what scores on a test of D mean. Gough (1965) also stressed the importance of moving beyond identifying the external correlates of D to interpreting the results in terms of the "personological implications" of test scores, e.g., meanings of high versus low scores, and watching for unexpected covariations.

The present study is an example of criterion-related validation, one form of construct validity. Carmines and Zeller (1979) define the purpose of this type as estimating some sort of behavior which is external to the measuring instrument, an entity which is called the criterion. In this study, the criteria are types of coping strategies and incidence and severity of daily stressors. According to Carmines and Zeller (1974), the researcher should utilize a theoretical framework for making predictions which has been called a "nomological net" (Cronbach & Meehl, 1955). As the number of correct predictions grows, so does confidence in the construct validity of the instrument.

The process of construct validation has value only when it contributes tangibly to understanding people where such an increase in knowledge is called incremental validity (Lyman, 1991). According to Thistlewaite and Campbell, (1960), where subjects are referred to discrete groups on the basis of a theoretical construct (here cynicism versus non-cynicism) the researcher must use multiple indicators of

the construct to test for construct validity. Each indicator, such as measures of coping and daily stressors here, is intended to operationalize the construct. The researcher develops confidence in the construct validity of his or her instrument based on the predictions which are substantiated with different and varied measuring devices. Also, in quasi-experimental research the research must also select a representative sample of subjects from the population of interest.

In summary, the current study involves construct validation in that the purpose is to determine to what degree the CYN scale measures an attribute with external, behavioral referents, in this case measures of coping style and daily stress. Although, as will be discussed later, a direct link between cynicism and stress management has not yet been made, there is a strong correlation between cynicism and hostility (Hardy & Smith, 1988). Hostile persons tend to view the world with cynical mistrust and use unhealthy coping strategies which may increase stress (Smith & Pope, 1990). Thus, it is appropriate to predict that cynical persons will use different coping strategies than non-cynical persons and experience more daily stress. In keeping with the requirement of multiple measures in construct validation, the study will utilize both the Ways of Coping Questionnaire (WOCQ) and the Daily Hassles Scale (DHS). If most predictions are confirmed, then the value of the scale will be its usefulness in identifying cynical

counselors who may be under high occupational stress and employing sub-optimal coping strategies. These counselors may then be involved in stress management workshops or other interventions designed to help them cope more effectively with work-related stress.

#### Cynicism and the American Worker

According to Kantor and Mirvis (1989), there are several reasons why it is important to study cynicism among American workers. These include their pervasive mistrust of management, tendency to disparage other workers and spread rumors and gossip and their resistance to change, all of which contribute to the nation's poor competitive standing in the world economy because cynical employees maintain lower morale.

Various commentators have attributed cynicism in society to conditions in modern, technological America. For example, Leet (1979) pointed to a rise in competitiveness associated with the development of an industrial society in the nineteenth century and followed by a decline in shared values. A rampant materialism is said to encourage worker cynicism and cynical companies create cynical workers ("Complain, complain," 1987). Kantor and Mirvis (1989) explained the prevalence of cynicism in their survey as a reflection of workers' feelings of powerlessness over their economic and political lives with a corresponding emphasis on minding their own affairs and needs. They stated that workers' disillusionment accelerated when the economic

promises of the Reagan administration remained unfulfilled. Finally, organizations, politicians and the media are said to inflate hopes unrealistically, leading to worker apathy and cynicism.

The cynical worker's world view appears remarkably similar to that of Niccolo Machiavelli, a fifteenth- and sixteenth-century Italian political philosopher. In *The Prince* (1974), Machiavelli characterized men as:

Ungrateful, fickle, false, cowardly, covetous [and they] have less scruples in offending one who is loved than one who is feared for love is preserved by the link of obligation, owing to the baseness of men, is broken at every opportunity for their advantage; but fear preserves you by a dread of punishment which never fails (p. 24).

Machiavellianism is a construct in modern psychology. Persons high on this trait are said to see others as objects, act largely out of expediency and mistrust others. Mistrust is a cardinal feature of worker cynicism: "We simply do not know what to believe, whom to believe, whom to trust, and whom to turn to in the face of massive change." (Kantor & Mirvis, 1989, p. 145.)

In their telephone survey of American workers, Kantor & Mirvis administered a seven-item questionnaire to classify workers as cynical, skeptical or upbeat, then gathered information on their perceptions of and attitudes toward their jobs, organizations and themselves. Cynicism was most prevalent in the lowest age group (ages 18-24) and declined with increasing age and education. Males, minorities, widowed and divorced persons, blue-collar workers and

residents of highly urbanized regions were more likely to be cynical. Professionals were the occupational group least likely to be cynical (34%), and health services workers (26%) and educators (24%) were the least likely to be cynical in that group. Cynics in general were more likely to be mistrustful of management, to consider the rewards of the system unfair, to criticize the management style of their superiors and to consider themselves to be faceless persons in a cold world. All these group differences between cynics and non-cynics were statistically significant ( $p < .05$ ).

#### Cynicism, Coping and Health

Research in the last decade has established a link between hostility, cynicism, maladaptive coping and adverse health consequences. Construct validity studies of the Cook and Medley Hostility (HO) Scale (Cook & Medley, 1954) have established that HO actually measures cynical hostility, a combination of anger proneness and a cynical, distrusting view of others (Hardy & Smith, 1988; Smith, Pope, Sanders, & Allred, 1988). Barefoot, Dodge, Peterson, Fahlstrom, and Williams (1989) observed:

Hostility is a broad psychological domain encompassing various cognitive, emotional, and behavioral aspects of an individual's negative orientation towards interpersonal transactions. Traits in the hostile domain include: *cynicism* [italics added], anger, mistrust and aggression. (p. 46.)

These researchers defined cynicism as the belief component and hostility as the affective component in cynical mistrust.

Smith and Pope (1990) presented a "Transactional Model of Cynical Hostility and Health" as an impetus for future research. The model proposes that cynically hostile persons hold negative expectations for others and may, in turn, behave antagonistically, which produces defensive, negative reactions, high conflict and low support. This results in chronic anger, vigilance and stress with the corresponding physiological correlates in the cardiovascular, neuroendocrine and immunological systems. Indeed, Smith, Pope, Sanders and Allred (1988) found that high HO subjects across three domains (undergraduate, married couples, adult volunteers) revealed a pattern of higher stress and less social support than low HO subjects. Blumenthal, Barefoot, Burg and Williams (1987) studied a group of patients undergoing coronary angiography and found that they tended to exhibit HO and ineffective coping styles including repression, denial, low impulsive control and acting-out behavior. Also, they tended to report feelings of alienation from others and little social support.

The link between cynical mistrust or hostility and health outcomes is a recent development in research on the Type A Personality or TPA. In its original form TPA described a coronary-prone individual who displayed an aggressive, struggling approach to life with a sense of constant time pressure and a well-rationalized hostility (Friedman & Rosenman, 1974). More recent research (Barefoot, Siegler & Nowlin, 1987; Williams, 1984) has shown

that the aggressive, achievement-oriented components of TPA are less important to the prediction of coronary heart disease and other adverse health outcomes than the presence of a generalized attitude of cynicism, suspiciousness and hostility. The relationship between cynical hostility and the incidence of CHD and hypertension has been established in a 25-year prospective study of 255 physicians (Barefoot, Dahlstrom & Williams, 1983).

In summary, research published during the past decade has established a clear relationship between an attitude of cynical mistrust, maladaptive coping practices and, tentatively, adverse health outcome.

#### Research on Occupational Cynicism

Certain occupations appear to attract cynics or encourage cynicism. Niederhoffer (1967; 1970) was a pioneer in the study of occupational cynicism in his research on police and developed a 20-item questionnaire to identify cynical police officers. Based on later research, O'Connell, Holzman, and Armandi (1986) identified cynicism as a multi-dimensional variable composed of organizational cynicism, i.e., directed to the police organization, and work cynicism directed to police work in general. Various combinations of the two types predicted well the use of rebellion, retreat, or conformity as a means of adjusting to the police role.

Research indicates that cynicism is not a healthy mode of adjustment to police work. Violani and Marshall (1983)

surveyed 500 officers from 21 departments to investigate the relationship between occupational stress, individual stress and coping strategies. They found that cynicism was prevalent in officers whose superiors pressured them in depersonalizing or authoritarian ways, but cynicism was not an effective means of reducing stress. In a second study of 167 officers, Lester (1987) found that cynicism and external locus of control were negatively correlated with job satisfaction to a stronger degree than socio-demographic variables such as age and education. Finally, Regoli, Crank and Rivera (1990) found that cynical officers were more likely to be involved in hostile encounters with citizens, to be dissatisfied with their jobs and to maintain poor work relations.

Despite its negative consequences, cynicism appears to be somewhat functional in police organizations. Anson, Mann, and Sherman (1986) administered Niederhoffer's cynicism scale to 40 officers and found that high scorers received more favorable personnel evaluations than low scorers. In a qualitative study of female police officers in Atlanta, Remington (1983) found that with increasing length of service women adopted the cynicism and mistrust of the public which was characteristic of male officers. Although Chandler and Jones (1979) argued that the danger, isolation and authority associated with police work make the development of cynicism almost inevitable, American police may not be typical in this respect. Teahan, Adams, and



Podany (1980) administered the Rockeach Value Survey to 98 white, male patrol officers in a large, industrial city in the United States and 158 white, male police constables in Great Britain. The two groups differed on numerous values indicators, and significantly for the present study, the Americans grew more cynical with increasing service while their British counterparts did not. The researchers attributed the difference to the higher crime rates in America. In another study mentioned above (Regoli, Crank & Rivera, 1990), cynical police officers made more arrests than their non-cynical counterparts.

In summary, research indicates that cynicism is prevalent in American police work due to both organizational and work-related factors. The authoritarian nature of police administration appears to engender mistrust, and at times powerlessness, which may lead to cynicism. Also, the nature of police work (danger, vigilance, feeling alienated from the public) appears to encourage the development of cynicism with increasing service. The research is unclear as to whether cynical persons are more likely to enter police work than other occupations.

Cynicism has been studied in other occupations, although less extensively than in police work. In a related occupation, corrections work, Farmer (1977) found a moderately high level of cynicism, measured by the Niederhoffer scale, among 56 officers in three New York county houses of correction, and cynicism was more prevalent

in the institution which emphasized both treatment and rehabilitation. The researcher hypothesized that officers in this facility experienced a role conflict between the security and rehabilitative goals of the institution.

Students in medicine, pharmacy and dentistry appear to develop cynical attitudes during their training. In a review of the literature on medical students, Rezler (1974) concluded that medical schools foster cynicism over the four-year period of training and special programs to encourage humanistic approaches to medicine were ineffective unless supported by the environment of the medical school. However, Kopelman (1983) maintained that cynicism among medical students may be healthy in that it indicates the survival of personal values and is preferable to responses such as depression or despair. Kopelman wondered if medicine could discuss its faults openly as an antidote for cynicism. Research on pharmacy (Haroum, Smith & Sharpe, 1982) and dentistry (Eli, 1984) also indicates a pattern of growing cynicism among students during their training, although dental students returned to an idealistic outlook by eight years after graduation (Eli, 1984).

Surprisingly, direct references to cynicism are rather rare in studies of work adjustment among counselors and mental health workers. Bepko (1984) examined the implementation of multi-disciplinary teams in a large psychiatric hospital. He identified staff cynicism, along with organizational rigidity and a perceived threat to the

authority of physicians, as the most potent barriers. Two other concepts, alienation and depersonalization, appeared related to cynical attitudes in helpers. Levine (1982) observed that the therapist may cope with stress by alienating self from his or her clients and concentrating on method rather than encounter. Leiter (1990) administered burnout and coping inventories to 122 middle-aged mental health workers. Depersonalization with clients, one aspect of burnout, was negatively related to coping resources, i.e., social support, at work and at home. Since depersonalization was directly contrary to professional ethics, therapists appeared to utilize it as a last resort.

Overall, studies on a number of occupations and professions indicate that the demands of training, the organization and the work role may increase the prevalence of cynicism in certain fields. In the next section the related literature in human service professionals is reviewed. Although explicit research on cynicism among professional helpers is rare, studies of occupational stress and burnout frequently mention mistrustful attitudes in this group.

#### The Human Services Professional: Burnout and Cynicism

According to Maslach (1982):

Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people work" of any kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems.  
(p. 3)

Kantor and Mirvis (1989) have identified the components of cynicism as: (a) unrealistically high expectations of self, others and society; (b) an experience of disappointment and resulting feelings of frustration and defeat; and (c) disillusionment, the sense of being let down or betrayed by others. Cynicism appears to be an attitudinal aspect of depersonalization or detachment in which the helper defends against guilt and frustration through adopting a negative, mistrustful view of clients, which in turn leads to reduced quality of work (Cherniss, 1980).

Freudenberger (1974) was apparently the first to use the term "burnout" to describe a pattern of disillusionment in human service workers characterized by physical symptoms such as exhaustion and fatigue, and behavioral symptoms, such as emotionality, suspiciousness and cynicism. Numerous writers have pointed to the importance of young helpers' idealistic expectations to the etiology of burnout (Edelwich, 1980; Maslach, 1982; Ursprung, 1986). The young helper begins with a belief that he or she can make a meaningful difference in the lives of patients, clients or pupils, but gradually becomes disillusioned in the face of seemingly intractable service recipients and unresponsive service organizations. If the process continues unchecked, the helper may assume a detached, helpless position. One helper described the experience:

You get to feeling that there's no point in trying anymore, that there's very little you can do, that the

situation will change or not change whether you're there or not. (Edelwich, 1980, p. 188)

Although burnout may be related to factors such as family problems or physical illness, it is primarily the result of occupational stress. Based on his study of young professionals in these fields during their first year, Cherniss (1980) concluded:

We found that many of the new professionals we studied did change during the first year or so of their careers. They lost most of their idealism. They became less trusting and sympathetic toward clients or students or patients. They became less committed and interested in their jobs . . . [T]he extent to which they changed seemed to be strongly influenced by the nature of their work settings. Those who worked in demanding, frustrating, or boring jobs tended to change more negatively than those whose jobs were interesting supportive, and stimulating. In other words, negative changes in attitude seems to be associated with high job stress. (p. 5)

Given that occupational stress stems from an interaction of the worker and his or her environment, it appears vital that interventions be at both the personal and organizational levels (Carroll & White, 1982).

Writers in the area of occupational stress and burnout have frequently utilized the cognitive appraisal theoretical framework (Lazarus & Foreman, 1984), which will be described in greater detail in a later section. Farmer, Monahan, & Hekeler (1984), for example, stressed the importance of discerning how the person appraises his or her work environment, in addition to identifying the characteristics of that environment. Thus, it is important to include "personal factors," such as temperament and expectations of one's job, in order to understand how the helper copes with

stress. According to these authors, stress in the human services stems from a host of factors including many clients' lack of social skills and motivation, the difficulty in measuring success, the helper's idealism and grandiose notions about clients' change processes and various organizational factors such as lack of supervision and conflicting role expectations.

In another formulation based on Lazarus' theory, Carroll and White (1982) emphasized the importance of finding out the meaning and significance that the helper attaches to his or her perceptions and interpretations at the personal and systems levels of his or her job. At the personal level, the helper might view himself or herself as having insufficient education or training, inadequate insight into client problems or the helper might be resistant to seeking help for professional deficiencies.

In a third and final application of cognitive appraisal theory, Cherniss (1980), following Lazarus and Launier (1978), characterized human service work settings as highly ambiguous and conflictual, tending to encourage an experience of helplessness which favors the use of withdrawal and other intrapersonal defenses. Cherniss pointed out that research indicated the importance of competence for helpers, given their direct responsibility for clients and the perception of the work as a calling. Yet competence is often difficult to obtain given limited feedback from most clients, uncertainty about the impact of

help and the frequent low degree of cooperation from clients. This writer concluded that the end result of these helper perceptions may be an experience of helplessness leading to burnout, often followed by an exit from the field.

As indicated by the above discussion, the attitude of the helper toward clients, his or her job, the organization and self is considered a key element in understanding occupational stress and burnout. Cherniss (1980) listed cynicism as one indicator of stress and burnout, while Carroll and White (1982) cited it as a personal, attitudinal indicator. Storlie (1982) commented that all professionals enter their fields with illusions first developed in childhood. Once on the job, the helper must replace illusions with knowledge to a degree, but disillusionment means the complete absence of illusion, or cynicism. The cynical helper, this writer observed, foregoes innovation and cultivates a demeaning attitude toward clients while emphasizing technique over people.

Although there is little research on the relations of cynicism to occupational stress and burnout, other personal factors, some similar to cynicism, have been identified. Spanoil and Caputo (1979) divided burnout symptoms into personal and organization categories. They listed the following as personal symptoms: fatigue, worry, inability to make decisions, guilt, physical symptoms, alienation, cynicism or griping, anger or resentment, accident proneness

and general anxiety. Similarly, Maslach (1982) identified chronic fatigue, tension, a reduced sense of self-worth, depression and a sense of omnipotence over clients.

According to Sutherland and Cooper (1990), a primary indicator of occupational stress in helpers is mistrust manifested in helper-client and helper-helper relationships. Mistrust, these authors stated, is positively related to role ambiguity and negatively related to social support from colleagues. A particularly stress-prone individual is the "abrasive personality" who possesses a high achievement need and is intelligent, but functions less well emotionally, is perfectionistic, preoccupied with self and exhibits a condescending and critical style with clients and co-workers. Some confirmation for the relationship of blaming and external locus of control to occupational stress is provided in a study of 160 mental health center employees (Stormer & Specter, 1987). Helpers who were high on burnout were more likely to engage in unhealthy behaviors such as interpersonal aggression, sabotage and withdrawal on the job.

Although burnout is usually treated as a unitary phenomenon, there is some evidence to the contrary. Gillespie (1980-1981) surveyed 18 child abuse workers, ages 32 to 62, and identified two types of burnout, active and passive. The first was associated with organizational or other factors external to the workers, while the second appeared to be associated with internal, "social



psychological" factors. This study is relevant to the present one in that the two types appear related to the two major types of coping strategies in Lazarus' theory, problem-focused and emotion-focused coping, which will be discussed later.

Finally, are helpers with certain other characteristics more likely to experience high stress and burnout? Research on this topic is limited. Younger helpers appear to experience higher levels of stress and burnout, irrespective of length of service (Maslach, 1982; Perlman & Hartman, 1982). Those with only an undergraduate degree experience more stress and burnout (Maslach, 1982). Men appear to experience higher levels (Perlman & Hartman, 1982), perhaps because they have fewer reported sources of social support than women (Shinn, Rosario, & Chestnut, 1984). According to Maslach (1982):

Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people work" of any kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems. (p. 3.)

Kanter and Mirvis (1989) have identified the components of cynicism as: (a) unrealistically high expectations of self, others and society; (b) an experience of disappointment and resulting feelings of frustration and defeat; and (c) disillusionment, the sense of being let down or betrayed by others. Cynicism appears to be an attitudinal aspect of depersonalization or detachment in which the helper defends

against guilt and frustration through adopting a negative, mistrustful view of clients, which in turn leads to reduced quality of work (Cherniss, 1980).

In general, much research on occupational stress and burnout is based on subjective opinion and observation, or, if purely research, flawed by deficiencies in measurement, sampling, or design (Ursprung, 1986). Researchers often make assumptions which remain untested. For example, Ursprung (1986) pointed out that there is as yet no empirical support for using relaxation exercises and similar techniques to alleviate burnout, but many workshop facilitators have taught these techniques for this purpose. Taking this observation a step further, do helpers with different characteristics, e.g., cynicism versus non-cynicism, cope differently with work-related stress? If so, different interventions may be necessary for different persons.

#### The Field of Chemical Dependency Counseling

Since the founding of Alcoholics Anonymous in 1935, American chemical dependency treatment has been dominated by the disease model of alcoholism and chemical dependency. Under this model, alcoholism is viewed as a chronic and progressive disease of the mind, body and spirit in which the alcoholic permanently loses control over his or her drinking with disastrous life consequences (Talcott & Cooney, 1982). The primary psychological characteristic of the disease is the defense mechanism of denial which makes

the alcoholic appear very resistant to treatment (Mann, 1958). After medical intervention for detoxification, if necessary, the model prescribes the necessity of total abstinence from all mind-altering substances and lifelong attendance in Alcoholic Anonymous (A.A.) or other "12-Step" meetings (Anonym, 1974). As Heather and Robinson (1989) pointed out, the disease model has several advantages including the destigmatization of alcoholism concurrent with encouraging a more humanitarian attitude toward alcoholics on the part of professionals and the public. In addition, unquestionably, A.A. and similar organizations have helped hundreds of thousands of people during the past five decades.

Despite the popularity of the disease model, in recent years numerous critics have spoken out against the model and the treatment regime it recommends. Some have labeled the model unscientific, especially in terms of its insistence that loss of control over drinking or drug use is permanent and that there is a need for lifelong recovery (Hill, 1985). Others have objected that the disease model relieves persons of responsibility for their actions, including crimes (Knox, 1982). In fact, Peele (1985), one of the most vocal opponents, has charged that therapy based on the disease model may actually impede cure by reducing the alcoholic's sense of self-mastery and control. He referred here to the dictum of A.A.'s "First Step" which advises the alcoholic to admit his or her powerlessness over the chemical. Peele

(1988) maintained that neither the disease model nor its companion "enlightenment" model, i.e., A.A., address the values and morality aspect. For Peele, the alcoholic suffers from self-deception, and this problem must be addressed directly in treatment.

The major alternative to the disease model is the controlled drinking approach in which the client is taught to stop drinking at a point he or she selects (Heather & Robertson, 1989). Although popular in Europe, this approach has few adherents in the United States. Nevertheless, the disease model is under attack, particularly by those who question the effectiveness of the treatment it prescribes (Peele, 1990-1991).

Goodwin (1988) summarized the results of chemical dependency treatment effectiveness research. First, the problem of multiple definitions of alcoholism in the literature has reduced the comparability of studies. Second, there is no evidence that one form of treatment or setting (inpatient, outpatient, etc.) is superior. Third, it is the characteristics of the patient, not the treatment, which best predict outcome. Persons with stable marital and occupational status and higher SES do best. Fourth, there is no consistent evidence that treatment is better than no treatment. Fifth, methodological problems and spontaneous remission often confound research. Sixth, there is no evidence that alcoholism treatment is cost-effective. Finally, Hubbard, Marsden, Rachal, Harwood, Cavanaugh, and

Ginsberg (1989) studied effectiveness of treatment across the nation and found that there was a high rate of counselor turnover, and treatment often did not last long enough to impact on employment status and productivity.

In addition to its difficulties in demonstrating effectiveness, the treatment field is currently experiencing the effects of a slumping economy. The economic situation adds another source of stress for the chemical dependency counselor. Recently, representatives of private treatment centers appeared before a House of Representatives subcommittee to call for legal restraints on the ability of insurance providers to deny claims to persons seeking treatment (United States House of Representatives, 30 March 1991). The publications of the industry indicate a preoccupation with insurance companies and a concern about failing admissions ("Provider Risk in the '90s," 1990). Some worry that the industry will soon be unable to control its own destiny unless it decides on its own goals and objectives (Smith, 1989).

In summary, the chemical dependency counselor today finds himself or herself in a turbulent environment. The effectiveness of his or her work is questioned, while the economic future of the industry renders his or her personal future uncertain in some cases. In the next section the development of the field is traced.

### The Chemical Dependency Counselor

Rosenburg (1982), in describing the evolution of the field, noted that prior to 1970 there was an "informal partnership" between lay organizations such as A.A. and the health care system with a clear division between the two. As a reflection of the federal commitment around 1970 to reduce alcoholism and drug abuse, the division began to blur. Federal money made it possible for community programs to employ untrained paraprofessional helpers, many of whom were recovering alcoholics. The Littlejohn Report, prepared for the National Institute on Alcohol Abuse in 1974, recommended the hiring of full-time counselors with certifications and the initiation of in-service training programs. A blend of professional advocacy and lay (A.A.) involvement, the National Association of Alcoholism Counselors (now N.A.A.D.A.C.) held its first conference in 1976, and in the following year the Finger Report to the Alcohol, Drug Abuse, and Mental Health Administration recommended national credentialing, which still does not exist today. Formal education on alcoholism and chemical dependency entered professional schools slowly, while educational requirements for positions were gradually increased, reflecting internal pressures for credibility and external ones from third-party payers for qualified providers.

An important controversy in the field during the last 15 years has been between paraprofessionals, the first

alcoholism counselors and professionals who are degreed and usually have received formal education on addiction. Generally, neither group has been found to be rated as more empathic by clients (Kires, Best, & Irwin, 1986) or superior in retention of clients (Brown, Gfroerer, Thompson, & Bardine, 1985). In a large-scale, 18-month follow-up study of hospitalized alcoholic patients, Armor, Polich and Stanbul (1976) concluded that there was no difference in outcome between those treated by professionals versus paraprofessionals. The two groups differ in "values, identities, and motivation" and the paraprofessionals have resented the professionals' increasing domination of the field (Rosenburg, 1982).

Aiken and her colleagues (Aiken, Lo Sciuto, & Ausetts, 1984a; Aiken, Lo Sciuto, & Ausetts, 1984b) have conducted extensive research on the comparative effectiveness of professional and para-professional groups. In a study of 302 methadone maintenance and drug-free outpatient clients, using a four-month follow-up, there was no difference in effectiveness between ex-addict paraprofessionals, non ex-addict paraprofessionals and degreed professional counselors (Aiken et al., 1984a). The authors believed this result might be due to "the convergence among counselor groups in their treatment goals and treatment techniques over time" (p. 400). In another study of the same population (Lo Sciuto, Aiken, & Ausetts, 1984), while the groups agreed on the major causes of drug abuse, what was important in

treatment, the definition of treatment success and expectations for clients, the clients preferred the ex-addict para-professionals in several areas. These included knowledge of drugs and the street scene, client readiness to bring up any problems and desire for more input from the counselor.

A highly related controversy in the treatment field is between recovering and non-recovering counselors. Although in the 1970s almost all the recovering counselors were paraprofessionals, the professionalization of the field has been accompanied by an influx of non-recovering persons into the professional group. Recovering staff presents difficulty in terms of hiring criteria, e.g., amount of sobriety to be required (Brown & Thompson, 1975-1976; Luks, 1986), and how to handle the situation of a counselor who relapses (Kinney, 1983). Questions remain as to whether one group provides more effective treatment. For example, are recovering counselors less often misled by clients? Lawson, Petosa and Peterson (1972) found that recovering students in an alcoholism course diagnosed alcoholism from case histories more frequently than non-recovering students regardless of age or counselor status.

The relationship between the treatment field and two groups, A.A. and similar lay organizations and mental health professionals, have been slowly improving during the past 15 years. Kurtz (1985) interviewed program directors and A.A. members in 19 communities. She found that the most



cooperation existed where professionals and A.A. members communicated often, held similar ideas about treatment and where professionals often attended or hosted A.A. meetings. In regard to relations with mental health counselors, a history of poor communication has revolved around a lack of knowledge of addiction on the part of mental health providers as well as their distrust of 12-Step programs' emphasis on spirituality, in concert with a narrow conception of treatment on the part of chemical dependency counselors. Nowinski (1990) observed that each side is becoming more acquainted with the other, resulting in an increase in cooperation in the treatment of mutual clients with increasingly severe problems.

#### Burnout Among Chemical Dependency Counselors

As discussed above, evidence on efficacy of treatment has been sparse. In addition, the perceived resistance and low motivation of many clients (Schottenfeld, 1989), the fact that only treatment failures return to treatment (Craig, 1987) and the use of abstinence as a criterion of success (Heather & Robertson, 1989) make treatment difficult. As Niehoff (1984) pointed out, the complexity and ambiguity of the field also make it difficult for counselors to know if what they are doing is appropriate and effective. The result is often that the counselor simply tries harder:

Added to depression and guilt, acquired when clients cannot or will not improve, may be a sense of loss,

irritability, helplessness, boredom, or omnipotence. If I try harder I will make a difference. (Niehoff, 1984, p. 68)

As occupational stress escalates and burnout sets in, the counselor changes his or her experience of self (Sarata, 1982). The counselor feels drained and exhausted, while co-workers may see him or her as complaining, withdrawn or avoiding work. The counselor may begin to blame clients for not progressing, a phenomenon which some critics have attributed partly to the effect of the disease concept itself (Heather & Robertson, 1989).

Despite the apparent importance of the counselor to treatment, surprisingly, counselor variables have rarely been included in effectiveness research. In a review of research priorities London (1990) pointed out that while the counselor is an important factor to outcome, his or her optimum role is still unknown. There is, however, preliminary evidence that counselors who operate in a psychotherapeutic manner tend to produce more favorable outcomes (McLellan, Woody, & Luborsky, 1988). These counselors help clients to anticipate problems, discuss strategies and develop new behaviors and ways of thinking.

The image of the proactive counselor carries the assumption that the counselor copes with work-related stress in healthy ways. Researchers have suggested that more personal, demographic data be collected on counselors (Beutler, 1990), or that counselors be treated as a random

factor subject to unknown, yet systematic differences (Crits-Cristoph, Beebe, & Connolly, 1990). Neither approach recognizes that it is important to investigate how a personality characteristic such as cynicism may relate to ways of coping with job stress. If it is found that a significant relationship exists, administrators can take specific actions to assist counselors in learning to cope in more functional ways.

#### Cynicism, Burnout and Chemical Dependency Counselors

Although no research has as yet been conducted on the relationship of cynicism to burnout in the chemical dependency treatment field, there is reason to suspect that cynicism may be relatively prevalent there compared to other human service fields. There are several reasons for this suspicion. First, the disease model not only portrays the client in a negative light generally, but also warns that the alcoholic or addict cannot be trusted. Talcott and Cooney (1982) described the onset of the disease as accompanied by deceit: "When you stop bragging and start lying, you are on your way to becoming an alcoholic (p. 28)." Acceptance of deceitfulness as a core symptom, which these authors supported, may lead to a mistrustful attitude on the part of the counselor.

Second, the demand of the disease concept that the client must surrender to the realities of the disease may also encourage cynicism among counselors. The client is asked to admit his or her powerlessness, which is the

opposite of other approaches that teach self-mastery, and when the client resists he or she is said to be displaying further evidence of the disease (Peele, 1985). Ironically, the client must accept his or her dependence on the counselor, treatment and 12-Step programs in order to progress in treatment. Clients who resist, regardless of the motivation, may be considered to be manifesting the disease. This situation appears to encourage the counselor to doubt the sincerity of the client, except when he or she accepts the validity of the disease concept.

Third, as Schottenfeld (1989) observed, the predominance of involuntary clients in most programs negatively affects the counselor's perception of his or her clients. Resistance to involuntary treatment may be interpreted as evidence of the disease and/or non-cooperation:

Depending on how the clinician resolves these issues, court-stipulated patients may be viewed as hostile, paranoid, uncooperative, manipulative and unmotivated for treatment, or as powerless, scared, and anxious to ward off additional psychological pain. (Schottenfeld, 1989, p. 170)

Thus, the fact that the client did not choose to get treatment may increase the counselor's tendency to mistrust him or her.

Fourth, the requirements of lifelong abstinence and 12-Step attendance may engender a cynical attitude on the part of the counselor. Despite the lack of research support for these measures, most counselors and programs in this country support them (Hill, 1985). The counselor who accepts the

disease concept may blame the client who refuses to accept the necessity for these requirements. In the event of a relapse, the counselor must choose between self-blame and blaming the client. Often the counselor chooses the latter (Rose, 1988).

Finally, the circumstances of chemical dependency counselors' work and its perceived effectiveness may engender cynicism. The counselor role involves a stressful blend of therapist and authority figure (Knauert & Davidson, 1979), unlike the roles of many other professional helpers. Research on treatment effectiveness often indicates little impact (Goodwin, 1988; Hubbard et al., 1989). In one out-patient program known to the researcher, only about 20% of clients referred by the local social services bureau successfully completed treatment (L. Hartman, personal communication, 1991). In such an environment the counselor may adopt a cynical view of his or her clients to compensate for feelings of guilt and inadequacy.

Burnout researchers (Carroll & White, 1982; Cherniss, 1980) have found a relationship between cynicism and burnout. The evidence presented here, although not empirically supported as yet, suggests that the relationship may be particularly strong in the chemical dependency treatment field. The development of cynicism is an aspect of *depersonalization*, the second phase of the burnout process (Maslach, 1982). Because the third and final phase is *reduced personal accomplishment*, often followed by

leaving the field, it is important to investigate whether a brief measure of cynicism will identify counselors who are coping with work stress in unhealthy ways. If the Cynicism Scale can identify these counselors, their managers can provide intervention aimed at reducing occupational stress.

#### Cognitive Appraisal Theory

Lazarus and Folkman (1984) devised cognitive appraisal theory as a counterpoint to traditional stress research in which the individual is viewed as a passive respondent to stress. They define stress transactionally:

A particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. (p. 19)

In this framework the person may apply two types of appraisal to an encounter with his or her environment. Primary appraisal involves making "a judgment that the transaction involves jeopardy (threat), harm-loss, or an opportunity to overcome hardship and grow (challenge) by drawing upon more than routine resources" (Lazarus & Launier, 1978, p. 296). In terms of well-being, the transaction may thus be adjudged irrelevant, benign (positive), harmful or a challenge.

Once the individual has exercised primary appraisal, he or she now makes a judgment as to what might be done (secondary appraisal), an evaluation of what particular coping strategy might be most suitable given the potential, perceived consequences (Lazarus & Folkman, 1984). Within the framework the central question regarding coping is what

types are most adaptable (short- and long-term) for what types of people under what conditions. This is essentially a value-neutral position in which broad evaluations of any coping technique are avoided (Lazarus, 1990).

The beliefs which a person holds about personal control or the meaning of life are highly relevant to appraisal (Lazarus & Folkman, 1984). Beliefs about personal control may be either general ones, which operate mostly in ambiguous situations (e.g., substance abuse treatment) or situational ones, which operate mostly in unambiguous situations. Beliefs about the meaning of life may or may not create hope and maintain it in times of stress.

The perceived characteristics of the person's environment constitute the other part of the transaction in the framework. Of particular importance to the present study is the factor of ambiguity. According to theory, the person can intensify or reduce the perceived threat of an unambiguous situation through applying personal dispositions (Lazarus & Folkman, 1984). The cynical person, for example, tends to see others as untrustworthy and acting mainly out of self-interest. In this theory the person and the environment are seen as interdependent. Which elements of the environment are selected as most important depends on the appraisals the person makes. "Morale" is a long-term consequence of many appraisals of situations and those who cope successfully tend to appraise situations as challenges and place events in the most positive light possible

(Lazarus & Folkman, 1984).

In this framework coping with situations perceived as stressful is divided into two types (Monat & Lazarus, 1985). Problem-focused coping (PFC) involves direct efforts to change the person-environment relationship through means such as seeking new information or confronting someone. Emotion-focused coping (EFC) is "palliative" and does not attempt to alter the situation; instead the person handles the situation internally through strategies such as escape-avoidance, positive reappraisal, or distancing. A person who believes that a situation can be changed will tend to use PFC, while one who believes the opposite will tend to use EFC (Folkman & Lazarus, 1984). The latter may be functional in situations such as the Three Mile Island disaster in which realistically residents could do little about the situation (Collins, Baum, & Singer, 1983).

What role do personality factors play in research on coping? According to Lazarus, Kanner and Folkman (1980), they permit researchers to gain some understanding of emotional reaction patterns. Personality characteristics seem to make some responses more likely by providing a background for appraisal and coping. Relatively fixed commitments, values and beliefs about self and others, often stemming from unresolved conflicts from childhood, provide a basis for stability in emotional responsiveness.

#### Research in the Cognitive Appraisal Framework

Two primary research instruments are used in this



framework. The first, the Ways of Coping Questionnaire, or WOCQ (Folkman & Lazarus, 1988a), is designed to assess the thoughts and actions which people use to cope with the stressful encounters of everyday life. The subject is asked to select the strategies he or she used to cope with "the most stressful situation you have experienced in the past week."

#### The Ways of Coping Questionnaire

The Ways of Coping Questionnaire (WOCQ) was developed as a means of studying the coping process in terms of the "thoughts and actions individuals use to cope with the stressful encounters of everyday living" (Folkman & Lazarus, 1988a, p. 1). The original instrument, the Ways of Coping Checklist, was developed by the Berkeley Stress and Coping Project during the 1970s, using a rational approach, but later the authors changed to an empirical, factor-analytic approach when this proved more effective (Folkman & Lazarus, 1988a). The eventual result, the WOCQ, produces scores on eight coping scales, including problem-focused strategies such as Confrontive Coping and emotion-focused strategies such as Distancing. The WOCQ consists of 66 items (coping strategies in a four-point Likert scale format) and takes about 10 minutes to complete.

The original WOCQ sample was comprised of 75 middle- and upper-middle-class white married couples, each with at least one child at home (Folkman & Lazarus, 1980). Spouses were interviewed separately by different interviewers

monthly for five months and each was asked to describe the most stressful encounter they experienced during the previous week. They then completed the WOCQ. The response of the subjects were factor analyzed four times, ultimately yielding eight factors and, hence, eight scales.

According to Folkman & Lazarus (1988a), conventional test-retest measures of reliability are not appropriate for the WOCQ since it measures the dynamic process of coping.

According to these authors, internal consistency estimates of coping measures usually are in the lower end of the "traditionally acceptable range." Cronbach's coefficients ranged from .61 to .79. As Billings and Moos (1981) observed, coping measures are constructed with a minimum of item redundancy within each category of coping in order to produce relatively independent clusters of coping categories. Furthermore, when one coping strategy is used successfully the need to use other strategies from the same category may be reduced.

The stability of the factor structure is a second issue related to the reliability of the WOCQ. According to Folkman & Lazarus (1988a), available studies indicated "a good deal of convergence" with respect to several factors. Vitaliano, Russo, Carr, Maiuro, and Becker (1985) performed a factor analysis of the WOCQ's predecessor, the Ways of Coping Checklist, using samples of psychiatric outpatients, spouses of Alzheimer's patients, and medical students. They found six factors which generally corresponded to those

which the test authors had identified. Aldwin and Revenson (1987) found similar factors in a reanalysis of the WOCQ, while Folkman, Lazarus, Pimley, and Novacek (1987) reported a convergence with results from previous research using a sample of older, middle-class community residents.

Other research points to the satisfactory reliability of the WOCQ. Folkman and Lazarus (1980) reported acceptable internal consistency based on 91% inter-rater agreement among researchers for problem-focused versus emotion-focused coping and 78% agreement for college students. A study of how college students cope with examinations revealed stability coefficients ranging from .59 to .86 for the eight factors over three administrations of the WOCQ (Folkman & Lazarus, 1985).

According to Lazarus and Folkman (1988a), the WOCQ shows evidence of construct validity because it has yielded data consistent with predictions derived from cognitive appraisal theory. First, as predicted, people routinely use both PFC and EFC in the same stressful encounter. They tend to use PFC when the encounter appears to be changeable and EFC when it does not (Folkman, Lazarus, Dunkel-Schetter et al., 1986). Second, coping is a process which unfolds over time. For example, college students tended to employ different coping strategies before an exam, two days afterward and when grades were posted (Folkman & Lazarus, 1985).

According to Folkman and Lazarus (1988a), research

indicates that EFC strategies tend to be more stable and less prone to environmental influence than PFC strategies. For example, in a study of coping stability across successive encounters (Folkman, Lazarus, Gruen, & De Longis, 1986) the least stable strategies were Confrontive Coping, Seeking Social Support and Planful Problem-Solving (auto-correlations from .17 to .23), while the most stable was Positive Reappraisal ( $r = .47$ ). The authors concluded that the latter strategy was more influenced by personality factors (Folkman, Lazarus, Gruen, & De Longis, 1986). Vingerhoets and Flohr (1984) found that Type A personalities were more likely to use PFC strategies and see themselves rather than the environment as the cause of their difficulties.

In the most thorough test review to date, Tennen and Herzberger (1985) advocated the use of a large sample with the WOCQ to increase validity. They also advocated that researchers ask subjects to recall the most stressful event of the past week, not the past month as in some studies. Overall, these authors commended the instrument's emphasis on coping processes and described it as "the best constructed instrument of its kind" (p. 695).

#### The Daily Hassles Scale

The second instrument, the Daily Hassles Scale or DHS (Lazarus & Folkman, 1989), is intended to measure the frequency and severity of the person's daily occurrences which he or she considers stressful. The normative data for

the DHS comes from samples of white, middle-class adults aged 45 to 64, college students and adults aged 20 to 60 (Lazarus & Folkman, 1989). The instrument proceeds from an assumption of cognitive appraisal theory:

The system presumes that how persons construe or appraise the personal significance of their encounters with the environment will determine what is psychologically stressful to them . . . . A person's appraisals reflect environmental circumstances, such as goal hierarchies and beliefs about self and world [emphasis added] . . . .

The phenomenological aspect of appraisals helps explain why a given event may be stressful for one person and irrelevant for another (Lazarus & Folkman, p. 4).

This approach to the investigation of stress differs from the life events approach which treats stressors as affecting people in a uniform manner (Holmes & Rahe, 1967).

Lazarus and Folkman (1989) preferred the term stability to reliability for the DHS. They took the data from Kanner, Coyne, Schaeffer, and Lazarus (1981), one of the normative samples, and computed stability scores across the study's nine-month period. Hassles frequency scores were very stable ( $r = .79$ ), while severity scores were less stable ( $r = .48$ ). In addition, the monthly state (DHS) measures were more highly related to each other than two trait measures of stress using the life events approach.

Factor analysis of the DHS has yielded eight factors reflecting various sources of daily stress such as work, health and time pressures. There are high correlations between items and the overall frequency and severity scores (Dohrenwend & Shrout, 1985). Despite this, Lazarus and

Folkman (1989) asserted that the individual factors have theoretical importance in that they allow for the study of hassles in individuals and groups. The factor structure of the DHS remained generally stable in two studies by other investigators (MacPhee, 1989, cited in Lazarus & Folkman, 1989; Young, 1987).

In discussing the validity of the DHS, Lazarus and Folkman (1989) noted that the phenomenological approach is not accepted by all stress researchers. Their position was that psychology lacks an acceptable means to assess the environment in an objective manner which will be applicable to particular individuals, so it is fitting to rely on personal appraisal. This approach is justified because of the great diversity of personal appraisals, as well as by the differences in the impacts of individual coping on stress.

An initial construct validity consideration is the relationship between daily hassles and life events. In the original DHS data (Kanner et al., 1981) the correlation was modest--not more than  $r = .36$ . Lazarus and Folkman (1989) concluded that: "The universe of experience covered by life events and daily hassles are different, and the two types of measures supplement each other in providing insight into the stresses of living" (p. 23).

A second construct validity consideration is the ability of daily hassles to predict or explain psychological and physical symptoms. Cross-sectional studies have

indicated a significant relationship between hassles and both types of symptoms. For example, regression analyses using both life events and hassles as independent variables have shown hassles to explain virtually all of the explanatory variance in both types of symptoms (De Longis, Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner et al., 1981). Young (1987) replicated these studies and reported similar results with hassles accounting for 35% of the variance and life events only 1%. Prospective studies, although fewer, have tended to confirm these results. For example, Rowlinson and Felner (1988) found that hassles were better predictors of adjustment (self- and other-reports) among secondary students than negative life events. Based on their review of DHS construct validity research, Lazarus and Folkman (1989) concluded that there is probably a bidirectional relationship between psychological stress and adaptational outcome, and people utilize an appraisal process to determine which experiences they label as hassles.

Other studies support the relationship of hassles to symptoms. In a study of 179 college freshman medical students over their first year, Wolf, Elston and Kissling (1989) found that number of repeated hassles was significantly and positively correlated with anxiety, depression, guilt and hostility. They concluded that hassles are inversely related to psychological well-being. Cinelli and Ziegler (1990) found that, compared to Type B

persons, TPA individuals appraised more events as hassles, but did not rate the hassles as more intense. Similarly, Monroe (1983) found that frequency of hassles was highly correlated with psychological symptoms ( $p < .001$ ), both concomitantly and prospectively, in a sample of 450 corporation employees. Aldwin, Revenson, and Spiro (1989) found that subjects in a 10-year longitudinal study who were high in emotionality reported significantly more daily hassles ( $p < .05$ ) and negative life events ( $p < .05$ ). Finally, Chamberlin and Zika (1990) found that the pattern of relative severity of hassles remained stable over a six-month period for four, very different, community-residing groups although the nature of reported hassles was different.

#### The Coping Process

In spite of Lazarus' contention that no type of coping should be considered intrinsically good or bad, PFC has often been found to be more functional than EFC. For example, compared to non-depressed subjects, depressed subjects utilized more EFC such as escape-avoidance coping (Folkman & Lazarus, 1986; Kolenc, Hartley, & Murdock, 1990). Depressed persons, in addition to using mostly EFC, appear to have fewer and less supportive relationships with family members, friends and co-workers (Billings, Cronkite, & Moos, 1983). Individuals who use more PFC have been found to have higher self-concepts, less self-criticism and less self-blame (Heppner, Reeder, & Larson, 1983). However, planful



problem-solving (PFC) may not be useful in situations where the person can do nothing and confrontive coping (PFC) may actually worsen the person's emotional state if the result is to push away social support (Folkman & Lazarus, 1988b). Fleishman (1984) pointed out that research shows people use both PFC and EFC in most situations, so it is important to consider how personality characteristics mesh with features of the environment to shape behavior.

In accord with their emphasis on coping as a process, Lazarus and his colleagues have conducted studies to investigate how individuals cope with stressful encounters. In one such study (Folkman et al., 1986), the authors investigated the relationships between cognitive appraisal, coping processes, and their short-term outcomes over a six-month period in which 85 married couples were interviewed monthly. They found that type of coping was strongly related to cognitive appraisal as predicted by theory. Confrontive coping (PFC) tended to be associated with unsatisfactory outcomes, while positive reappraisal (EFC) was associated with satisfactory outcomes. The authors observed that sometimes EFC strategies can be the result of stress rather than a cause of it.

In another study of the coping process (cited earlier), Folkman and Lazarus (1985) assessed a group of college students before, just after and upon the posting of grades for an important exam. Emotions and coping changed significantly at each stage, while students frequently

viewed their situations in contradictory ways (e.g., a challenge and a threat). In general, coping was revealed to be a complex process in which, for example, students tended to use PFC in the first two stages and distancing (EFC) in the third.

How does coping mediate emotion? Folkman and Lazarus (1988b) dealt with this question in an important theoretical paper which summarized the current status of cognitive appraisal theory. According to the authors, the various forms of coping change the person-environment relationship, and therefore the emotional response, in three empirically-verified ways. First, the person may employ cognitive activities involving the use of attention, e.g., avoidance, information search, planful problem-solving. The last two examples may actually intensify emotion and increase distress in those situations where nothing can be done. Second, the person may alter the subjective meaning of a transaction through denial, distancing or positive reappraisal. Denial and distancing are more obvious than selective attention strategies and therefore may be more likely to be challenged by others. Finally, the person may change the actual conditions of the transaction through the various forms of PFC. However, while planful problem-solving attracts all types of support, confrontive coping generally leads to information rather than to support or assistance.

Folkman and Lazarus (1988b) made three observations on

the results of research concerning coping effectiveness and emotional response. First, the primary criterion of an effective coping strategy is its fit with the possibilities for coping in a given transaction. Second, a strategy may be helpful at one stage of an encounter, but may not at another. For example, the use of distancing may be most appropriate at the end of a coping sequence, but after information-seeking. Third, seemingly contradictory strategies such as self-control and confrontive coping may be used in the same encounter, but often this reflects the person's attempt to control his or her emotional state in a difficult situation or find a more effective strategy when his or her first choice has failed. Overall, the authors emphasized the complexity of the coping process and its unfoldment over a time period.

#### Personal Variables, Coping, Daily Hassles and Cynicism

According to research using cognitive appraisal and similar frameworks, personal characteristics appear to be related to coping and daily hassles. With respect to age, Folkman (1991) summarized the relevant results and concluded that: "younger people appear to use more interactive coping strategies, such as expression of emotion and information-seeking, while older people appear to use more intrapersonal coping, such as reflection and positive reappraisal" (p. 9). Some of the differences in coping appear to be due to the different stressors persons of coping appear to be due to the different stressors persons of various age groups face.

McCrae (1989) conducted two cross-sectional studies on age and coping in which the samples were groups of 255 men and women (24 to 91 years of age) and 150 men and women (21 to 90). He used the Ways of Coping Checklist, an early version of the WOCQ. Not surprisingly, younger people reported coping with work stressors more often and older people with health stress. Less expectedly, younger persons were significantly more likely to rely on hostile reaction and escapist fantasy than were middle-aged or older persons.

As persons grow to adulthood it appears that they tend to use PFC strategies more often and EFC ones less often. Blanchard-Fields and Irion (1988) administered the WOCQ to 20 adolescents, 20 young adults and 20 mature adults (subjects aged 14 to 46) in a metropolitan, midwestern community and found a modest, non-significant relationship ( $r = .25$ ) between age and use of EFC. Adults tended to use PFC in situations perceived as uncontrollable, while adolescents tended to use EFC with both types of situations. However, when young adults are compared to older persons a more elaborate pattern emerges. In such a study, Folkman, Lazarus, Pimley, & Novacek (1987) administered the WOCQ to two groups of white, middle-class persons in the San Francisco Bay area. Based on their results, these authors concluded:

Age differences in coping (controlling for individual differences in response rate) were striking and consistent. The younger people used proportionately more active, interpersonal, problem-focused forms of coping (confrontive coping, seeking of social support, planful problem-solving) than did the older people, and

the older people used proportionately more passive, intrapersonal emotion-focused forms of coping (distance, acceptance of responsibility, and positive reappraisal) than did the younger people. (p. 182)

The authors viewed their results as consistent with a developmental interpretation because the age differences were evident across different contexts. People generally use coping strategies which are appropriate for their time of life in that younger people tend to face more controllable situations than older people.

Does the pattern of daily hassles tend to change with age? As noted previously, Chamberlin and Zika (1990) found in a study of four different, community-residing samples that the between groups patterns of hassle differed, while the pattern of relative severity of hassles across domains (i.e., types of hassles) remained stable within groups. In this study hassles predicted psychological well-being and mental health considerably better than life events. In their study of middle-aged and older groups, Folkman, Lazarus, Pimley, and Novacek (1987) found that the younger adults reported significantly more hassles in several areas (finance, work, home maintenance, personal life and family/friends), while the older groups reported more hassles in the areas of environment and social relationships.

Maslach (1982) studied the relationship of age to burnout as part of her extensive interviewing study of helping professionals. She concluded:

There is a clear relationship between age and burnout.

Burnout is greatest when workers are young and is lower for older workers. Younger people usually have less work experience than older ones, but it turns out that the effect of age reflects more than just length of time on the job. 'Older but wiser' seems to be the case here--with increased age, people are more stable and mature, have a more balanced perspective on life, and are less prone to the excesses of burnout . . . . In many of my research interviews people said that the first bout with burnout was likely to happen in the first years of one's career . . . . If people have difficulty in dealing with burnout at this point, when they are younger . . . they may leave the profession entirely. (pp. 59-60)

Judging from Maslach's research, younger persons at the beginning of their careers are more likely to experience high stress and burnout. As a final observation with respect to age, Kanter and Mirvis (1989) found in their survey that the youngest group (aged 18 to 24) was the most cynical (51%) and that cynicism declined with age.

The characteristic of recovery status is specifically applicable to the profession of chemical dependency counseling. As noted earlier, the field at its inception in the 1970s contained many counselors who were both paraprofessionals and recovering. As the trend toward professionalization occurred, the number of non-recovering persons (and women) increased (Van Wormer, 1986). No research could be located on the coping patterns of recovering versus non-recovering counselors, but it appears reasonable that stability of personal recovery may be related to stress management in recovering counselors.

Kinney (1983) conducted a phone survey of 24 recovering graduates at a chemical dependency counselor training program at the Dartmouth Medical School over a six-year

period. All counselors had been pre-screened for the program and had been sober at least two years. Of the 24, nine (37.5%) had relapsed, while seven of these had been admitted to a residential program at some time since graduation. The author suggested that severe relapse required a re-examination of the counselor's occupational role and might be a signal of "performance failure" accompanied by a loss of professional credentials and identity.

Past research does not permit the conclusion that recovering and non-recovering counselors differ in cynicism. The difficult client population, portrayed in a negative way in the disease model, may encourage cynicism in the field generally. As Rosenberg (1982) observed:

A therapist who holds that alcoholics are poorly motivated and uninterested in getting better will have their views confirmed, while a therapist whose attitude is one of optimism will have a greater rate of success. (p. 806)

An early belief that alcoholics are best treated by other alcoholics still has some support in the field. The idea that recovering persons can see through the alcoholic's denial receives some support in the study by Lawson, Petosa and Peterson (1982), mentioned earlier, which found that recovering persons diagnosed alcoholics more frequently from case histories. Recovering counselors, more disbelieving of clients, may also be more cynical.

With regard to the paraprofessional versus professional dimension, it appears that the professionalization of the

field has resulted in an adoption, to a substantial degree, of the professional value, "a thorough understanding of the behavioral sciences" (Stude, 1990, p. 12). If so, paraprofessionals may have reacted either through resentment of professionals or adoption of their values.

Kanter and Mirvis (1989) found that less educated persons were more likely to be cynical. In their survey cynics comprised 58% of the respondents without a high school diploma, and those with some college were more likely to be cynical than those with college degrees. These results lead to the prediction in this study that paraprofessional counselors will be more likely than professionals to be cynical.

The role of gender in coping is unclear from the literature. Some studies indicate that women cope differently than men. For example, Vingerhoets and Van Heck (1990) conducted a study of 465 males and 532 females (aged 25 to 50) in the Netherlands using a precursor of the WOCQ and found that men tended to use PFC while women tended to use EFC, as well as to seek social support more often. Etzion and Pines (1986) found similar results in a survey of 503 human service professionals in the United States and Israel, and in addition concluded that active-direct (PFC) strategies appeared more effective.

Other studies have shown few or no gender differences. Folkman and Lazarus (1980) found that males and females, community residents aged 45 to 64, tended to have different



types of stressful encounters (work versus health) and regardless of gender used EFC more often for health encounters and PFC for work encounters. Also, Shinn, Rosario, Morch and Chestnut (1984) conducted a mail survey of 151 human service workers and found no gender differences in coping, although women reported more social support than men. The authors concluded that men and women coped similarly because their jobs were similar. Also, possibly the women had more social support than in similar previous studies. Finally, in a community study cited earlier, Folkman and Lazarus (1987) found no gender differences in two primary forms of PFC, planful problem-solving and confrontive coping--stereotypically male strategies--and no age by gender interaction in coping.

Reviewing the studies on gender and coping, Folkman and Lazarus (1991) concluded that those finding gender differences confounded source of stress with gender effects. The latter differences were minimal when type of encounter was held constant. Despite this, Kanter and Mirvis (1989) found that cynics were more likely to be male in the general population. However, since cynicism declined with education and was lowest among professionals, there may be few, if any, gender differences in cynicism in the chemical dependency counselor field.

#### Regarding the Present Study

The purpose of the study is to examine one aspect of the construct validity of the MMPI-2 Cynicism Scale with

chemical dependency counselors. As has been shown in Chapter 2, cynicism is pervasive among American workers and especially so in certain occupations such as law enforcement and corrections. Cynicism also appears to be one indicator of approaching burnout, which constitutes a failure of coping in human services professionals such as counselors and teachers. Although empirical research has not yet been conducted on burnout and cynicism among chemical dependency counselors, it is likely that the nature of the work and the clientele promote the occurrence of both. Cognitive appraisal provides an appropriate theoretical framework within which to examine how cynical versus non-cynical counselors cope with work stress, specifically their styles of coping and the frequency and severity of daily hassles. If cynical counselors cope differently and experience more frequent and/or severe hassles, the Cynicism Scale will demonstrate one aspect of construct validity. In addition, the Scale will show potential for use as a management tool and in courses on chemical dependency and its treatment.

The present study examines the relationships between cynicism, burnout, ways of coping and daily hassles. Research in the area is limited and therefore the formulation of hypotheses will generally be based on suggestive evidence. The strongest relationship, and the foundation for the study, appears to be that between cynicism and burnout. Cynicism and a blaming attitude toward clients have been identified as important

characteristics of burnout among human service workers (Carroll & White, 1982; Cherniss, 1980; Maslach, 1982). Therefore, it is expected that cynical counselors will be more likely to evince signs of burnout than non-cynical counselors. The relationships between cynicism and various ways of coping are less clear. The Ways of Coping Questionnaire or WOCQ (Folkman & Lazarus, 1988a) includes eight scales, each measuring a type of coping. The primary distinction is between problem-focused coping (PFC) and emotion-focused coping (EFC). In PFC the individual appraises his or her situation as amenable to change and initiates direct action to ameliorate or resolve the situation. In EFC the individual appraises the situation as not amenable to change and takes indirect or passive, palliative steps to manage his or her inner emotional state (Lazarus & Folkman, 1984). The WOCQ includes four types of coping in each category.

Confrontive Coping (CC) is a form of PFC and "describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking" (Folkman & Lazarus, 1988a, p. 8). The predominant style of chemical dependency counselors is confrontive, partly due to the fact that most clients are involuntary (Knauert & Donaldson, 1979). Resistance and dissimulation are expected and, in view of the mistrust of others inherent in cynicism, it is anticipated that cynical counselors will use CC more frequently than non-cynical counselors.

Distancing (D), a form of EFC, "describes cognitive efforts to detach oneself and minimize the significance of the situation" (Folkman & Lazarus, 1988a, p. 8). According to Maslach (1982), depersonalization is a key feature of burnout and involves cognitive efforts to distance oneself from clients. The helper wishes that clients would leave him or her alone and may begin to dislike them. Therefore, it is expected that cynical counselors will use D more frequently than non-cynical counselors.

Escape-Avoidance (EA) "describes wishful thinking and behavioral efforts to escape or avoid the problem. Items on the scale contrast with those on the Distancing scale, which suggests detachment" (Folkman & Lazarus, 1988a, p. 8). EA is a form of EFC and, given its similarity to D, it is expected that cynical counselors will use EA more frequently than non-cynical counselors. As Cherniss (1980) points out, cynicism is a form of defensive coping associated with burnout. Thus, the indirect forms of coping (EA and D) appear congruent with the cynical counselor's style of dealing with work stress.

Seeking Social Support (SSS), a form of PFC, "describes efforts to seek informational support, tangible support and emotional support" (Folkman & Lazarus, 1988a, p. 3). As noted earlier, low CYN persons tend to perceive others positively, treat others and behave in a friendly and helpful manner (Graham, 1990). Contrasting these qualities with the characteristic mistrust which cynics display, it is

expected that non-cynical counselors will use SSS more frequently than cynical counselors.

Accepting Responsibility (AR) is a form of PFC and "acknowledges one's own role in the problem with a concomitant theme of trying to put things right" (Folkman & Lazarus, 1988a, p. 8). Given the cynical worker's tendency to be critical and blame others (Kanter & Mirvis, 1989), it appears that non-cynical counselors will use AR more frequently than cynical counselors.

Planful Problem Solving (PPS) is a form of PFC and "describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem" (Folkman & Lazarus, 1988a, p. 8). Given the cynic's belief that people have little control over their lives (Kanter & Mirvis, 1989), it appears unlikely that PPS will be an attractive strategy for cynical counselors. It is therefore expected that non-cynical counselors will use PPS more frequently than cynical counselors.

The final WOCQ scale, Positive Reappraisal (PR), is a form of EFC and "describes efforts to create positive meaning by focusing on personal growth. It also has religious dimension" (Folkman & Lazarus, 1988a, p. 8). Although it appears unlikely that cynical persons would use this type of coping often, there is insufficient research evidence on non-cynical persons to make a prediction about the counselors in this study.

Past research provides only suggestive evidence for

relationships between cynicism and daily hassles. The Daily Hassles Scale or DHS (Lazarus & Folkman, 1989) includes nine scales, one for total daily stressors and eight for hassles in various aspects of life. The link between cynicism, hostility and psychological and physical symptoms (Smith & Pope, 1990) provides the basis for the prediction that cynical counselors will report more Total (T) daily hassles than non-cynical counselors.

Kanter & Mirvis (1989) found that cynical workers had a pervasive sense of powerlessness over their economic lives and were more inclined than "upbeat" workers to leave their jobs or feel trapped in them. Therefore, it is anticipated that cynical counselors will report severe hassles for Future Security (FS) than non-cynical counselors.

Cynical workers have been found to be more dissatisfied with their jobs than non-cynical workers (Kanter & Mirvis, 1989). It is therefore predicted that cynical counselors will report more severe Work (W) hassles than non-cynical counselors.

Cynical workers have been found to hold unrealistically high expectations for self and others, which are often not met, resulting in disappointment and disillusionment (Kanter & Mirvis, 1989). These characteristics appear indicative of inner turmoil and, therefore, it is predicted that cynical counselors will report more severe Inner Concerns (IC) hassles.

Cynically hostile persons tend to perceive their

environments in a suspicious, negative manner (Smith, Pope, Sanders, Allred & O'Keefe, 1988). There is no direct evidence that cynical people report more severe daily stress associated with their surroundings. However, given the likelihood that they will perceive more total stress, it is predicted that cynical counselors will report more severe Neighborhood/Environment (NE) hassles than non-cynical counselors.

The remaining DHS scales are Time Pressures (TP), Household Responsibilities (HR), Health (H) and Financial Responsibilities (FR). There is insufficient evidence in the literature to support directional hypotheses in any of these four areas. The TP, HR and FR scales have not been related conceptually to cynicism. Despite the apparent importance of the cynical mistrust component in understanding hostility (Williams, 1984), the link between cynicism, hostility and disease has not been made definitively (Colligan & Offord, 1988), so no prediction will be made for Health (H).

From the review of the literature, four co-variates (age, recovery status, education and gender) were identified as potentially affecting type of coping and levels of daily hassles and cynicism. In the present study hypotheses were formulated to reflect the anticipated relationships between each of the co-variates and these variables.

With respect to age, younger workers tend to be more cynical than older workers (Kanter & Mirvis, 1989). Younger

people tend to use problem-focused coping (PFC), while older people tend to use emotion-focused coping (EFC) (Folkman, 1991). These findings were for the general population, not specifically for an occupational group.

Regarding recovery status, significant differences between counselors could not be predicted for any of the variables in the study due to insufficient research evidence.

For education, less-educated persons tend to be more cynical than more-educated persons (Kanter & Mirvis, 1989). With respect to type of coping, persons who appraise their situations as not amenable to change tend to use EFC while those who appraise their situations as amenable to change tend to use PFC (Folkman & Lazarus, 1984). Therefore, the researcher predicted that less-educated workers, presumably at the bottom of the status hierarchy in their organizations, will tend to use EFC rather than PFC.

Finally, in considering gender, Kanter & Mirvis (1989) found that male workers were more likely to be cynical than females. However, males and females do not appear to differ consistently or systematically in their use of EFC or PFC (Folkman & Lazarus, 1991). Little research could be located for the review on the relationships, if any, between type of coping or frequency and severity of daily hassles, so directional predictions were made for gender for only four of eight domains.



### Summary

The review contained the following major points:

1. The MMPI-2 is the most widely used objective personality test in the world (Hathaway & McKinley, 1989). The latest revision includes 15 content scales, which measure common traits through more transparent items than those in the clinical scales (Butcher, Graham, & Williams, 1990). One of the content scales is the Cynicism (CYN) Scale, which measures an attitude characterized by the cynical mistrust of others. Reliability and validity data, although as yet limited, indicate that the scale is reasonably stable and that high and low scorers may be distinguished behaviorally (Graham, 1990).

2. The present study involves evaluation of the construct validity, specifically the criterion-related validity, of the CYN Scale. The purpose is to estimate a behavior which is external to the measuring instrument based on test scores (Carmines & Zeller, 1979). Here the scores of high- versus low-cynical chemical dependency counselors will be compared in terms of coping styles and incidence/severity of daily stressors.

3. Worker cynicism appears to be a pervasive phenomenon in modern America (Kanter & Mirvis, 1989).

4. Published research during the past decade has established a relationship between an attitude of cynical mistrust, maladaptive coping practices and adverse health outcome (Smith & Pope, 1990).

5. Certain occupations such as law enforcement and correctional work tend to attract cynics or encourage cynicism (Farmer, 1977; O'Connell, Holzman, & Armandi, 1986).

6. Burnout among human services professionals appears to be related to the development of cynicism (Cherniss, 1980).

7. Chemical dependency treatment is a stressful profession in part due to lack of agreement on a preferred model of treatment (Peele, 1985), the lack of definitive findings of effectiveness (Goodwin, 1988) and the current unstable economic situation.

8. Chemical dependency counseling as a profession has existed only about 20 years. In addition to the general effectiveness controversy, there are disputes over the effectiveness of professional versus paraprofessional and recovering versus non-recovering counselors (Rosenberg, 1982).

9. Little research has been conducted on the burnout process in chemical dependency counselors or the characteristics of effective counselors, although there is some indication that effectiveness may be associated with a proactive orientation to clients (McClellan, Woody, & Luborsky, 1988) not conceptually compatible with cynicism.

10. Although no research was located on the relationship of burnout and cynicism in the field, several factors associated with the work would appear to encourage

cynicism. These include the resistance of many clients (Talcott & Cooney, 1982) and the high standard for success, lifelong abstinence (Hill, 1985).

11. Cognitive appraisal theory (Lazarus & Folkman, 1984) provides the theoretical framework for the present study. According to the theory, how a worker perceives his or her work environment will lead to the coping mechanism selected.

12. The present study will utilize two major instruments employed in cognitive appraisal research, the Ways of Coping Questionnaire (Folkman & Lazarus, 1988a) and the Daily Hassles Scale (Lazarus & Folkman, 1989). Both instruments have demonstrated satisfactory reliability and validity (Lazarus & Folkman, 1989; Tennen & Herzberger, 1988).

13. According to theory, the two primary types of coping are problem-focused and emotion-focused, depending on whether the individual focuses on managing the environment or inner states, respectively (Lazarus & Folkman, 1984). Patterns of coping and daily hassles appear to differ according to age, one of four co-variates to be employed in the present study (Chamberlin & Zika, 1990; Folkman, Lazarus, Pimley, & Novacek, 1987). Patterns for recovery status, education and gender have not yet been established in the literature.

14. Based on the review of the literature, hypotheses were presented regarding the expected relationships of cynicism to burnout, ways of coping and daily hassles.

### CHAPTER 3: METHODOLOGY

The current study was designed to evaluate the construct validation of the Cynicism (CYN) Scale of the MMPI-2 (Hathaway & McKinley, 1989). Four hundred and fifty-four members of the Virginia Association of Alcohol and Drug Abuse Counselors (VAADAC) were asked to complete the CYN Scale, Pelletier's (1984) burnout measure and two measures of coping and perceived stress: the Ways of Coping Questionnaire or WOCQ (Folkman & Lazarus, 1988a) and the Daily Hassles Scale or DHS (Lazarus & Folkman, 1989). In addition, respondents were asked to report descriptive information including age, recovery status, education and gender. Based on a review of the literature, the researcher predicted that cynicism and burnout would have a significant positive correlation. It was further predicted that cynical counselors, compared with non-cynical counselors, would report that they coped differently and in generally less healthy ways with work-related stress, while coping with more frequent and severe daily hassles.

#### Sample Description

Participants in the study were members of VAADAC, an organization of persons either engaged in chemical dependency counseling or interested in the field as collateral professionals. VAADAC is a state chapter of the

National Association of Drug and Alcohol Counselors (NAADAC) with which it shares such common goals as growth in counselor certification, professional training and development and promulgation of ethical standards for counselors. VAADAC subscribes to NADDAC's mission statement: "To promote and advocate for the profession of alcoholism and drug abuse counselors in meeting the needs of clients" (VAADAC Newsletter, 1991, p. 8). New VAADAC members are informed that the organization will further their professional growth, keep them informed, protect them from civil suit through tort insurance and increase their influence on behalf of the profession, as well as raise their credibility through the ethical code and certification standards (Kloetzli, 1991).

There are four types of VAADAC membership: active, associate, student and courtesy. According to the by-laws (VAADAC Newsletter, 1991):

Active members shall be those persons who, at the time of application, are at present certified as Substance Abuse counselors in the Commonwealth of Virginia and/or employed in the profession of alcoholism and/or drug counseling and whose activities are devoted primarily to the treatment, rehabilitation or recovery of persons encountering problems related to the use of alcohol and other drugs. (unpaginated)

Associate members, the second largest group after active members, are defined as follows:

Associate members shall be those persons who engage in, or are associated with the field of substance abuse to include diagnosis, referral, prevention, and education. This class of membership shall also apply to those persons with an interest in alcoholism who fully support the aims and purposes of the Association.

Only active and associate members were included in the study because only these members had indicated that they were employed in the field or had a collateral interest on a routine and continuing basis. An estimated 59.3% of the membership was female.

No demographic data were available on the VAADAC membership, but examination of the mailing list revealed that members come from across the state with expected concentrations in the more populous areas of Richmond, Norfolk, Northern Virginia and Roanoke. As indicated in Chapter 2, chemical dependency counselors have a broad range of educational backgrounds in Virginia and across the nation. Nevertheless, the annual conference routinely includes training events geared to those with graduate degrees. For example, at the conference during March 1992 in Fredericksburg, there were workshops on dual diagnosis, child sexual abuse, genes and behavior and the use of applied research in clinical work. There has been a noticeable increase in the sophistication of conference and newsletter topics during the last three years. This change stems from a marketing survey (Diamondstein, Kiss, Cuomo, Barnes & Carpenter, 1989) which indicated that members wanted more education on their field from VAADAC.

The sampling frame consisted of three sub-groups: the December 1991 mailing list (n = 373 active and associate members), the 1992 membership directory (n = 73 other members and attendees at the 1992 conference (n = 8

members). Of the 454 members the large majority (88.6%) were active.

Based on Kanter & Mirvis' (1989) study for cynics in the professions and a recent membership survey of the National Association of Alcohol and Drug Abuse Counselors (NAADAC, 1990), it was estimated that the smaller sub-groups would be cynical counselors and non-degreed counselors, each constituting about 30% of the sample. Employing an expected return rate of 65%, it was concluded that the resulting standard error of measurement would be approximately  $\pm 5.49\%$  of the "true" population using a confidence level of 95% if the sample were truly random (Fowler, 1984; Moser, 1958).

According to Alwin (1977), response rates for mail surveys tend to be considerably lower than for personal interviews, but Dillman (1978) reported that the difference was considerably less for homogenous samples where special procedures were implemented to increase return of mail surveys. NAADAC is a small professional organization in which the majority of the members appear to be actively employed in the field.

#### Instruments and Data Gathering Procedures

Each participant was mailed a packet containing seven items. An introductory letter (Appendix A) described the purpose of the study as providing information about chemical dependency counselors. For data collection purposes the instruments were marked with a unique subject number and the letter assured the subject of anonymity and confidentiality.

The respondent was advised that a post-paid envelope was enclosed for return of the instruments and that an abstract of the findings would appear in the VAADAC newsletter. The introductory letter was accompanied by a letter of support (Appendix B) from Walter Kloetzli, VAADAC president.

The packet also contained a brief Demographic Information Sheet (Appendix C) which requested four pieces of information: age, recovery status, education and gender.

Also included was the Cynicism or CYN Scale (Appendix D) from the Minnesota Multiphasic Personality Inventory or MMPI-2 (Hathaway & McKinley, 1989). The CYN Scale, one of the "content scales" of the MMPI-2, consists of 23 true-false items and takes about five minutes to complete.

In the typing of the CYN Scale Item No. 17 (MMPI-2 No. 358) was inadvertently omitted. This error was corrected after the first mailing (n = 360) so that the Scale was correct in packets mailed or handed to members subsequently.

The packet also contained a brief, 15-item measure of burnout (Pelletier, 1984) (see Appendix E). The items are arranged in a five-point Likert format from "1," indicating "little or no change" in the past six months, to "5," indicating a "good deal of change." Possible scores range from 15 to 75, because the points for each item are simply added to produce the total score. This instrument takes about two to three minutes to complete.

Also in the packet was Folkman and Lazarus' (1988a) Ways of Coping Questionnaire (WOCQ) (see Appendix F). The



WOCQ consists of 66 items (coping strategies in a four-point Likert scale format) and takes about 10 minutes to complete. In this study respondents were asked to select a work-related stressful situation as the focus for their responses on the WOCQ.

The final item was the Daily Hassles Scale (Appendix G) or DHS (Lazarus & Folkman, 1989) which consists of 117 items (daily hassles or stressors in a four-point Likert format) and takes 5 to 10 minutes to complete. In this study respondents were asked to report on hassles they had experienced during the past week.

It was estimated that the average respondent would take about 30 minutes to complete the survey.

Following Dillman's procedures to maximize return rate, follow-up contacts were made with non-respondents by mail at two weeks via a reminder card and one month via a letter (see Dillman, 1978; Fowler, 1984). The first follow-up, a reminder postcard (see Appendix H), was sent to all non-responding subjects about 14 days after the mailing of the study packets. The purpose of the card was to remind respondents who might have forgotten the packet, rather than to overcome resistance. The card requested return of the packet, and if the packet had not reached the respondent, or if the respondent had lost it, the card provided a telephone number which he or she could call for a replacement. For those who did not respond by 30 days after the initial mailing a letter (see Appendix I) was sent which urged

response in view of the importance of the study to the field. A replacement packet was sent in the event the respondent had misplaced the original one. The letter was more formal than the card in order to emphasize the importance of the study.

#### Independent and Dependent Variables

The independent variable in this study was cynicism [cynicism (CYN) versus non-cynicism (NCYN)] as measured by the Cynicism Scale of the MMPI-2. The CYN and NCYN groups were each subdivided into smaller groups for analysis purposes. The co-variates were aged under 40, 40 and over, recovery status (non-recovering versus recovering from chemical dependency), education (no college degree, associate's degree, undergraduate degree, graduate degree) and gender. With respect to age, although no data are available on VAADAC members, the median age in the national organization (NAADAC) is 40 (NAADAC, 1990). Co-variates were selected based on the literature review as potentially important sub-groups of chemical dependency counselors.

The dependent variables in the study were the stress measures of the WOCQ and the DHS. The WOCQ (Folkman & Lazarus, 1988a) contains eight coping scales: Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Planful Problem-Solving and Positive Reappraisal. The scales, like those in the DHS, were constructed based on factor analyses cited in Chapter 2 and described in the test manual. The

DHS (Lazarus & Folkman, 1989a) contains eight scales: Future Security, Time Pressures, Work, Household Responsibilities, Health, Inner Concerns, Financial Responsibilities and Neighborhood/Environmental.

The WOCQ yields interval level scores which reflect the respondent's preference for each of the eight coping strategies. The DHS also yields interval level scores for each scale, which reflect the frequency and severity of perceived daily hassles. Vitaliano, Maiuro, Russo and Becker (1987) suggested a proportionate scoring system that yields relative scores which show the contribution of each WOCQ or DHS scale relative to all the scales of the instrument. Relative scores were computed in the present study.

#### Design of the Study

Respondents were characterized as relatively high in cynicism (CYN) or relatively low (NCYN). CYN respondents were those whose raw scores on the CYN Scale yielded a uniform t-score of 60 or above when compared to the raw scores of the MMPI-2 normative sample (Hathaway & McKinley, 1989). Cynicism was thus treated as a dichotomous variable as it was in a concurrent validity study of the CYN Scale (Butcher, Graham, Williams, & Ben-Porath, 1990). Those respondents whose raw score had a t-score of below 60 were classified as NCYN. The use of a t-Score of 60 as a cut-off score follows the recommendation of Graham (1990) who

observed that use of extreme scores allows greater confidence in the validity of the MMPI-2 content scales.

Second, the CYN versus NCYN groups were subdivided into smaller groups based on the four co-variates of age, recovery status, education and gender.

Third, the two main groups and eight sub-groups were compared in terms of level of burnout, preferred coping styles (WOCQ), as well as frequency and severity of daily hassles (DHS).

The degree to which the results of the study match the theoretically-derived hypotheses in Chapter 1 will provide an indication of the construct validity of the MMPI-2 Cynicism Scale. Following the paradigm in Hogan and Nicholson (1988), it was hypothesized that individual differences in a personality disposition (CYN versus NCYN) were associated with variations in a dependent variable, here coping strategies and perceived daily hassles. The predictions (hypotheses) were based on cognitive appraisal theory (Lazarus & Folkman, 1984). If the predictions were substantiated, then evidence of the construct validity of the CYN Scale would be provided.

#### Data Analysis

Pearson product-moment correlations and one-way analysis of variance (ANOVA) were to be used to obtain the association between burnout and CYN, burnout and coping strategies and burnout and frequency/ severity of daily

hassles, as well as between CYN and coping strategies and CYN and frequency/severity of daily hassles ( $p < .05$ ).

The second analysis step in this study was to evaluate each main group (CYN versus NCYN) in terms of the observed versus expected frequencies of each co-variate. Given that the four co-variables are nominal level data, the Chi-square test was used to determine if significant differences existed between the categories within each group, e.g., male versus female, CYN versus NCYN counselors. A significance level of .05 was employed.

The third step was to determine if there were statistically significant differences ( $P < .05$ ) between the CYN versus NCYN groups with respect to coping styles and frequency/severity of daily hassles. Because the study's hypotheses involved a single criterion variable pertaining to group membership (CYN versus NCYN), and several predictor variables (burnout, frequency and severity of various types of coping and daily hassles), the statistical technique called discriminant analysis was to be employed (Pedhazur, 1982). In this study discriminant analysis would reveal whether or not CYN versus NCYN counselors differed significantly ( $P < .05$ ) in terms of burnout, coping strategies employed and in frequency/severity of daily hassles.

#### CHAPTER 4: DATA ANALYSIS

The purpose of the study was to evaluate the construct validity of the Cynicism (CYN) Scale, a content scale of the MMPI-2 (Hathaway & McKinley, 1989), through hypotheses which predicted that cynical chemical dependency counselors would respond differently than non-cynical counselors to measures of stress. Using cognitive appraisal theory (Lazarus & Folkman, 1984) as a theoretical framework, hypotheses were formulated which predicted how cynical (CYN) versus non-cynical (NCYN) counselors coped with work-related stress. Predictions concerning frequency and severity of daily hassles were also made. Members of the Virginia Association of Alcohol and Drug Abuse Counselors (VAADAC) were asked to complete the CYN Scale, Pelletier's (1984) burnout measure and two measures of coping and stress derived from cognitive appraisal theory; the Ways of Coping Questionnaire (WOCQ (Folkman & Lazarus, 1988a) and the Daily Hassles Scale or DHS (Lazarus & Folkman, 1989). Finally, the respondents were requested to report descriptive data on age, recovery status, education and gender. Based on a review of the literature, these co-variates were thought to be potentially important mediators of the effects of cynicism on self-reported coping and stress.

First, cynicism and burnout, based on the review, were

predicted to have a significant positive correlation. Second, cynical (CYN) counselors, compared with noncynical (NCYN) counselors, were predicted to report that they coped in different, generally less healthy ways with work-related stress, while reporting more daily hassles.

A total of 464 VAADAC members were asked to complete research packets and 247 members (53.2%) completed and returned their packets.

#### Characteristics of the Respondents

Of the 247 respondents, 218 (88.3%) were active members, while 28 (11.3%) were associate members and one respondent (.4%) did not report the information. By gender, there were 87 males (35.2%) and 160 females (64.8%). The mean age of the respondents was 44.21 years, while the median age was 44.00 years. There were 127 respondents recovering from chemical dependency (51.4%) and 118 (47.8%) not recovering from chemical dependency, while two respondents (.8%) did not report this information. Finally, the respondents reported the following levels of education: no degree (n = 21 or 8.5%), associate degree (n = 17 or 6.9%), bachelors degree (n = 69 or 27.9%), graduate degree (n = 139 or 56.3%) and not reported (n = 1 or .4%).

#### Cynicism and Burnout

Of the 247 respondents, 244 (98.7%) completed Pelletier's (1984) burnout scale. The scale consists of 15 items which are answered in a five-point Likert format. The item scores are summed to derive a total score. The range

of possible scores is between 15 and 75. A low score reflects a low degree of work-related stress, while a high score reflects a high degree of work-related stress. Pelletier (1984) established the "high" range as 51 to 75 with total scores reflecting low energy, chronic fatigue, irritability and a negative attitude to self and one's work. In the present study the range of burnout scores was between 15 and 59 with a mean of 24.42 and a median of 21.00, while 6 respondents (2.4%) scored in the 51-75 range. The modal score was 15 ( $m = 44$  or 17.8%), which is the lowest possible score, while the standard deviation was 9.95. Overall, the counselors reported a low level of burnout.

Out of 247 respondents, 246 (99.6%) completed the Cynicism (CYN) Scale. The scale consists of 23 true-false items with a true response scored one and a false response scored zero. The true responses are summed to derive a total score with a range of 0 to 23. In this study the range was from 0 to 17 with a mean of 4.74 and a median of 4.00. The modal score was 3, while the standard deviation was 3.74. By comparison, the means for the normative sample (Butcher, Graham & Williams, 1990) were 9.5 for males ( $SD = 5.4$ ) and 8.7 for females ( $SD = 5.2$ ). Based on this data, it was evident that the distribution of CYN scores was narrow and skewed toward the low (non-cynical) end of the continuum.

#### The Cynicism Scale

As reported in Chapter 3, one item (#17) was



inadvertently omitted from the CYN Scale contained in the research packets sent to the initial groups of members. A total of 162 subjects completed and returned the CYN scale with the missing item. It was concluded that no statistical technique could correct for the omission in a valid way, but the reliability and validity of CYN would not be adversely affected by reducing it from 23 to 22 items.<sup>1</sup> Therefore, it was determined that item #17 would not be included in the analysis. In order to assess the internal consistency of the 22 item scale, the RELIABILITY procedure (ALPHA model) of SPSS-X was performed on the item responses of the total 23-item CYN Scale versus the scale without item #17. According to SPSS, Inc. (1983), the ALPHA model produces an alpha statistic which is equivalent to the Kuder-Richardson 20 (KR-20) for dichotomous data. The reliability coefficients for those who took the total CYN scale (n = 84) were compared with the coefficients for those who took the scale which omitted item #17 (n = 162). The alpha coefficient for the total scale group was  $\alpha = .6329$  (standardized item  $\alpha = .6331$ ). The coefficients for the abbreviated scale group was  $\alpha = .7077$  (standardized item  $\alpha = .6958$ ). The latter coefficient, although higher than the one for the total scale, is lower than those in the normative sample (Butcher, Graham, Williams & Ben-Porath,

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<sup>1</sup>Consultations with Gregory Fraser, Ph.D., School of Health Sciences and Physical Therapy and Jack Robinson, Ph.D., School of Education, Old Dominion University, Norfolk, VA, September 1992.

1990), which were in the mid-80s. It appears that the disparity stems from the much more compact nature of the counselor group's distribution. According to Thorndike, Cunningham, Thorndike, and Hagen (1991), the alpha coefficient is inversely related to the homogeneity of the sample with respect to the trait being measured. In this study the distribution of CYN scores was narrow and positively skewed to the non-cynical (NCYN) end of the continuum so it was expected that the reliability coefficients would be depressed compared to a more normally shaped distribution. The internal consistency of the shortened test (without item 17) was adjudged to be sufficient to permit use of the shortened scale in this study.

#### Analysis by Type of Membership

As stated above, the large majority of the respondents (88.3%) were active members in VAADAC. Did the active and associate respondents differ by gender, age, recovery status, education or cynicism (CYN) score? To address this question, the data were subjected to the Chi Square test ( $p < .05$ ). Here and hereafter, the analyses were conducted using SPSS-X (Norusis, 1985; 1988). Analyses for type of membership by gender, age, education and CYN score were not significant. However, active and associate members differed by recovery status ( $n = 245$ ,  $r = 4.91$ ,  $p < .0267$ ), reflecting a plurality of recovering respondents in the

active group (54.4%) versus a plurality of non-recovering respondents in the much smaller associate group (67.8%).

#### Analysis of Data for Hypotheses

As stated in Chapter 1 the present study was concerned with the following research questions:

1. Is cynicism related to burnout in chemical dependency counselors?
2. Do cynical (CYN) chemical dependency counselors tend to report using different coping strategies with work-related stress than non-cynical (NCYN) chemical dependency counselors?
3. Do CYN counselors tend to report different types of daily hassles (i.e., everyday stressors) than NCYN counselors?
4. Do CYN counselors report more daily hassles than NCYN counselors?
5. Do CYN counselors report more severe daily hassles than NCYN counselors?

The CYN and NCYN groups were divided into sub-groups according to the co-variables of gender, age, recovery status and education.

In Chapter 3 it was indicated that a raw score equivalent of  $t = 60$  would be utilized as the cut-off score for CYN versus NCYN. This assumed that the counselor group's distribution would be relatively normal like the normative sample. However, the compact and positively skewed counselor distribution resulted in the identification

of only eight subjects as CYN using the cut-off score of  $t = 60$  for raw scores and comparing the counselor scores to the normative group (Butcher, Graham, Williams, & Ben-Porath, 1990).

The small number of cynical (CYN) counselors ( $n = 8$ ) did not permit a valid analysis of the data using extreme groups as had been proposed. Instead it was decided to compare the upper (CYN) and lower (NCYN) quartiles of the raw score distribution in those analyses which required that cynicism be treated as a dichotomous variable. Utilization of the upper and lower quartiles resulted in the identification of 61 CYN (moderately cynical) and 45 NCYN (low-cynical) counselors, adequate numbers to permit analysis.

The group means and standard deviations for Burnout (80) and the WOCQ and DHS scales for the comparison groups in the hypotheses are contained in Table 1.

Several statistical techniques were employed to test the hypotheses in this study. Pearson correlation coefficients were used to determine the strength of the relationships between cynicism, burnout and the WOCQ and DHS scales. Wilks' Lambda (U-statistic) and univariate F-ratio were employed to test for statistically significant differences between CYN and NCYN counselors for burnout, and the WOCQ and DHS scales. Finally, one-way ANOVA was utilized to test for significant differences between counselors by age, recovery status and gender, while Chi

TABLE 1

## Group Means for Cynical Versus Non-Cynical Counselors

| <u>Variable</u>            | <u>CYN</u>    | <u>NCYN</u>   |
|----------------------------|---------------|---------------|
| Burnout                    | 27.06 (11.27) | 18.73 (4.87)  |
| Confrontive Coping         | 6.57 (3.63)   | 4.14 (2.86)   |
| Distancing                 | 4.08 (2.40)   | 3.43 (2.16)   |
| Self-Controlling           | 9.64 (3.87)   | 7.64 (3.60)   |
| Seeking Social Support     | 9.43 (4.19)   | 8.18 (3.70)   |
| Accepting Responsibility   | 3.20 (2.77)   | 1.00 (1.52)   |
| Escape-Avoidance           | 4.54 (3.75)   | 2.25 (2.28)   |
| Planful Problem-Solving    | 10.82 (3.36)  | 9.04 (3.35)   |
| Positive Reappraisal       | 10.79 (5.50)  | 8.16 (4.81)   |
| Total hassles              | 38.28 (17.94) | 20.84 (14.38) |
| Future Security            | 2.92 (2.37)   | 1.80 (1.62)   |
| Time Pressures             | 8.02 (5.67)   | 3.91 (3.69)   |
| Work                       | 3.20 (2.97)   | 0.91 (1.29)   |
| Household Responsibilities | 5.92 (4.40)   | 3.45 (3.12)   |
| Health                     | 4.74 (3.46)   | 2.34 (3.13)   |
| Inner Concerns             | 4.41 (3.52)   | 1.68 (2.11)   |
| Financial Responsibilities | 5.00 (4.13)   | 2.34 (2.25)   |
| Neighborhood/Environment   | 2.79 (2.86)   | 1.52 (1.96)   |

Note: The group standard deviations appear in parenthesis

Square and Multiple Classification Analysis were used to test for significant differences by education.

### Cynicism and Burnout

1. Cynicism and burnout in chemical dependency counselors will be significantly and positively correlated ( $p < .05$ ). That is, it was predicted that there would be a tendency for more cynical counselors to report higher levels of burnout.

The Pearson correlation coefficient for the relationship between cynicism (CYN) and burnout was  $r = .370$  ( $p < .01$ ). Given the coefficient of determination ( $r^2 = .135$ ), cynicism explained almost 14% of the variation in burnout. The hypothesis was supported. As cynicism increased, burnout also tended to increase.

2. Cynical (CYN) counselors will score significantly higher on burnout than non-cynical (NCYN) counselors ( $p < .05$ ).

Utilizing Wilks' Lambda (U-Statistic) and univariate F-ratio, the upper (CYN) and lower (NCYN) quartiles were compared. The CYN group scored significantly higher on burnout than the NCYN group ( $F = 21.18$ ,  $df = 1,103$ ,  $p < .0001$ ). (This and subsequent comparisons are presented in Table 2.) This contrast indicated, as predicted, that cynical (CYN) counselors tended to report significantly higher levels of burnout than non-cynical (NCYN) counselors.

TABLE 2

Cynical Versus Non-Cynical Counselors:  
Ways of Coping and Daily Hassles

| <u>Variable</u>                 | <u>Lambda</u> | <u>F-ratio</u> | <u>P</u> |
|---------------------------------|---------------|----------------|----------|
| Burnout (BO)                    | 0.830         | 21.18          | .0001    |
| Confrontive Coping (CC)         | 0.882         | 13.72          | .0003    |
| Distancing (D)                  | 0.981         | 2.03           | .1569    |
| Escape-Avoidance (EA)           | 0.888         | 12.72          | .0005    |
| Self-Controlling (SC)           | 0.934         | 7.25           | .0083    |
| Seeking Social Support (SSS)    | 0.976         | 2.48           | .1185    |
| Accepting Responsibility (AR)   | 0.820         | 22.62          | .0001    |
| Planful Problem-Solving (PPS)   | 0.936         | 7.14           | .0088    |
| Positive Reappraisal (PR)       | 0.941         | 6.46           | .0125    |
| Total (T) hassles               | 0.782         | 28.39          | .0001    |
| Future Security (FS)            | 0.938         | 7.38           | .0077    |
| Work (W)                        | 0.818         | 22.92          | .0001    |
| Inner Concerns (IC)             | 0.831         | 20.93          | .0001    |
| Neighborhood/Environment        | 0.941         | 6.42           | .0128    |
| Time Pressures (TP)             | 0.85          | 17.65          | .0001    |
| Household Responsibilities (HS) | 0.911         | 10.10          | .0002    |
| Health                          | 0.886         | 13.27          | .0004    |
| Financial Responsibilities (FR) | 0.873         | 15.01          | .0002    |

Cynicism and Ways of Coping

1. CYN counselors will utilize Confrontive Coping (CC) more frequently than NCYN ( $p < .05$ ).

The difference between CYN and NCYN was statistically significant ( $F = 13.72$ ,  $df = 1, 103$ ,  $p < .0003$ ). Since CYN counselors used Confrontive Coping more frequently, the hypothesis was supported. CYN counselors tended to report using this type of problem-focused coping (PFC) more frequently than NCYN counselors to cope with a work-related situation which took place in the previous week.

2. CYN counselors will utilize Distancing (D) more frequently than NCYN counselors ( $p < .05$ ).

The difference between the groups was not significant ( $F = 2.03$ ,  $df = 1, 103$ ,  $p < .1569$ ), therefore the hypothesis was not supported. The difference between CYN and NCYN counselors with respect to the use of Distancing, a type of emotion-focused coping (EFC), was not significant.

3. CYN counselors will utilize Escape-Avoidance (EA) more frequently than NCYN counselors ( $p < .05$ ).

The difference between CYN and NCYN was significant ( $F = 12.92$ ,  $df = 1, 103$ ,  $p < .0005$ ), and CYN counselors used it more frequently. The hypothesis was supported. CYN counselors tended to report using this type of EFC more frequently than NCYN counselors.

4. The difference between CYN and NCYN counselors in the frequency of Self-Controlling (SC) coping will not be significant ( $p < .05$ ).



The difference between CYN and NCYN was significant ( $F = 7.254$ ,  $df = 1,103$ ,  $p = .0083$ ) with NCYN counselors employing Self-Controlling coping more frequently. The hypothesis was not supported. Contrary to the prediction of a non-significant difference, CYN counselors tended to use this type of EFC more frequently than NCYN counselors.

5. NCYN counselors will utilize Seeking Social Support (SSS) more frequently than CYN counselors ( $p < .05$ ).

The difference between the groups was not significant ( $F = 2.48$ ,  $df = 1,103$ ,  $p < .1185$ ). The hypothesis was not supported. The NCYN counselors did not differ significantly from the CYN counselors in their reported use of this type of PFC.

6. NCYN counselors will utilize Accepting Responsibility (AR) more frequently than CYN counselors ( $p < .05$ ).

The difference between the groups was significant, but not in the predicted direction ( $F = 22.62$ ,  $df = 1,103$ ,  $p < .0001$ ). The hypothesis was not supported. CYN counselors were more likely to report the use of Accepting Responsibility, a type of PFC, than NCYN counselors.

7. NCYN counselors will utilize Planful Problem-Solving (PPS) more frequently than CYN counselors ( $F = 7.137$ ,  $df = 1,103$ ,  $p < .05$ ).

The difference between the groups was significant in the predicted direction ( $p < .0088$ ). The hypothesis was

supported. CYN counselors tended to report using this type of PFC more frequently than NCYN counselors.

8. There will be no significant difference between CYN and NCYN counselors in the frequency of Positive Reappraisal (PR) ( $p < .05$ ).

The difference between the groups was significant ( $F = 6.645$ ,  $df, 1,103$ ,  $p < .0125$ ) with the NCYN group utilizing PR more frequently. The hypothesis was therefore not supported. Contrary to the null hypothesis, CYN counselors tended to report using this type of EFC more frequently than NCYN counselors.

#### Cynicism and Daily Hassles

1. CYN counselors will report more total hassles than NCYN counselors ( $p < .05$ ).

There was a significant difference between the groups ( $F = 28.39$ ,  $df = 1,103$ ,  $p < .0001$ ), and in the predicted direction. The hypothesis was therefore not supported. CYN counselors reported significantly more daily hassles during the previous week than NCYN counselors.

2. CYN counselors will report more Future Security (FS) hassles than NCYN counselors ( $p < .05$ ).

There was a significant difference between the groups ( $F = 7.377$ ,  $df = 1,103$ ,  $p < .0077$ ) in the predicted direction. The hypothesis was thus supported. CYN counselors reported significantly more severe Future Security hassles than NCYN counselors.

3. CYN counselors will report more Work (W) hassles than NCYN counselors ( $p < .05$ ).

CYN and NCYN counselors differed significantly ( $F = 22.92$ ,  $df = 1,103$ ,  $p < .0001$ ) in the predicted direction, so the hypothesis was supported. CYN counselors reported significantly more severe Work hassles than NCYN counselors.

4. CYN counselors will report more Inner Concerns (IC) hassles than NCYN counselors ( $p < .05$ ).

CYN and NCYN counselors differed significantly ( $F = 20.93$ ,  $df = 1,103$ ,  $p < .0001$ ) and in the predicted direction. The hypothesis was supported. CYN counselors reported more severe Inner Concerns than NCYN counselors.

5. CYN counselors will report more Neighborhood/Environment (NE) hassles than NCYN counselors ( $p < .05$ ).

CYN and NCYN counselors differed significantly ( $F = 6.422$ ,  $df = 1,103$ ,  $p < .0128$ ) and in the predicted direction. Therefore, the hypothesis was supported. CYN counselors reported significantly more severe Neighborhood/Environment hassles than NCYN counselors.

6. CYN and NCYN counselors will not differ significantly on the remaining factors. Time Pressures (TP), Household Responsibilities (HR), Health (H), Financial Responsibilities (FR).

The groups differed significantly for Time Pressures ( $F = 17.65$ ,  $df = 1,103$ ,  $p < .0001$ ), Household Responsibilities ( $F = 10.10$ ,  $df = 1,103$ ,  $p < .0002$ ), Health ( $F = 13.27$ ,  $df = 1,103$ ,  $p < .0004$ ) and Financial

Responsibility ( $F = 15.01$ ,  $df = 1,103$ ,  $p < .0002$ ). In each case the CYN group tended to report more severe hassles than the NCYN group, therefore the four null hypotheses were not supported.

#### Moderator Variable - Age

1. Younger counselors will be more likely to be cynical (CYN) than older counselors ( $p < .05$ ).

Based on one-way ANOVA, the difference was not significant by age. The hypothesis was not supported. Younger counselors did not tend to be more cynical than older counselors using the group median ( $\pm 44.00$ ) as the cut-off point.

2. Younger counselors will report more Problem-Focused Coping (PFC), i.e., Confrontive Coping (CC), Seeking Social Support (SSS), Accepting Responsibility (AR) and Planful Problem-Solving (PPS) ( $p < .05$ ).

For one-way ANOVA by age, the difference was not significant between groups for any of the four types of PFC. Therefore, the hypotheses were not supported. Younger counselors did not tend to use any of the four types of PFC more frequently than older counselors.

3. Older counselors will report more emotion-focused coping (EFC), i.e., Distancing (D), Self-Controlling (SC), Escape-Avoidance (EA) and Positive Reappraisal (PR) than younger counselors ( $p < .05$ ).

For one-way ANOVA by age, none of the four contrasts was significant. The hypotheses were not supported. Older

counselors did not tend to use any of the four types of EFC more frequently than younger counselors.

Moderator Variable - Recovery Status

1. Recovering and non-recovering counselors will not differ significantly for any of the following variables: cynicism versus non-cynicism, emotion-focused coping (EFC) any type of problem-focused coping (PFC) or frequency or severity of hassles.

Employing one-way ANOVA, recovering counselors tended to be more cynical ( $F = 4.01$ ,  $DF = 243$ ,  $p < .046$ ) than non-recovering counselors. The null hypothesis was rejected. On three of the eight WOCQ scales there were significant differences between recovering and non-recovering counselors. The three scales were Seeking Social Support ( $F = 6.013$ ,  $df = 241$ ,  $p < .015$ ), Accepting Responsibility ( $F = 4.617$ ,  $df = 241$ ,  $p < .033$ ) and Positive Reappraisal ( $F = 11.955$ ,  $df = 241$ ,  $p < .001$ ). In each case recovering counselors used the coping technique more frequently. The null hypotheses for the other five WOCQ scales were supported since the differences between the groups were not significant. The groups did not differ significantly with regard to any of the nine DHS scales. Therefore, these null hypotheses were supported.

Moderator Variable - Education

1. No-degree counselors will be more likely to be CYN than will degree counselors ( $p < .05$ ).

Using a 2 x 4 cell Chi Square, there were no

significant differences in cynicism in terms of education level. The hypothesis was not supported. Counselors without a college degree were not more likely to be cynical than more educated counselors.

2. No-degree counselors will be more likely to utilize Emotion-Focused Coping (EFC) strategies, e.g., Distancing, Escape-Avoidance, than will degree counselors ( $p < .05$ ).

Using Multiple Classification Analysis, the groups differed significantly by education level on two of the eight WOCQ scales. Less educated counselors tended to report using Distancing more frequently than more educated counselors ( $F = 8.096$ ,  $df = 241$ ,  $p < .001$ ), a finding for both the no-degree and associates degree groups. Also, less educated counselors, both no-degree and associates, tended to report using Positive Reappraisal more frequently than more educated counselors ( $F = 3.936$ ,  $df = 241$ ,  $p < .009$ ). The hypotheses were thus supported for two of four EFC scales. Contrary to prediction, no-degree counselors did not report using Self-Controlling coping or Escape-Avoidance more frequently than degreed counselors.

#### Moderator Variable - Gender

1. Male counselors will be more likely to be cynical than female counselors ( $p < .05$ ).

Using a one-way ANOVA, the groups did not differ significantly by gender, therefore the hypothesis was not supported. Male counselors were not more likely to be cynical than female counselors.

2. There will be no significant differences between male and female counselors for any of the following variables: all types of emotion-focused coping (EFC), all types of problem-focused coping (PFC), frequency or severity of hassles ( $p < .05$ ).

One-way ANOVA was employed. Although none of the WOCQ scales yielded a significant contrast by gender, there was a trend approaching significance for females to use Escape-Avoidance (EFC) more frequently than males ( $F = 3.815$ ,  $df = 242$ ,  $p < .052$ ). On the DHS females tended to report more severe hassles involving Health ( $F = 4.572$ ,  $df = 243$ ,  $p < .034$ ) and Inner Concerns ( $F = 6.047$ ,  $df = 242$ ,  $p < .015$ ), as well as to report more severe hassles involving Time Pressures, although the difference from males fell just short of significance ( $F = 3.753$ ,  $df = 242$ ,  $p < .054$ ).

#### Discriminant Analysis

The distribution of CYN scores for the VAADAC respondents had a pronounced positive skew with a majority of the scores falling at or near the non-cynical end of the continuum. In fact, only eight scores fell at or above the  $t = 60$  mark established as the division line between CYN and NCYN counselors. Therefore, to employ discriminant analysis here would be to compare respondents with moderate CYN scores to those with low CYN scores. It was deemed more appropriate, given the distribution, to utilize multiple regression wherein cynicism would be treated as a continuous

variable.<sup>2</sup> Using regression, CYN became the dependent variable, while the independent variables were the WOCQ and DHS scales plus burnout (BO). The purpose of the regressions was to determine which of these variables could be combined to form the best prediction of cynicism, the criterion variable.

#### Multiple Regression Analysis

The procedure utilized was stepwise regression with listwise deletion for missing cases. In each analysis, CYN served as the dependent variable with the WOCQ and DHS scales, plus BO, as the predictors. CYN was treated as a continuous variable and therefore all cases were included in the analyses. As in previous analyses, a significance level of .05 was employed.

First, a stepwise regression of CYN by each WOCQ scale was conducted (see Table 3). Three scales, Accepting Responsibility (AR), Escape-Avoidance (EA) and Confrontive Coping (CC), reached significance and together yielded a coefficient of determination ( $R^2$ ) of .194. The best predictor, Accepting Responsibility, produced  $R^2 = .139$ .

Second, a regression of CYN by each WOCQ scale was performed, adding the Burnout (BO) score to the analysis (see Table 4). Four variables, Accepting Responsibility (AR), Burnout (BO), Confrontive Coping (CC) and Seeking Social Support (SSS) reached significance with a combined

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<sup>2</sup>Consultation with Worth Pickering, Ed.D., Old Dominion University, Norfolk, VA, October 1992.



TABLE 3

Stepwise Regression: Cynicism with the  
Ways of Coping Scale

| <u>Variable</u>          | <u>R<sup>2</sup></u> | <u>T-Ratio</u> | <u>P</u> |
|--------------------------|----------------------|----------------|----------|
| Accepting Responsibility | .138                 | 3.533          | .0005    |
| Escape-Avoidance         | .04                  | 2.533          | .0068    |
| Confrontive Coping       | .016                 | 2.611          | .0096    |

Note: In this and subsequent regression tables only the significant variables ( $p < .05$ ) in the equations are presented. The non-significant variables here were Distancing, Self-Controlling, Seeking Social Support, Planful Problem-Solving and Positive Reappraisal.

TABLE 4

Stepwise Regression: Cynicism with the Ways of  
Coping and Burnout

| <u>Variable</u>          | <u>R<sup>2</sup></u> | <u>T-Ratio</u> | <u>P</u> |
|--------------------------|----------------------|----------------|----------|
| Accepting Responsibility | .137                 | 3.487          | .0006    |
| Burnout                  | .091                 | 4.163          | .0001    |
| Confrontive Coping       | .013                 | 2.211          | .028     |

Note: The non-significant variables were Distancing, Escape-Avoidance, Self-Controlling, Seeking Social Support, Planful Problem-Solving and Positive Reappraisal.

$R^2 = .253$ . The best predictor (AR) yielded  $R^2 = .137$ . Next, a regression of CYN by each DHS scale was conducted (see Table 5). Two scales, Total (T) hassles and Inner Concerns (IC) attained significance and together resulted in  $R^2 = .169$ . The T scale yielded  $R^2 = .155$ .

Fourth, the same regression (CYN by DHS scales) was conducted with BO included (see Table 6). Three variables--Total (T), BO and Time Pressures (TP)--reached significance and together resulted in  $R^2 = .221$ . The strongest predictor (T) yielded  $R^2 = .154$ .

Fifth, a regression of CYN by the DHS scales, excluding Total (T), was performed (see Table 7). The purpose was to determine the best predictors without T, which includes all 117 items on the DHS. Two variables, Inner Concerns (IC) and Work (W), reached significance and together accounted for  $R^2 = .166$  with IC yielding  $R^2 = .133$ .

Sixth, a regression of CYN by BO was conducted (see Table 8), yielding  $R^2 = .137$ .

Seventh, regressions of CYN were conducted for each WOCQ and DHS scale (see Table 8). The WOCQ scales with the largest  $R^2$  values were Accepting Responsibility (.138), Escape Avoidance (.117), Self-Controlling (.069) and Confrontive Coping (.067). For the DHS the leading individual predictors were Total ( $R^2 = .155$ ), Inner Concerns (.133) and Work (.120).

Finally, all WOCQ and DHS scales plus BO were entered into a regression by CYN (see Table 9). Four variables

TABLE 5

**Stepwise Regression: Cynicism with the  
Daily Hassles Scale**

| <u>Variable</u> | <u>R<sup>2</sup></u> | <u>T-Ratio</u> | <u>P</u> |
|-----------------|----------------------|----------------|----------|
| Total           | .155                 | 2.242          | .0259    |
| Inner Concerns  | .015                 | 2.067          | .0399    |

Note: The non-significant variables were Future Security, Time Pressures, Work, Household Responsibilities, Health, Financial Responsibilities and Neighborhood/Environment.

TABLE 6

Stepwise Regression: Cynicism with the  
Daily Hassles Scale and Burnout

| <u>Variable</u> | <u>R<sup>2</sup></u> | <u>T-Ratio</u> | <u>P</u> |
|-----------------|----------------------|----------------|----------|
| Total           | .154                 | 2.091          | .0375    |
| Burnout         | .045                 | 3.783          | .0002    |
| Time Pressures  | .023                 | .2074          | .0392    |

Note: The non-significant variables were Future Security, Work, Household Responsibilities, Health, Inner Concerns, Financial Responsibilities and Neighborhood/Environment.

TABLE 7

Stepwise Regression: Cynicism with the Daily Hassles  
Scale Excluding Total Hassles

| <u>Variable</u> | <u>R<sup>2</sup></u> | <u>T-Ratio</u> | <u>P</u> |
|-----------------|----------------------|----------------|----------|
| Inner Concerns  | .133                 | 2.744          | .0065    |
| Work            | .033                 | 2.552          | .0113    |

Note: The non-significant variables were Future Security, Time Pressures, Household Responsibilities, Health, Financial Responsibilities and Neighborhood/Environment.

TABLE 8

**Stepwise Regression: Cynicism with Burnout and  
the Ways of Coping and Daily Hassles  
Scales Individually**

| <u>Variable</u>            | <u>R<sup>2</sup></u> | <u>T-Ratio</u> | <u>P</u> |
|----------------------------|----------------------|----------------|----------|
| Burnout                    | .137                 | 6.206          | .0001    |
| Accepting Responsibility   | .137                 | 6.214          | .0001    |
| Escape-Avoidance           | .116                 | 5.645          | .0001    |
| Self-Controlling           | .069                 | 4.234          | .0001    |
| Confrontive Coping         | .067                 | 4.165          | .0001    |
| Positive Reappraisal       | .030                 | 2.733          | .0067    |
| Planful Problem-Solving    | .023                 | 2.377          | .0182    |
| Distancing                 | .028                 | 2.648          | .0086    |
| Total                      | .155                 | 6.646          | .0001    |
| Inner Concerns             | .133                 | 6.092          | .0001    |
| Work                       | .121                 | 5.764          | .0001    |
| Household Responsibilities | .093                 | 4.971          | .0001    |
| Financial Responsibilities | .056                 | 3.808          | .0002    |
| Neighborhood/Environment   | .052                 | 3.627          | .0001    |
| Health                     | .045                 | 3.358          | .0009    |
| Time Pressures             | .044                 | 3.316          | .0011    |
| Future Security            | .040                 | 3.152          | .0018    |

TABLE 9

Stepwise Regression: Ways of Coping Scale, Daily  
Hassles Scale and Burnout

| <u>Variable</u>          | <u>R<sup>2</sup></u> | <u>T-Ratio</u> | <u>P</u> |
|--------------------------|----------------------|----------------|----------|
| Total                    | .153                 | 3.789          | .0002    |
| Accepting Responsibility | .053                 | 4.199          | .0001    |
| Burnout                  | .043                 | 4.414          | .0001    |
| Time Pressures           | .025                 | -2.859         | .0046    |

Note: The non-significant variables were Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Escape-Avoidance, Planful Problem-Solving, Positive Reappraisal, Future Security, Work, Household Responsibilities, Health, Inner Concerns, Financial Responsibilities and Neighborhood/Environment.

(Total hassles, Accepting Responsibility, BO and Time Pressures) attained significance. The combined  $R^2$  of these four variables was .274. These four variables explained about 27% of the variance in cynicism. The best single predictor (Total) had an  $R^2 = .153$ .

Pearson correlation coefficients of CYN with the WOCQ and DHS scales, as well as with BO, correlated moderately with the predictors identified in the regression analyses. First, CYN correlated significantly with Burnout ( $r = .371$ ). Second, for the WOCQ, CYN correlated significantly and positively ( $p < .01$ ) with Accepting Responsibility ( $r = .372$ ), Escape-Avoidance ( $r = .260$ ), Self-Controlling ( $r = .264$ ), Confrontive Coping ( $r = .260$ ), but not Seeking Social Support ( $r = .060$ ). Third, for the DHS, CYN correlated significantly ( $p < .01$ ) with Total hassles ( $r = .397$ ), Inner Concerns ( $r = .65$ ) and Work ( $r = .348$ ). That is, cynicism in counselors was significantly associated with the reported use of all five of the significant predictors in the DHS regression analyses. Pearson correlations of cynicism with burnout (BO), the WOCQ and DHS scales are contained in Table 10.

#### Summary

The present study was an examination of the construct validity of the Cynicism (CYN) scale, a content scale of the MMPI-2 (Hathaway & McKinley, 1989). Cognitive appraisal theory (Lazarus & Folkman, 1984) was utilized as the theoretical basis for hypotheses on how cynical versus non-

TABLE 10

## Correlation Coefficients for Cynicism

| <u>Variable</u>            | <u>Cynicism</u> |
|----------------------------|-----------------|
| Confrontive Coping         | .2597**         |
| Distancing                 | .1685**         |
| Self-Controlling           | .2636**         |
| Seeking Social Support     | .0599           |
| Accepting Responsibility   | .3723**         |
| Escape-Avoidance           | .3424**         |
| Planful Problem-Solving    | .1517*          |
| Positive Reappraisal       | .1737**         |
| Total                      | .3936**         |
| Future Security            | .1990**         |
| Time Pressures             | .2089**         |
| Work                       | .3481**         |
| Household Responsibilities | .3050**         |
| Health                     | .2114**         |
| Inner Concerns             | .3653**         |
| Financial Responsibilities | .2383**         |
| Neighborhood/Environment   | .2275**         |
| Burnout                    | .3706**         |

\*p < .05 (2-tailed)

\*\*p < .01 (2-tailed)



cynical counselors would cope with work-related stress, as well as their relative frequency of reporting various types of daily hassles. The sampling frame was the membership list ( $n = 464$ ) of the Virginia Association of Alcoholism and Drug Abuse Counselors (VAADAC) of which 53.2% ( $n = 247$ ) responded to a request to complete a brief demographic questionnaire, the CYN scale, Pelletier's (1984) burnout measure and two measures of coping and stress: the Ways of Coping Questionnaire or WOCQ (Folkman & Lazarus, 1988a) and the Daily Hassles Scale or DHS (Lazarus & Folkman, 1989a).

The respondents were typically active members (88.3%), female (64.8% versus 59.3% for the total membership list by inspection of names), recovering from chemical dependency (51.4%), holders of a bachelors or graduate degree (84.2%) and were a median age of 44.00 years.

As predicted, cynicism and burnout were positively associated ( $r = .370$ ,  $p < .01$ ). Also, cynical (CYN) counselors, those who scored in the upper quartile on the Cynicism scale, scored significantly higher on the burnout measure than non-cynical (NCYN) counselors.

On the WOCQ two of the eight hypotheses were supported. First, CYN counselors tended to utilize Confrontive Coping (CC) more frequently than NCYN counselors. Confrontive Coping is a type of problem-focused coping (PFC) in which an individual takes direct action in an attempt to alleviate the perceived source of stress. Second, CYN counselors tended to use Escape-Avoidance (EA) more frequently than

NCYN counselors. Escape-Avoidance is a type of emotion-focused coping (EFC). Here, the individual appraises a stressful situation as not amenable to direct action and tries instead to manage his or her inner emotional state with respect to the stressful situation.

Contrary to prediction, CYN counselors tended to use two types of PFC and two types of EFC more frequently. In the PFC category, they used Accepting Responsibility (AR) and Planful Problem-Solving (PPS) more frequently. In the EFC category, they used Self-Controlling (SC) and Positive Reappraisal (PA) more often than the NCYN group. Also contrary to prediction, there were no significant differences for Seeking Social Support (SSS), a type of PFC, or Distancing (D), a type of EFC.

Turning to the DHS, five of nine hypotheses were supported and the CYN group reported more frequent or severe hassles on all nine scales. First, as predicted, the CYN group reported more Total (T) hassles and more severe hassles for Future Security (FS), Work (W), Inner Concerns (IC) and Neighborhood/Environment (NE). Contrary to prediction, the CYN group reported more severe hassles for Time Pressures (TP), Household Responsibilities (HR), Health (H) and Financial Responsibilities (FR).

The respondents were divided into sub-groups in relation to four co-variates (age, recovery status, education and gender) identified from the literature as possibly affecting the level of cynicism. In terms of age

of the counselors, none of the three hypotheses was supported. There were no significant differences between younger and older counselors ( $\pm$  mdn = 44.00) in terms of CYN, PFC or EFC type.

Recovery status referred to the respondents' self-report, i.e., recovering from chemical dependency versus not recovering from chemical dependency. Four of the eighteen null hypotheses were rejected. Recovering counselors tended to be more cynical and to use Seeking Social Support (SSS), Accepting Responsibility (AR) and Positive Reappraisal (PR) more frequently.

Education was broken down into four levels: no-degree, associates, bachelors and graduate degrees. Two of the five hypotheses were supported. As predicted, no-degree counselors tended to utilize Distancing and Positive Reappraisal, which are both types of EFC, more frequently. This trend held for the associates group as well. Contrary to a prediction that no-degree counselors would be more likely to be cynical, there were no significant differences by education. Also, contrary to prediction, the other two types of EFC, Escape-Avoidance (EA) and Self-Controlling (SC), were unrelated to education.

For gender, the final co-variate, none of the 17 hypotheses was supported. There were four unpredicted, significant or nearly significant differences in favor of the female respondents. The only significant difference on the WOCQ was for Escape-Avoidance (EA). On the DHS the

significant differences were for Health (H) and Inner Concerns (IC), while the difference for Time Pressures (TP) fell just short of significance. The gender contrast for cynicism, as well as for seven WOCQ scales and seven DHS scales, resulted in non-significant differences.

Given the narrow and positively skewed distribution of the cynicism (CYN) scales, multiple regression analysis was determined to be more appropriate than discriminant analysis for the respondent sample. Thus, CYN was treated as a continuous variable in regressions with the eight WOCQ scales, the nine DHS scales and the Burnout (BO) scale. A regression of CYN for each WOCQ scale produced a combined  $R^2 = .194$  based on inclusion in the equation of the three significant variables: Accepting Responsibility (AR), Escape-Avoidance (EA) and Confrontive Coping (CC), in order of predictive power. Inclusion of Burnout (BO) produced a combined  $R^2$  of .253 and BO became the second best predictor after AR.

A third regression was conducted of CYN with the nine DHS scales which produced an  $R^2 = .169$  with the best predictor, Total (T) hassles, yielding  $R^2 = .155$ . The only other significant predictor was Inner Concerns (IC). Inclusion of BO increased the total  $R^2$  to .221 with T remaining the best predictor ( $R^2 = .154$ ), followed by BO and Time Pressures (TP).

The next analysis involved the regression of CYN by the DHS scales except the T scale in order to determine if the

sheer size of the scale (all 117 items of the DHS) was concealing the contributions of other scales. The combined  $R^2$  of the two significant predictors, Inner Concerns (IC) and Work (W), was .166, considerably less than the combined  $R^2$  of the significant predictors with T in the analysis. Thus, Total (R) hassles was easily the most powerful predictor of cynicism in the DHS, much more important than any of the eight scales measuring severity of hassles in specific aspects of life.

Sixth, a regression of CYN by BO yielded  $R^2 = .137$ .

Seventh, each WOCQ and DHS scale underwent an individual regression by CYN. The leading WOCQ predictors were Accepting Responsibility or AR ( $R^2 = .137$ ), Escape-Avoidance (EA), Self-Controlling (SC) and Confrontive Coping (CC). The leading DHS predictors were Total or T ( $R^2 = .153$ ), Inner Concerns (IC) and Work (W).

Finally, a regression was conducted using CYN with all the WOCQ and DHS scales, plus the BO measure. The four significant predictors, Total (T), Accepting Responsibility (AR), Burnout (BO) and Time Pressures (TP) together produced  $R^2 = .274$ . The T scale, the leading predictor, produced  $R^2 = .153$ .

Pearson correlation coefficients indicated moderate and positive relationships between cynicism and burnout, as well as between cynicism and the leading predictors among the WOCQ and DHS scales identified in the regression analysis. The correlations ranged from the high .30s to the low .20s

and were significant ( $p < .01$ ). The one exception was Seeking Social Support (SSS), which entered the equation of CYN by the WOCQ scales and BO as the fourth significant predictor, but did not correlate significantly with CYN. Thus, the Pearson correlation coefficients supported the validity of the relationships between cynicism and the stress measures which were identified in the regression analyses.

## CHAPTER 5: DISCUSSION

The purpose of the study was to evaluate the construct validity of the Cynicism (CYN) Scale, a content scale of the MMPI-2 (Hathaway & McKinley, 1989). The central question was whether or not cynical versus non-cynical chemical dependency counselors differed in their ways of coping with work-related stress and in perceived frequency and severity of daily hassles. The 464 members of the Virginia Association of Alcohol and Drug Abuse Counselors (VAADAC) were provided packets containing a demographic form requesting four co-variables (age, recovery status, education and gender), the Cynicism (CYN) Scale, Pelletier's (1984) burnout measure, the Ways of Coping Questionnaire or WOCQ (Folkman & Lazarus, 1988a) and the Daily Hassles Scale or DHS (Lazarus & Folkman, 1989). The 247 members who returned their packets (53.2%) fell short of the desired return rate of 65%. The respondents were generally active members in mid-life, recovering from chemical dependency, female and possessing a graduate degree. They typically scored low to moderate on the CYN Scale and fairly low on the burnout measure.

Cynicism and burnout were significantly correlated, and cynical counselors scored significantly higher on Burnout (BO) than non-cynical counselors. Two of the eight

hypotheses for the WOCQ were supported. That is, cynical counselors tended to use Confrontive Coping and Escape-Avoidance more frequently. Although not predicted, cynical counselors also used Self-Controlling coping, Positive Reappraisal, Accepting Responsibility and Planful Problem-Solving more frequently.

In the DHS, five of the nine hypotheses were supported. Cynical counselors, as predicted, scored significantly higher on Total hassles and reported more severe hassles for Future Security, Work, Inner Concerns and Neighborhood/Environment. Although not predicted, cynical counselors also reported significantly more severe hassles for Time Pressures, Household Responsibilities, Health and Financial Responsibilities, the remaining four scales.

In general, cynical counselors reported more overall coping, although hypotheses based on cognitive appraisal theory (Lazarus & Folkman, 1984) predicted correctly for just two of eight WOCQ scales. Regarding daily stressors, cynical counselors reported significantly more total hassles, as well as more severe hassles, as well as more severe hassles in all eight areas measured by the DHS. These results were predicted correctly for five of the nine hypotheses.

The respondents were divided at the median age (44 years) in order to evaluate the possible influence of age as co-variate. None of the three hypotheses predicting age differences was supported, and younger and older respondents



did not differ in cynicism, nor did they differ in their use of problem-focused (PFC) or emotion-focused coping (EFC) strategies. Thus, the respondent groups appeared to be homogeneous with respect to age for the dependent variables in this study.

Recovery status was the second co-variate and here non-predicted differences occurred for cynicism and three WOCQ scales. Recovering counselors tended to be more cynical and to use Seeking Social Support, Accepting Responsibility and Positive Reappraisal more frequently.

Regarding education, the results were as predicted in two instances and were unpredicted in three instances. As predicted, no-degree and associate counselors used two EFC strategies significantly more often (Distancing and Positive Reappraisal), but did not use Self-Controlling coping or Escape-Avoidance more often than degreed counselors. Also contrary to prediction, no-degree counselors were not more cynical than degreed counselors.

The final co-variate was gender. Contrary to prediction, male counselors were not more cynical than female. As predicted, however, there were no gender differences on the WOCQ, although women used Escape-Avoidance (EFC) more often than men to a nearly significant degree. Finally, and contrary to prediction, women reported significantly more severe hassles for Health and Inner Concerns, while the difference in favor of women for Time Pressures fell just short of significance.

It was originally proposed that cynical versus non-cynical counselors would be contrasted using a cut-off score of  $t = 60$  on the CYN Scale and group differences would be analyzed using discriminant analysis. Because this procedure would have yielded too small a cynical group ( $n = 8$ ), it was decided to treat cynicism as a continuous dependent variable and employ regression analysis instead.

In the regression of CYN for the WOCQ scales, the best predictors were found to be Accepting Responsibility, Escape-Avoidance and Confrontive Coping, while for the regression for the DHS the best predictors were Total hassles, Inner Concerns and Time Pressures. For both instruments, the addition of Burnout increased the coefficient of determination ( $R^2$ ) about 6%. A regression of DHS without Total resulted in the identification of Inner Concerns and Work as the best predictors of cynicism.

When regressions of CYN by individual variables were conducted, the strongest predictors on the WOCQ were Accepting Responsibility and Escape-Avoidance. In the DHS, the strongest were Total, Inner Concerns and Work, and the latter appeared only when Total was absent from the analysis.

A final regression was conducted using the WOCQ, DHS and the Burnout measure. The best predictors were Total (T) hassles and Accepting Responsibility (AR). Taken together, these variables appear to describe individuals who have high expectations of self (AR) and are experiencing considerable

daily, work-related stress (T, TP), which may reflect an inability to keep up with responsibilities and workload (BO).

The final section of the data analysis involved examination of Pearson correlation coefficients for the variables in the study (WOCQ and DHS scales, BO). Most importantly, cynicism (CYN) was significantly related to Burnout and to all but one of the 17 WOCQ and DHS scales ( $p < .01$ ). CYN was significantly related to all but one of the leading predictors in the regression analyses with correlation coefficients ranging from .209 to .397. These inter-correlations support the position that CYN is related to greater overall coping, as well as more frequent and more severe reported daily hassles.

#### Discussion of Findings

##### Characteristics of Respondents

Respondents tended to be active members of VAADAC, female, middle-aged, well-educated and recovering from chemical dependency. Active members differed from associates in only one respect. They were more likely to be recovering, while the associates were more likely to be non-recovering. This finding appears to stem from the fact that active members are by definition more likely to have identified themselves as chemical dependency counselors, and many recovering alcoholics and addicts enter the field. Associate members, on the other hand, identify themselves with other fields such as clinical psychology

in which there are fewer recovering persons.

The proportion of female respondents was close to an estimate of the proportion of females in the organization.

In terms of age, the median age for VAADAC respondents (44 years) was close to the mean for the National Association for Alcoholism and Drug Abuse Counselors (NAADAC). The educational level of the respondents was quite high, which mirrors the growing professionalization seen at the national level since around 1980 (Stude, 1990).

A surprising finding for the respondent group was the high percentage of persons who reported their recovery status. This finding may reflect the prominent place of recovering counselors in the history of the field (Rosenberg, 1982). Since recovering counselors appear to feel accepted, in this study they may have felt comfortable in acknowledging their recovery status, particularly when assured anonymity.

Contrary to expectations, the distribution of cynicism (CYN) was narrow and positively skewed to the non-cynical end of the continuum. The hypotheses were formulated with an expectation of a more normal distribution for CYN, although the prevalence of cynicism among health workers nationwide is lower than for the general population (Kanter & Mirvis, 1989). The distribution of CYN scores in the study required a comparison of low versus moderately cynical counselors. No research has been conducted on the behavioral referents of moderate cynicism, and according to

Graham (1990), there is little research regarding low scorers on the MMPI-2 content scales.

Why were the CYN scores so low? First, presenting the CYN scale apart from the rest of the MMPI-2 may have encouraged non-cynical responding, especially since the items on the content scales tend to be more transparent than those on the clinical scales (Butcher, Graham & Williams, 1990).

Second, the lower than expected return rate could have affected responses to the CYN scale if volunteers responded differently than non-volunteers would have. According to Rosenthal and Rosnow (1969), volunteers tend to have a higher need for approval, to be less authoritarian and to appear to be better adjusted than non-volunteers. These qualities of volunteers may have encouraged non-cynical responding.

Third, cynical beliefs may simply be contrary to chemical dependency counselors' values. Graham (1990) described low CYN persons as tending to perceive others positively, trust others and behave in a friendly and helpful manner, while they did not tend to be viewed by others as hostile. Counselors may wish to perceive themselves this way, but it is wise to heed the observation of Hogan and Nicholson (1988) that item endorsements are not self-reports, but self-presentations.

Fourth, a measure of occupational cynicism might have yielded a higher proportion of cynical respondents than a

global one. As discussed in Chapter 2, measures of cynicism have been developed for particular occupations such as police work (O'Connell, Holzman & Armandi, 1986) which appear to encourage a cynical outlook. Respondents in the present study might have endorsed items in a cynical direction which pertained to their expectations of clients. Factors such as the impact of the disease concept on the counselor, the predominance of involuntary clients and the difficulties in demonstrating treatment effectiveness might have been more likely to affect responses on an occupational scale. The counselor could endorse a cynical attitude toward clients or the treatment program without endorsing a cynical outlook generally.

Finally, another comment regarding the distribution of CYN scores concerns the fact that in this study the work situation or setting was held constant. The lack of attention to setting may have obscured relationships between cynicism, ways of coping, daily hassles and settings. Mulligan, McCarty, Potter, and Krakow (1989) surveyed 1,328 counselors in Massachusetts and found significant differences in counselor characteristics within residential or detoxification facilities versus outpatient programs. In addition, as discussed in Chapter 2, the work environment of many chemical dependency counselors is ambiguous and, according to Edwards (1988), the role of the setting in the

coping process is likely to be greatest when the setting is ambiguous.

The fairly low, overall level of burnout reported by the respondents is surprising given the stressfulness of the profession as reported in the literature. First, the fact that respondents were asked to provide Likert ratings for amount of change in the past six months, rather than for amount of stress, may have puzzled them and hence depressed scores. Second, the brevity of the scale (15 items) may also have depressed scores. Third, because work setting was held constant, it is not possible to determine if reported burnout varied by setting. Finally, if the respondents did not wish to present themselves as cynical, then they also may not have wanted to present themselves as suffering from symptoms of burnout.

#### Results for the Hypotheses

A critical finding in the study was the association between cynicism and burnout, coupled with the fact that more cynical counselors tended to score higher on the burnout measure than less cynical counselors. This finding is somewhat surprising because the comparison was not between extreme groups as anticipated, but between low and moderately cynical counselors. The relationship of cynicism to work-related stress implies that cynicism may act as a moderator of stress and strain, similar to other individual personality differences such as Type A, locus of control, optimism-pessimism and negative affectivity (Payne, 1988).

These traits affect the employee's perceptions of stress in the workplace and cynicism may function similarly.

Based on cognitive appraisal theory and the literature on cynicism, eight hypotheses were established to predict the relationships between cynicism and the eight WOCQ scales and two were supported by the data. As predicted, cynical (CYN) counselors tended to use Confrontive Coping (PFC), and Escape-Avoidance (EFC) more frequently than non-cynical (NCYN) counselors. These findings appear contradictory at first glance. According to the manual (Folkman & Lazarus, 1988a, p. 8), Confrontive Coping (CC): "describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking." The demonstrated association between cynicism and hostility (Smith & Pope, 1990) may explain why cynical counselors employed this strategy more often. Escape-Avoidance (EA) "describes wishful thinking and behavioral efforts to escape or avoid the problem. Items on this scale contrast with those on the Distancing scale, which suggests detachment" (Folkman & Lazarus, 1988a, p. 8). When coping, an individual may use PFC or EFC strategies at different stages of a stressful situation (Fleishman, 1984). In this case, for example, more cynical counselors may have attempted to deal with a client or co-worker directly, become frustrated, concluded the situation was not amenable to change and may have withdrawn physically (EA).

The findings for the WOCQ were somewhat difficult to



interpret because the remaining five hypotheses were not supported. In the four hypotheses which yielded unpredicted, significant differences, two were types of PFC (Accepting Responsibility, Planful Problem-Solving) and two were types of EFC (Self-Controlling coping, Positive Reappraisal). For Seeking Social Support (PFC) and Distancing (EFC) the non-significant differences were unpredicted. These results are surprising in view of the two significant results. For example, persons who utilize Confrontive Coping and Escape-Avoidance would also be expected to use Distancing, "cognitive efforts to detach oneself and to minimize the significance of the situation" (Folkman & Lazarus, 1988a, p. 8) in the face of workplace frustration.

Based on the results, cynical counselors tended to utilize both PFC and EFC techniques more frequently than non-cynical counselors. Following Kanter & Mirvis (1989), this may reflect his or her active struggle to fulfill high expectations for self and others, followed by an experience of disappointment and ultimately disillusionment. This process may be reflected in the use of different coping techniques at different points in a stressful episode. As Fleishman (1984) pointed out, the coping literature indicates that most people use both PFC and EFC in most stressful situations and it is important to consider how personality characteristics combine with features of the situation to shape coping behaviors. Based on the review of

the literature, chemical dependency treatment involves frequent disappointments and deceptions by clients which may encourage a cynical outlook in some counselors. The degree to which this reinforces a cynical belief system may stem in part from the perceived efficacy of counselors' coping efforts (Aldwin & Revenson, 1987) and the degree of fit between their appraisals of stressful situations and coping (Forsyth & Compas, 1987). In other words, he or she may not develop a cynical outlook if they see their efforts as being successful or if they confine their use of PFC techniques to situations which are amenable to change.

Nine hypotheses regarding the relationship between cynicism and the DHS were developed from cognitive appraisal theory and the literature on cynicism. Of these, five were supported by the data. As predicted, cynical counselors reported more Total hassles, as well as more severe hassles for Future Security, Work, Inner Concerns and Neighborhood/Environment. Contrary to predictions of non-significant differences, cynical counselors also reported more severe hassles on the remaining scales: Time Pressures, Household Responsibilities, Health and Financial Security.

The cynical person's mistrustful view of others was associated with more reported daily stress in every domain which the DHS measures. These results correspond with those of Kanter and Mirvis (1989) regarding the poorer satisfaction of cynical workers. In particular, the more severe hassles for Work and Time Pressures (mostly items

about work) appear to describe persons who were more dissatisfied with their jobs than less cynical persons. Furthermore, because frequency and severity of hassles have been associated with psychological symptoms (Monroe, 1983; Wolf, Elston, & Kissling, 1989), the more cynical counselors apparently were experiencing greater dissatisfaction with their lives as a whole.

The higher severity of Health hassles for cynical counselors, although not suggested by the literature, deserves special attention. In a concurrent validity study of the DHS, Young (1987) administered the DHS and the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974) to 448 persons in the San Francisco area who were employed at least half-time in the health care, education, government or business fields. When somatic health was used as a dependent measure, hassles accounted for 40% of the variance, while life events accounted for only 1%. This study pointed out the relationship between hassles and self-reported physical symptoms. Cynical counselors in the present study reported more hassles in the Health area, prompting a question of what the relationship of cynical beliefs may be to ways of coping, daily stressors and physical health.

The results for the four co-variates (age, recovery status, education, gender) were generally not in conformance with previous studies of these factors in the literature on cynicism or cognitive appraisal. Overall, none of these

variables distinguished between counselors in terms of cynicism or coping. Based on the data, the counselors were a relatively homogeneous group, despite having the anticipated variations in education which are unusual for the helping professions generally.

Kanter and Mirvis (1989) found that cynicism was greatest among young adults and declined with age, but here counselors did not differ significantly by age. The field may support non-cynical beliefs in view of the high proportion of low-cynical scores on the CYN Scale. If so, then persons who continue in the field might be more likely to possess non-cynical beliefs regardless of age. Most counselors apparently trust or would prefer to trust others.

Previous research indicated that the use of problem-focused coping (PFC) was greater among young adults, while emotion-focused coping (EFC) was more prevalent among older persons (Folkman, Lazarus, Pimley, & Novacek, 1987). No difference in type of coping by age was found here. It is plausible that the field encourages certain types of coping irrespective of the age of the counselors. For example, Confrontive Coping was frequently used and this coping technique appears congruent with descriptions of the directive approach which most chemical dependency counselors tend to use with clients (Skoll, 1992).

Based on the literature review, no significant differences were expected between recovering and non-recovering counselors for cynicism, type of EFC or PFC or

frequency or severity of daily hassles. Although counselors did not differ significantly for five types of coping or frequency/severity of daily hassles, there were significant differences for cynicism and three types of coping. The slightly higher mean for cynicism among recovering counselors (5.21 to 4.25) may reflect greater caution, although the practical significance of this small difference is probably slight. The more frequent use of Accepting Responsibility and Seeking Social Support (both PFC), as well as Positive Reappraisal (EFC), among recovering counselors probably reflected the effects of recovery in 12-Step Programs, such as Alcoholics Anonymous, which emphasize these ways of coping (Muhleman, 1987).

With respect to education, it was predicted, following Kanter and Mirvis (1989), that less-educated counselors would be more cynical and, following Folkman, et al. (1987), that younger counselors would use more problem-focused coping techniques. There were no significant differences by education for cynicism, perhaps indicating a consensus in the field regarding the values reflected in their responses to the CYN Scale concerning the motives and trustworthiness of people.

As for type of coping, less-educated counselors as predicted did utilize two types of emotion-focused coping (EFC), Distancing and Positive Reappraisal, more frequently. These findings provided support for the supposition that less-educated persons, presumably at the bottom of their

organizations, employed EFC more often since they tended to appraise their situations as less amenable to change (Folkman & Lazarus, 1988b). According to Folkman & Lazarus (1988a), Distancing "describes cognitive efforts to detach oneself and to minimize the significance of the situation" (p. 8). This strategy appears to be consistent with perceived lower status and power in the treatment setting. Positive Reappraisal "describes efforts to create positive meaning by focusing on personal growth. It also has a "religious dimension" (Folkman & Lazarus, 1988a, p. 8). Such reframing may be helpful in a less-powerful position, particularly when paired with the ventilation of affect in the management of anger (Murray, 1985).

The small numbers of non-degree and associate counselors suggest that the interpretation of the results for education should be made with caution.

In terms of gender, male counselors were expected to be more cynical than females, based on Kanter & Mirvis' (1989) research, however, there were no significant differences. Both the sampling frame and the respondent group were about 60% female. The health professions tend to be mostly female and less cynical than the general population (Kanter & Mirvis, 1989), so this finding perhaps reflected the effects of occupation as well as gender.

Based on the review of research, male and female counselors were not expected to differ in terms of the WOCQ (Folkman & Lazarus, 1991) and, as predicted, there were no

significant differences. These results again appeared to reflect the generally homogeneous nature of the respondent group with respect to coping and the co-variates.

Based on the review, male or female counselors were not expected to differ in frequency or severity of daily hassles. However, females reported significantly more hassles for Health and Inner Concerns and a near-significant difference for Time Pressures. Given the mean age of the sample, it is likely that many of the women had children and therefore dual responsibilities. Some research has indicated that female professionals with family responsibilities experience greater role conflict and work stress than males (Greenglass, Pantony & Burke, 1988). Role conflict could account for the findings for Health and Time Pressures, but the difference for Inner Concerns is more difficult to explain. Examination of the items on the scale indicates concerns about social isolation and the meaning of life. This finding was not due to the use of different coping styles by women and men. Consistent with previous research, male and female counselors appeared to perceive different types of stressful encounters (Folkman & Lazarus, 1980), although the nature of the stressful encounters was not sought in the present study. In a longitudinal study of 403 women, ages 25 to 55 and employed at least half-time in social work or licensed practical nursing, Barnett and Marshall (1991) found that subjective well-being and psychological distress were both associated with the women's

concerns about work overload. The perception of helping others tended to buffer the negative mental health effects of work. Perhaps work overload and the perception of helping others existed among the female counselors in the present study.

#### Construct Validity

According to Gorenstein (1992) the process of construct validity begins with a set of observations, e.g., responses to the CYN Scale and a theory concerning the mental processes which accounts for those observations, e.g., research on cynicism and cognitive appraisal. The aim is to find out what meaning the construct (cynicism) has beyond the measurement device which is used to determine its presence. After establishing the reliability and sensitivity of the instrument, the researcher constructs theory-based hypotheses regarding the characteristics of persons identified by the instrument as possessing the characteristic to varying degrees. To validate the construct means to demonstrate that the measuring device or criterion is significantly related to appropriate variables and the sizes of the relations are consistent with the implications of the construct derived from theory or previous research. There is no limit to the number of predictions which can be made, and the goal is to discover new properties of the construct. Cronbach and Meehl (1955) described the process as the "bootstraps" method in which a construct gradually acquires predicted and explanatory power



through refinement. In the current study it was hypothesized that cynical counselors, in contrast to non-cynical ones, would generally cope in different ways, e.g., more use of emotion-focused coping (EFC). It was also predicted that cynical counselors would tend to report more frequent and severe daily hassles than non-cynical counselors. The compact and positively skewed distribution of cynicism (CYN) scores prevented the use of extreme scores to distinguish between cynical and non-cynical counselors, so the upper and lower quartiles were used instead. Group contrasts (more cynical versus less cynical) were made utilizing one-way ANOVA and multiple regression analysis.

Examination of cynical versus non-cynical counselors on the Ways of Coping Questionnaire (WOCQ) revealed that cynical counselors reported using six strategies more often, non-cynical counselors none and there were non-significant differences for two scales. As predicted, cynical counselors used the emotion-focused (EFC) strategy of Escape-Avoidance more often as well as the problem-focused (PFS) technique of Confrontive Coping. However, contrary to prediction, cynical counselors also used Positive Reappraisal (EFC), as well as Accepting Responsibility and Planful Problem-Solving (both PFC) more frequently. Overall, cynical counselors tended to use more types of coping, although not usually as predicted by cognitive appraisal theory. The CYN Scale distinguished between more cynical and less cynical counselors in terms of a behavioral

referent, ways of coping. However, the lack of prior research on the relationship between cynicism and coping may have diminished the accuracy of predictions based on the cognitive appraisal framework. In addition, the comparison of moderately cynical versus low-cynical counselors in this study may have affected the results for some of the predictions regarding individual coping techniques.

For cynicism and daily hassles, the results were clearer. Cynical counselors reported more total hassles and more severe hassles in all eight specific areas of the Daily Hassles Scale (DHS). The correct predictions included Total hassles and four specific areas, while in the four other specific areas null hypotheses were rejected in favor of the cynical group. Cynical counselors reported more daily stressors, as well as more severe daily stressors, in every area measured by the DHS. This finding provided support for the assertion that cynicism is strongly associated with the experience of elevated work-related stress.

To review, cynical versus non-cynical counselors were compared in terms of WOCQ and DHS scores. For coping, cynical counselors reported using six of the eight WOCQ techniques more frequently, although not always the strategies which the cognitive appraisal framework predicted. A lack of prior research on cynicism and coping may have hindered prediction and caution in interpreting results is appropriate in light of the attenuated distribution of cynicism scores in this study. With respect

to hassles, cynical counselors reported more frequent hassles, as well as more severe ones, in all eight domains which the DHS measures.

As Gorenstein (1992) pointed out, construct validation is "essentially a matter of give and take, involving back-and-forth adjustments between the criterion of application [the measuring device] and the hypothetical construct" (p. 8). In the study, higher scorers on the CYN Scale coped differently than lower scorers, although not always as predicted for specific WOCQ scales, while higher scorers also reported more frequent and severe daily hassles. These data taken together suggest that the CYN Scale measures a construct with significant referents external to the instrument and therefore appears to possess construct validity based on this evaluation.

In the absence of sufficient numbers for comparison of extreme groups, multiple regression analysis, rather than discriminant analysis, were performed. Cynicism was therefore treated as a continuous rather than a dichotomous variable. It was the dependent variable, while the WOCQ and DHS scales, as well as Burnout (BO), were the independent variables. Examining the regression in terms of construct validity, how well do the strongest predictors of cynicism relate conceptually to the construct of cynicism?

In the regression of cynicism (CYN) by the WOCQ scales, Accepting Responsibility, Escape-Avoidance and Confrontive Coping, explained about 19% of the variance in cynicism and

adding Burnout for the analysis resulted in the explanation of about 25% of the variance. Accepting Responsibility, the strongest predictor in both analyses, appears difficult to relate to cynicism. On this scale the respondent "acknowledged [his or her] own role in the problem with a concomitant theme of trying to put things right" (Folkman & Lazarus, 1988a, p. 8). Perhaps Accepting Responsibility (self-focus) and Confrontive Coping (other-focus) were utilized early in the coping process, followed by disillusionment and the use of Escape-Avoidance, which--when used frequently--resulted in symptoms of burnout. This conceptualization of stress as a process cannot be verified from the current study, but is consistent with evolving formulations in cognitive appraisal theory which have advocated more longitudinal research on stress as a dynamic process (Lazarus & Folkman, 1986).

Regressions of CYN by the DHS scales resulted in the identification of Total (T) hassles as the best predictor, both with and without Burnout (BO) in the analysis. In each case, the combined  $R^2$  was slightly less than that for the WOCQ and removal of T had almost no effect on predictive power. The most predictive combination ( $R^2 = .221$ ) included T, BO and Time Pressures (TP). This combination seemed to suggest that more cynical counselors expressed multiple sources of stress (T), felt harried and pressed for time (TP) and were experiencing symptoms of burnout (BO).

The ultimate regression involved CYN by all the WOCQ

and DHS scales and Burnout (BO). The four significant predictors, T, Accepting Responsibility, BO and TP, explained more than 27% of the variance. This combination may, again, have reflected a process in which counselors experiencing multiple stressors, especially time pressures, held high expectations for self (and others?) which were not met. These experiences, appraisals and coping may then have resulted in the exacerbation of burnout symptoms.

Examination of regressions for individual WOCQ and DHS scales provided general confirmation for the above conceptualization. In the WOCQ, Accepting Responsibility and Escape-Avoidance emerged as the two strongest individual predictors, while on the DHS the strongest were T, Inner Concerns (IC) and Work (W). More cynical counselors may have tended to be introspective and somewhat brooding (IC) with relatively low work satisfaction (W).

The Pearson correlations between CYN and the WOCQ, DHS and BO scales (Table 10) supported the relationships between CYN and the other measures identified in the regression analyses. CYN related moderately and positively to all but one of the significant predictors in the analyses ( $p < .01$ ), while in fact correlating significantly with all but one of the seventeen WOCQ are DHS scales, plus Burnout (BO). This finding indicates that cynicism was related to greater overall coping, more frequent and severe daily hassles and burnout.

In summary, the regression analyses and correlations

elaborated upon the image of cynicism which emerged from contrasts between more and less cynical counselors. Cynicism was associated with the use of a variety of coping strategies and with more total and more severe daily hassles, as well as greater burnout. Also, cynicism related to higher expectations for self, a tendency to confront problems with others aggressively and, when disappointed, a tendency to withdraw and experience symptoms of burnout, lower work satisfaction and more inner concerns.

#### Implications and Recommendations for Further Research

The purpose of the study was to evaluate the construct validity of the Cynicism (CYN) Scale of the MMPI-2 (Hathaway & McKinley, 1989) in terms of its ability to discriminate how cynical versus non-cynical chemical dependency counselors would respond to predictions based on cognitive appraisal theory (Lazarus & Folkman, 1984). Due to the low number of cynical counselors in the distribution of CYN scores, a comparison was instead made between more and less cynical counselors. Contrasts of scorers in the upper and lower quartiles revealed that higher scorers tended to employ more coping on the Ways of Coping Questionnaire or WOCQ (Folkman & Lazarus, 1988a) and report more frequent and severe daily hassles on the Daily Hassles Scales or DHS (Lazarus & Folkman, 1989). Higher scorers also tended to score higher on a measure of burnout (Pelletier, 1984). These findings indicated that the CYN Scale measures

referents external to the instrument and therefore appears to possess construct validity.

The cognitive appraisal literature provided limited guidance in establishing predictions regarding how cynical versus non-cynical counselors would cope with work-related stress, as well as what daily hassles they would report. In view of the incorrect predictions for five WOCQ and four DHS scales, it is recommended that this study be replicated with a larger nationwide sample of chemical dependency counselors in order to establish more clearly the relationships between cynicism and coping.

The cross-sectional nature of this study precluded examination of the coping processes of cynical versus non-cynical counselors. In a longitudinal study of cognitive appraisal, coping and encounter outcome, Folkman, Lazarus, Dunkel-Schetter, De Longis, and Gruen (1986) administered an earlier version of the WOCQ to 85 married couples monthly for six months in their homes. Such a methodology should be adopted in order to study the coping processes of cynical versus non-cynical counselors. Folkman, et al., included measures of primary and secondary appraisal, such as what was at stake and what were the available coping options, as well as the perceived efficacy of coping (i.e., the outcome). These dimensions should be included in a longitudinal adaptation of the present study because they would permit an evaluation of the degree of fit between appraisal, coping and outcome of coping.

One of the most striking results of the present study was that more cynical (moderately cynical) counselors reported more total daily hassles and more severe hassles in all eight DHS domains. These counselors were experiencing more daily stressors not only at work, which replicated Kanter and Mirvis' (1989) finding, but throughout their lives. Lazarus (1984) predicted that cognitive appraisal research would become concerned with the content and patterning of daily stressors, and thus yield a better understanding of how and why people, individually and in groups, cope well or poorly, and what interventions may improve coping effectiveness. Such an approach in the present context would involve asking subjects for the content of their daily stressful episodes over some period of time. Do cynical and non-cynical counselors perceive different situations as stressful?

In the study there were indications that the more cynical counselors may also have been more hostile, although hostility was not directly measured. More cynical counselors made greater use of Confrontive Coping, which contains a hostile component according to the manual, as well as avoidant coping (Escape-Avoidance) and reported more daily hassles, including Health. In addition, they scored higher on Burnout (BO). These findings approximated those of studies on hostility and stress management (Nowack, 1991; Smith & Pope, 1990), but the present study should be replicated using measures of hostility and Type A to examine



the inter-correlations between these variables and cynicism in this population.

The low proportion of cynical counselors in the study was surprising given the various factors identified in the literature which would seem to promote cynicism in the field. This study confirms that the prevalence of cynicism in the helping professions is indeed much lower than in the general population (Kanter & Mirvis, 1989). In a recent report on research concerning philosophy of human nature, Wrightman (1992) related that on a means of trustworthiness counseling psychologists "possess especially favorable and optimistic beliefs about the nature of others" (p. 5), compared to the non-helpers he tested.

Despite the comparatively optimistic outlook of helpers, it is possible that self-report measures do not adequately uncover cynicism. Meyerson (1990) studied the "socially undesirable emotions" of cynicism, confusion and ambivalence in hospital social work using the participant observation method. She found that cynicism usually emerged in the form of jokes and often had a beneficial effect on the work group by diffusing tensions and frustrations arising from "insoluble problems." Participant observation may constitute a better way than self-report to study not only the prevalence, but the manifestations of cynicism in chemical dependency treatment work.

The present study employed a generic measure of cynicism and did not take the work setting of the counselor

into account. Given the existence of measures of occupational cynicism in other fields, the task would be straightforward to construct and pilot a measure for this field. This instrument would investigate the respondent's beliefs about the trustworthiness of clients and the efficacy of treatment so comparisons could be made with the counselor's response to the CYN Scale. Using an occupational cynicism measure, augmented by participant observations, more definite conclusions could be made about the pervasiveness of cynicism in the field. More intensive research should also include elaboration of results by type of setting (in-patient, residential, out-patient, etc.) using the methods of self-report and participant observation.

The four co-variates employed in the study (age, recovery, status, education and gender) did not generally modify the effects of cynicism. Younger and older, recovering and non-recovering, less and more educated and male and female counselors did not tend to deal with stress differently. Nor did they tend to be more or less cynical, although recovering counselors were slightly more cynical. The overall picture was of an occupational group which agrees generally on the trustworthiness of others and tends to cope with work-related stress in similar ways. Such a convergence may stem from an agreement about the overriding importance of helping others (Wrightsman, 1992), as well as

similar attitudes about alcoholism and its treatment (Lo Sciuto, Aiken, Ausetts, & Brown, 1984).

If replications indicate that cynicism continues to be associated with coping and daily stress then it will become important to develop interventions to help counselors alter cynical belief patterns. Seligman (1991) developed a model for increasing optimism in pessimistic employees. The model is based on attribution theory (Seligman, 1975), which posits that pessimistic people tend to see negative experiences in their lives as personal, permanent and pervasive. The model involves cognitive training, which teaches the employee to examine his or her negative thought patterns, dispute and change them. The goal is "flexible optimism" in which the employee sees life more realistically and becomes more responsible for choosing how he or she will cope with the demands of work and life.

Although pessimism and cynicism are not synonymous, one finds global attributions about others and life in the CYN Scale, as well as Kanter and Mirvis' scale. In the present study more cynical counselors reported more coping and daily hassles. If these results are replicated, then the relationship between cynicism and pessimism should be investigated. If this relationship is significant, then Seligman's intervention should be investigated as a means of reducing cynicism, as well as pessimism, in chemical dependency counselors..pa

### Recommendations for Practice

The key relationships in the present study were between cynicism and burnout, overall coping and frequency/severity of daily hassles. It appears that more cynical chemical dependency counselors maintained relatively high expectations for life and, when these were not met, tended to experience disappointment and disillusionment, which was reflected on the job in the form of burnout symptoms. In short, the construct of cynicism appeared to possess the concrete, behavioral referents of differential coping and level of daily hassles. What implications can be drawn from these results for the practice of chemical dependency counseling?

The study supported the importance of counselor effects in assessments of treatment effectiveness. Counselor effects have been neglected in effectiveness research, despite indications that they are important to outcome (Crits-Christoph, Beebe, & Connolly, 1990). As Onken (1991) observed:

There is very little knowledge currently available . . . about which characteristics of therapists are most related to outcome. The ability of the therapist to establish an early, positive [emphasis added] therapeutic alliance, the consistent adherence to a particular method, and the documentation of relatively complete treatment plans and records all have to be shown to be related to positive outcome in various studies. It is not clear, however, how or why these characteristics are related to successful treatment, nor is it clear what other therapist characteristics are important determinants of outcome. (p. 272)

What are the relationships of level of cynicism to effectiveness and outcome in treatment?

Miller (1985) proposed a model which related motivational variables and interventions to entry into treatment, treatment compliance and outcome. Whereas earlier models had concentrated almost solely on the characteristics of clients (denial, desire for help, etc.), this model included types of interventions, environmental (contextual) factors and counselor characteristics. Miller referred to the latter as "perhaps the most underestimated and least investigated determinants of motivation" (p. 97). He included the characteristics of expectancy of direct change, empathy and hostility or moralizing in his discussion of counselor characteristics. Based on the present study, future research should determine the relationships of cynicism to other counselor characteristics, and to client motivation and outcome.

Judging from these results, cynical counselors appear to experience elevated stress both at work and elsewhere. Supervisors could utilize either the Cynicism Scale, or an occupational cynicism measure and a burnout measure, to identify counselors in need of special attention and support. Conferences with cynical counselors would then focus on perceptions of clients and the treatment setting, as well as on the counselor's preferred ways of coping with work-related stress. If the counselor tended to use avoidant coping, for example, the supervisor could coach him

or her regarding the use of problem-focused coping strategies such as confrontive coping. Such a structured approach to feedback and goal-setting was shown to be helpful in increasing the mean number of client sessions counselors held per month (McCaul & Srikis, 1991).

In addition to supervisory applications, the findings may be applied to the area of in-service training. If cynicism among counselors is subtle but pervasive, intervention should involve all staff, rather than singling out cynical counselors for special attention. Meichenbaum and Cameron (1983) described a method called stress inoculation training which uses the cognitive appraisal framework as a foundation. Trainees focus on three domains: behavior, self-regulatory activity and cognitive structures. The latter, "tacit assumptions and beliefs that give rise to habitual ways of construing the self and the world" (Meichenbaum & Cameron, 1983, p. 118), includes attitudes such as cynicism. Consultants or supervisors teach graded stress inoculation techniques (e.g., Epstein, 1982), then assist staff in addressing organizational conditions which increase work stress and cynicism (Farmer, Monahan, & Hekeler, 1984).

A final recommendation based on the present study concerns the treatment model which counselors employ. The predominant model continues to be the disease model, which describes chemical dependency as a chronic, progressive and--if left untreated--terminal condition (Talcott &

Cooney, 1982). The effectiveness of this negative model has been questioned (see Peele, 1990-1991) and the unrealistic goal of lifelong abstinence may foster counselor cynicism. An implication of the present study is that treatment programs may want to consider employing alternative models which view substance abuse problems as behaviors subject to reduction to safe levels, rather than insisting on lifelong abstinence. One such model (Berg & Miller, 1992) employs a solution-focused, brief therapy approach which emphasizes the client's strengths and what he or she is already doing about the substance abuse problem when they arrive for treatment. Early research is encouraging, not only regarding client outcome, but also changes in the outlook and morale of counselors (S. Miller, personal communication, 1993). If counselors perceive the efficacy of a more hopeful, optimistic approach to treatment, then work-related cynicism should decline in the chemical dependency treatment field.

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## APPENDIX A

April 17, 1992

Dear VAADAC Member:

I am a VAADAC member and doctoral student in Urban Services at Old Dominion University. I am in the process of completing my dissertation which examines work and personality characteristics of chemical dependency counselors. Although I am sure you are quite busy, I hope you can help me with this important research by taking a few minutes of your time to complete and return the five items in this packet. For your convenience I have enclosed a postage-paid reply envelope. Your returning the packet by April 30, 1992 will be greatly appreciated.

For this study on chemical dependency counselors I have selected active and associate members of VAADAC. You will notice that on the upper right-hand corner of each questionnaire is a number. This number will only be used to follow up on non-respondents and names will not be used in collating the data. Your anonymity and confidentiality is assured! A summary of the findings will appear in a future VAADAC Newsletter.

Please note the enclosed letter of support from VAADAC's president, Walter Kloetzi.

Thank you for your support of this important study.

Sincerely,

Jeffrey Shelton, L.P.C.  
VAADAC Member

Edward S. Neukrug, Ed.D., L.P.C.  
Graduate Program Director  
Guidance & Counseling Program  
Dissertation Chair

CJS,ESN/hb

# VAADAC

VIRGINIA ASSOCIATION  
OF  
ALCOHOLISM AND DRUG ABUSE COUNSELORS

---

POST OFFICE BOX 25718 • RICHMOND, VIRGINIA 23260

November 20, 1991

Dear VAADAC Member:

I write to urge your cooperation with Mr. Jeffrey Shelton in his current research project. Your VAADAC Board of Directors at its meeting on November 15th in Roanoke voted to support this endeavor. Please complete and return your questionnaire at your earliest convenience.

Sincerely yours,



Walter Kloetzli  
President

## APPENDIX C

## INFORMATION FORM

Please provide the following information:

I. Age: \_\_\_\_\_

II. Recovery Status:

1. \_\_\_\_\_ Recovering from chemical dependency
2. \_\_\_\_\_ Not recovering from chemical dependency

III. Education:

1. \_\_\_\_\_ No college degree
2. \_\_\_\_\_ Associate degree
3. \_\_\_\_\_ College degree (B.A., B.S.)
4. \_\_\_\_\_ Graduate degree (M.A., M.S., Ph.D.)

IV. Gender:

1. \_\_\_\_\_ Male
2. \_\_\_\_\_ Female

Please go to the next questionnaire.

**PLEASE NOTE**

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**189-190, Appendix D**

**191, Appendix E**

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**The two pages of Appendix F**

**The four pages of Appendix G**

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APPENDIX H  
POSTCARD FOLLOW-UP

About two weeks ago a research packet was mailed to you as a VAADAC member.

If you have already completed and returned the packet please accept my thanks. If not, I would appreciate your doing so today. Your contribution is important!

If by some chance you did not receive the packet, or it got misplaced, please call me now (804-436-2137), leave a message and I will get another one in the mail to you today.

Sincerely,

Jeffrey Shelton  
VAADAC Member

## APPENDIX I

June 12, 1992

Dear VAADAC Member:

About five weeks ago I placed a research packet in the mail to you. As of today I have not yet received your completed packet.

My study of VAADAC members has important implications for our field of chemical dependency counseling. Your participation is needed in order for the results to be representative of the VAADAC membership. In returning the packet today, you will be making a valuable contribution to our field.

In the event that your packet has been misplaced, a replacement is enclosed.

Your cooperation is greatly appreciated.

Sincerely,

Jeffrey Shelton, L.P.C.  
VAADAC Member

Edward S. Neukrug, Ed.D., L.P.C.  
Graduate Program Director  
Guidance & Counseling Program  
Dissertation Chair

CJS,ESN/hb

## AUTOBIOGRAPHICAL STATEMENT

Jeffrey Shelton was born in Pittsburgh, Pennsylvania, on January 1, 1948. He earned a Bachelor of Arts in Psychology from North Carolina Wesleyan College in 1969, followed by a Master of Science and an Advanced Certificate in Counseling from Old Dominion University in 1973 and 1977, respectively. He earned a Master of Arts in History from Old Dominion University in 1986. Over a 23-year career in human services, he has held positions as a child welfare worker, senior social worker, delinquency prevention specialist, coordinator of visiting teachers and domestic relations counselor. He is presently Supervisor of Youth and Young Adult Services, Chesapeake Substance Abuse Program, Chesapeake, Virginia. Shelton is a licensed Professional Counselor in Virginia.