

EVALUATION OF A COPING SKILLS
TRAINING PROGRAMME
DESIGNED TO RAISE SELF ESTEEM IN DIVORCED WOMEN

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I acknowledge that this thesis is my own work unless specifically indicated to the contrary in the text.

A B S T R A C T

The purpose of this study was to design, implement and evaluate the effectiveness of a Coping Skills Training Programme in raising divorced women's self esteem and coping behaviour. This study incorporated feminist self esteem training and coping skills training which made use of social learning theory and cognitive behavioural techniques, including rational emotive therapy. The Coping Skills Programme had an educational and personal growth focus and was presented in a written manual form consisting of educational notes, group exercises and homework assignments and was designed to be conducted on a small group basis for twelve sessions of two hours each.

Evaluation of the programme included a qualitative, descriptive and quantitative research method which incorporated a 'between group' design (i.e. allocation of participants to an experimental and a control group at random and withheld treatment from the control group) and a 'single case' design which involved participants completing self report measurement data. In addition a 'replication phase' was added in which the control group served as the experimental group. Measurement tools included the Index of Self Esteem (Hudson, 1982 : 9) and the Generalized Contentment Scale (Hudson, 1982 : 8) and various self measurement scales. Collection of the measurement data took place before, during and after the intervention.

Results are statistically and graphically presented and on the basis of previous research, it was accurately predicted that the Coping Skills Training Programme would significantly raise the self esteem of divorced women.

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1. INTRODUCTION

The purpose of this study was to design, implement and evaluate the effectiveness of a Coping Skills Training Programme in raising divorced women's self esteem and coping behaviour. Divorce is a stress-inducing life crisis and has been described by Faust (1987 : 78) as:

"including an identity crisis, a financial and lifestyle crisis, a child rearing crisis and a life goal crisis".

The motivation for this study arose out of the writer's exposure to feminist theoretical concepts which reflected the harmful influence of a patriarchal social stratification system upon the single parent, woman's self image and self esteem and as a result of the writer's own experience as a female single parent. As a result of this exposure, the writer developed a coping skills training programme titled 'Life Enrichment - A Personal Growth and Coping Skills Programme'. This programme was designed to counteract some of the negative consequences of socialization and gender conditioning in patriarchal society by reducing the level of stress and non-coping behaviour in divorced women and by facilitating increased self awareness, self responsibility and self actualization. It was believed that by doing this, the woman's self esteem, self concept and adaptive coping strategies would improve. This introductory chapter provides a summary of the contents of this thesis and briefly outlines the aims, conceptual framework, methodology and results of the study.

Section 2 presents a feminist literature review of the factors which facilitate negative self esteem in women. The first factor that is discussed is the harmful effects of a patriarchal, social stratification system (i.e., the sexual politics whereby men establish and maintain power over women) upon the woman's self esteem and self concept. The literature indicates that patriarchy, through socialization and ideological and institutional means suppresses women and creates in many women a sense of inferiority. This history of cultural oppression or institutionalized and internalized subordination provides ideological and structural constraints that limit the role of women in society.

In a patriarchal society the prevailing conceptual framework within which human experience is described and interpreted is male biased and male defined and this prevents women from achieving a reality they can define and control for themselves. In addition, gender conditioning and the social construction of femininity further alienates the woman from achieving her true potential. Socialization, on the basis of ascription, the development of feminine personality traits, and their induction into devalued and unprestigious roles impairs the woman's self concept and self esteem and undermines her self actualization.

In a patriarchal society through the process of sex role socialization, women assume feminine personality traits and conform to socially defined role expectations which are not always in the best interests of the divorced woman. The personality traits which are encouraged and fostered in women, particularly passivity, dependence and compliance are harmful and unsuited to the divorced woman, who, if she is to survive in patriarchal society, needs to assume traits and roles which are considered to be 'masculine', for example, assertiveness and independence. A further factor which leads to the deterioration of self esteem in women is that society values the male role and associated traits more than the female role and associated traits.

In addition, Section 2 discusses the effect of the dichotomy between the private and the public sphere on the self esteem of women. It is suggested that the division of labour by sex - i.e., the allocation of the woman to the family and child rearing and the man to the work place creates functional and role related problems for the divorced and single parent woman. The role of the woman in the private sphere with regard to her self concept and the harmful effects of the woman's conditioning for the family and marriage is discussed. The literature reflects that marriage as a social institution imposes social roles and tasks on women and these roles and tasks tend to be specified according to gender roles. Women entering marriage must cultivate the appropriate sex-typed behaviour for status acceptance of a dependent role and subordination of her own personal interests to those of her spouse and children. Socializing girls to become wives and mothers and ascribing women roles primarily in the family (with its rigid role definition) and secondarily in the work place, is dysfunctional for the divorced woman who has to assume roles which are

unfamiliar and for which she is ill prepared, when marital breakdown occurs.

In contrast to the cultural acceptance of marriage as a social institution there is persistent and subtle devaluation of the divorced and single parent, female status in westernized patriarchal society. There is a lack of institutional support and stigmatization and social discrimination affects their status, which gives rise to practical, functional, and inner, psychological problems. Finally, the harmful effect of the public sphere on the individual's self concept and self esteem is discussed. The negative effects of the girls socialization and her training for reproductive and familial roles makes it difficult for the divorced woman to enter the open labour market and effectively compete with males for scarce resources.

In addition, in patriarchal society, as a result of the power differential and institutionalized, structural obstacles, it is difficult for the divorced woman to gain economic independence and achieve her maximum potential.

Section 3 presents the findings of research on coping skills programmes and outlines the intervention programme used in this study. This study's intervention programme incorporated feminist self esteem training and coping skills training which made use of social learning theory and cognitive behavioural techniques (including rational emotive therapy). The intervention programme made use of Stere's feminist self esteem training (1983 : 43 - 46) which emphasized an empowerment of women through the teaching of self awareness, inter-personal and life management skills and in addition, incorporated aspects of other coping skills programmes which facilitated increased self esteem. It was presented in a written manual form consisting of educational notes, group exercises and homework assignments and was designed to be conducted on a small group basis for twelve sessions of two hours each.

The programme had an educational and personal growth focus and the goals of the programme included :

- an increase in self awareness
- an improvement in self esteem
- an increase in self actualization
- an increase in self responsibility and autonomous adulthood
- a reduction in stress levels
- the attainment of spiritual potential.

The intervention programme taught a variety of cognitive and behavioural coping skill techniques which were based upon social learning theory. These skills were divided into thinking, feeling and action components and included the use of:

- the group process
- homework assignments
- cognitive restructuring procedures
- strength building/affirmation procedures
- empowerment procedures
- structured problem solving techniques
- stress and arousal management techniques
- relaxation techniques.

Section 4 presents the research method. In this study the researcher adopted a qualitative, descriptive and quantitative research design which included a 'between group design' and a 'single case' design.

In the 'between group' design the researcher used an experimental approach by assigning subjects to an experimental and a control group at random, and withheld treatment from the control group. In addition, the research study was designed to incorporate a replication phase. In the replication phase the control group then served as the treatment group. The 'single case design' involved the participants completing self monitoring scales and continuous self report measurement data.

The sample for the study consisted of twenty-one Christian, divorced women who were separated from their husbands for a period of one year or longer. Christian women were selected for this study because of institutionalized religions' negative effect upon the self esteem and assertiveness of Christian women, as a result of the Church's incorrect application of the 'doctrine of submission' and its disapproval of divorce. Nine respondents were allocated to the experimental group and twelve respondents to the control group. Seven members of the control group decided not to continue with the programme and three new members were recruited for the 'replication phase' group. Eight respondents attended the replication phase group.

Two scales, the Index of Self Esteem (Hudson, 1981 : 9) and the Generalized Contentment Scale (Hudson, 1982 : 8) were administered at the pre-test and the post-test situation. The Index of Self Esteem was designed to measure the degree, severity or magnitude of a problem the person has with self esteem and the Generalized Contentment Scale was designed to measure the degree, severity or magnitude of non psychotic depression.

Section 5 presents the results of this study. A graphical and statistical analysis of the data, in addition to a visual inspection of the data was conducted.

Section 6 discusses the results and Section 7 presents the conclusions and recommendations with regard to this study. For a detailed discussion of the results please refer to Section 5.

Section 2 now follows with a literature review and a discussion of the factors which affect self esteem in women.

REFERENCES

- Faust, R.A. Model of divorce adjustment for use in family service agencies. Social work. Vol. 32, 1, 78 - 80, 1987.
- Hudson, W.W. The clinical measurement package - a field manual. USA, The Dorset Press, 1982.
- Stere, L. A reformist perspective on feminist practice in Bricker Jenkins, M. & Hooyman, N.R. Not for women only. Social work practice for a feminist future. USA, National Association of Social Workers, Inc. 1986.

2. LITERATURE REVIEW

2.1 FACTORS AFFECTING SELF ESTEEM IN WOMEN

2.1.1 INTRODUCTION/DEFINITION OF TERMS

This chapter surveys the literature supporting the writer's motivation for developing an "intervention programme" designed to raise divorced, Christian women's self esteem and highlights the factors which facilitate poor self esteem in divorced women. The motivation for this programme arose out of exposure to feminist theoretical concepts, which reflected the harmful influence of a patriarchal, social stratification system upon the single parent, woman's self image and self esteem. This thesis is thus informed by a feminist perspective and feminist analysis of the factors that contribute to low self esteem in divorced women.

Feminist literature supports the view that a negative self image and low self esteem in women is produced through :-

- the harmful effects of a patriarchal, social stratification system (i.e. the sexual politics whereby men establish and maintain power over women),
- gender conditioning and the social construction of femininity and finally,
- the dichotomy between the public and the private sphere, which allocates the women primarily to the private sphere. (i.e. the family).

In addition to the development of negative self image and self esteem as a result of the above factors, the divorced woman experiences a further deterioration in self esteem and additional identity problems as she assumes the role of the 'head of the household' and chief 'breadwinner', thus challenging culturally accepted norms and social roles.

For the purpose of this thesis, Wells & Marwell's (1976 : 59) definition and discussion of self esteem is relevant. They state that:

"it is convenient to think of a person's attitude toward herself as having three aspects - the cognitive, the affective and the behavioural..... different features of identity generally have some judgement or feeling of good and bad associated with them. (Secord & Backman, 1964 : 579). In a word, all action somewhere is evaluated on dimensions which grossly display positive and negative ends (Cottle, 1965 : 70) and since self-behaviour is but a subset of behaviour in general, this will also apply to the act of self conception".

To this end each person places some kind of estimate upon herself as an object of value. (Shibutani, 1961 : 433). This evaluative, judgmental or affective aspect of a person's self conception involves the process commonly referred to as self-esteem. (Allport, 1937 : 171)

Other definitions of self esteem include factors such as: an attitude of approval or disapproval; (Rosenberg, 1965 : 5); the degree to which an individual accepts and values herself; and the extent to which the person believes herself to be capable, significant, successful and worthy (Brownfain, 1952 : 596). The person's evaluation or esteem of herself plays a key role in determining her behaviour. (Wells & Marwell, 1976 : 59)

Much of what a woman chooses to do, and the manner in which she does it, is presumed to be dependent upon her self esteem. A survey of the literature indicates that there is a multiplicity of definitions with regard to self esteem. Self esteem as a construct has not been adequately defined and explicated and a variety of different definitions exist in the literature. The following sub-section highlights various components of

definitions of self esteem.

Wells & Marwell (1976 : 59) believe that there are three principal senses of self esteem i.e.:-

1. SELF LOVE - involving instinctual drives and energies.
2. SELF ACCEPTANCE - involving the structure and direction of attitudes.
3. A SENSE OF COMPETENCE - involving abilities and capabilities which are associated with a sense of self confidence.

They distinguish between two main underlying processes - self evaluation and self affection processes. These processes lead to different conceptualizations of self esteem.

'Self affection process' descriptions of self esteem emphasize the emotional and behavioural concomitants of self evaluation.

'Self evaluative process' descriptions stress the assignment of some judgement of good - bad on the basis of an object's (e.g. the entire person, an ability, a personal feature, behavioural style) usefulness. Things have value to the extent that they enable the person to gain goals or rewards and to avoid failure, anxiety or punishment. (Wells & Marwell, 1976 : 61).

Wells & Marwell (1976 : 63) quote the following authors as examples of the different descriptions:

White (1959) believes that self esteem is a kind of self respect, having its basis in the person's sense of competence or efficacy; Gecas (1971) indicates that the two primary foci of self regard are power and worth;

In the case of a person's skills, abilities, and actions, this involves the question of competence: e.g. competence motivation;

(White, 1959), mastery of the environment; (Woodworth, 1958), control over reward contingencies; (Ziller et al, 1969), sense of social adequacy; (Janis & Field, 1959), interpersonal competence; (Fitts, 1970).

Where personal features, appearances and styles are concerned, self esteem is purported to rest on desirability. (McCandless, 1961).

The self esteem needs of individuals were studied by Maslow (1970) and he reported ways that self esteem is related to the process of becoming a self actualizing person. According to Maslow (1970):

"all people have a need or desire for a stable, firmly based, sense of self regard, or self respect" (in Corey, 1984 : 290).

He classified two categories of self esteem needs. The first set includes the desire for strength, for achievement, for adequacy, for mastery, for competence, for self confidence, and for a degree of independence and freedom. A second category of esteem needs involves the desire for prestige, status, recognition, attention, dignity and appreciation - all of which are characteristics of esteem based on others' views of the person.

2.1.2 WOMEN AND POST DIVORCE ADJUSTMENT

Divorced women, as a result of their 'divorced' status, experience a myriad of problems which adversely affect their self esteem. A survey of the literature conducted by Welch (1988 : 18) highlights areas of common problems facing divorced women. These include :

- A. Practical Problems: Lack of marketable skills; economic re-assignment; economic vulnerability; home maintenance; domestic role strain; occupational and legal discrimination; divorce and custody litigation (Brandwein et al, 1974; Granvold & Welch. 1977; Hetherington et al, 1976; Bohannan, 1970).
- B. Interpersonal Social Issues: Continued relationship with ex-spouse; difficulty in resumption of dating; loneliness and social isolation; fear of sexual exploitation; fear of involvement in a committed relationship; rejection by former friends; redefinition of identity from ex-spouse to a single person. (Goode, 1956; Bohannan, 1970; Weiss, 1975; Fetsch et al, 1981; Morris & Prescott, 1975).
- C. Family Interaction: Continued attachment and conflictual involvement with former spouse; concern about adverse effects of divorce on children; financial and emotional dependency on family of origin as it undermines autonomy; child management problems; disruption in child responsibilities; fault finding by family members; absence of supporting others; custodial parent alliance and loyalty conflicts (Wallerstein and Kelly, 1980), Hetherington et al, 1976; Weiss, 1976; Kressel & Deutsch, 1977; Brandwein et al, 1975).

It is beyond the scope of this thesis to deal with all of the above issues and the writer has chosen to look at role related issues and identity problems with regard to the divorced woman which facilitate negative self esteem.

This study views divorce and the movement into a single parent, life style as a life transition which may adversely or positively affect one's personal sense of identity. Felner et

al (1980) argue that :

"divorce might be better conceptualized as a transition period during which individuals are forced by their circumstances to engage in adaptive efforts" (quoted by Welch, 1988 : 8).

A growing body of evidence (Goldston, 1978; Wiseman, 1975; Weis, 1975; Renne, 1971; Goode, 1956; quoted by Welch, 1988 : 9), suggests that while divorce may produce heightened vulnerability to the development of enduring maladaptation, it can also produce the opportunity for improved psychological functioning.

A literature survey reveals that internalized social attitudes, power relations, sex roles and the psychodynamics of the family have a negative effect upon the psychic development and structure of the woman's personality, leading to negative self esteem which gives rise to ineffectual or self negating behaviour. These factors will be further explored under the following sub-headings:-

- Patriarchy and the woman's self concept
- Gender conditioning and the social construction of femininity
- The dichotomy between the private the the public sphere.

2.1.3

PATRIARCHY AND THE WOMAN'S SELF CONCEPT

A review of the literature reveals that patriarchy is one of the main factors responsible for negative self esteem in women. Patriarchal culture restricts women by affirming their own dependence upon their oppressor. It prevents them from achieving a reality they can define and control for themselves and robs them of their capacity to fully develop their potential in every area of life.

In this thesis, patriarchy refers to "The Rule of Men". Kate Millet (1970 : 81) establishes that:

"Patriarchy as a universal mode of power relationships and domination is achieved through socialization, perpetuated through ideological means and maintained by institutional methods. Men are dominant by habit (the effect of psychology, socialization and ideology) and when necessary by force (they control the economy, the State and its agents)". (Mitchell, 1971 : 64).

Adrienne Rich (1986 : 57) argues that patriarchy is the power of the fathers:

"A familial, social, ideological, political system in which men - by force, direct pressure or through ritual tradition, law and language, customs, etiquette, education and the division of labour, determine what part women shall or shall not play and in which the female is everywhere subsumed under the male".

Adrienne Rich (1986) believes that men have suppressed women through the present day, westernised, patriarchal family, with its super naturalising of the penis, its division of labour by gender, its emotional, physical and material possessiveness, its ideal of monogamous marriage, the unpaid domestic service of the wife, and obedience of women and children to male authority and the imprinting and continuation of heterosexual roles.

In addition to the harmful effects of the male orientation in patriarchal society, patriarchy through socialization and social control, produces a sense of inferiority and dependency in women. Self confidence, self actualization and a sense of competency is hindered through the fostering of dependency needs in women. Rowbotham (1973 : 381) reflects upon this and writes that :

"At any given time, the more powerful side will create an ideology suitable to help maintain its position and to make this position acceptable to the weaker one. In this ideology the differentness of the weaker one will be interpreted as inferiority and it will be proven that these differences are unchangeable, basic or God's will."

Firth (1970) points to one of the functions of gender concepts as being:

"to regulate that complementary state which originates in biological distinction and which forces the sexes to a social dependency which is even more important than their biological interdependence. When artificial lines are drawn around the activity of each sex, their physical differences become exaggerated by symbolic ones, and the highlighting of difference increases the perceived need for dependency. The cultural regulation of human sexual behaviour is oriented towards mutual dependency; which is not only genetic and economic, but above all, social and symbolic" (in Epstein, 1988 : 84).

A further factor that may contribute to the deterioration of women's self esteem is the power differential that exists in patriarchal society. As a result of the power differential, there are ideological and structural constraints that limit the role of women in society, and that in themselves, inhibit any redefinition or transcendence of the female role. Women suffer emotional problems and negative self images not in a vacuum, but in an environment which has conditioned them to think and feel the way that they do. These beliefs are reinforced by social control and society's institutions and they play a significant part in determining the woman's behaviour. Reuther (1970 : 32) discusses how women internalize the harmful influences of cultural and social conditioning:-

"When a woman opts for the passive role she may be bowing to the cultural and social factors that have shaped her. Deep mechanisms are here at work, common in all who are repressed. The role has been mapped out and accepted so that she knows unerringly what to aspire to and what not to. This kind of conditioning makes acceptance of a stunted way of life possible - one becomes what is expected of one having no other images to identify with. For example, a lazy Black or a stingy Jew. Such is the vicious circle of self fulfilling prophecy. Woman's chief enemy is herself - or rather her own internalisation of these limiting issues".

Rather than oppose the entire system, it becomes easier for the woman to sit on the sidelines, to offer no resistance and to submit to the stereotypes which are being imposed upon her. This has negative consequences for the woman's status, self image, self functioning and attitude towards men. Mitchell (1971 : 63) reflects upon the male's need to dominate the female by commenting that :

"We believe that the purpose of male chauvinism is primarily to obtain psychological ego satisfaction. The political oppression of women has its own class dynamic and that dynamic must be understood in terms previously called 'non political' - namely the politics of the ego. The male ego identity is sustained through its ability to have power over the female ego. Man establishes his 'manhood' in direct proportion to his ability to have his ego override hers, and derives his strength and self esteem through this process. This male need, though destructive, is in that sense impersonal. It is not out of a desire to hurt the woman that he dominates and

destroys her; it is out of a need for a sense of power that he necessarily must destroy her ego and make it subservient to his".

In a patriarchal society the woman's sense of self and her ego identity are negatively affected by the fact that her sense of self is developed in an environment which is male orientated. Her self esteem depends upon her conforming to definitions which are being imposed upon her. In a patriarchal society, the prevailing conceptual framework within which human experience is described and interpreted is male biased and male defined. Men are defining women's reality and man's experience of how he sees the 'norm' is reinforced by the dominant ideology which tells him and the woman that he is right.

Simone de Beauvoir reflects upon this and comments:

"Representation of the world like the world itself, is the work of men, they describe it from their own point of view, which they confuse with absolute truth. The fact is that culture, civilisation and universal values have all been created by men, because men represented universality". (in Schwarzer, 1984 : 45)

Women have accepted male fabrication as the true texture of reality. Daly (1981 : Preface xii) believes that men have robbed women of the power of naming. They have prevented woman from 'be-ing'; from developing and loving their selves. Men have patriarchally imposed self denying masks upon women. Rowbotham (1973 : 35) comments:

"Think for example how we learn even our psychology and physiology from our oppressors. We substitute our own experience of our genitals, our menstruation, our orgasm, our menopause, for an experience determined by men. We are continually translating our own immediate fragmented sense of what we feel into a framework which is constructed by men..... according to all the reflections we are not really there".

Women in contemporary society are confronted with the "fundamental problems of removing a whole history of cultural oppression or institutionalized and internalized subordination" (Croll, 1978 : 289).

The patriarchal social stratification system in westernized society promotes and reinforces gender conditioning and the social construction of femininity and facilitates a dichotomy between the private and the public spheres with resultant negative effects upon the woman's self esteem. These factors are further discussed in the following sub-section.

2.1.4 GENDER CONDITIONING AND THE SOCIAL CONSTRUCTION OF FEMININITY

Through the process of sex role socialization women assume 'feminine' personality traits and conform to socially and culturally defined role expectations (i.e. normative patterns of behaviour) and through the process of internalization women duplicate the normative role expectations laid down by society.

Komarovsky discusses the harmful effects of cultural role contradictions by commenting that:

"with our rapidly changing and highly differentiated culture....., cultural norms are often functionally unsuited to the social situations to which they apply.

Thus they may deter an individual from a course of action which would serve his own, and society's, interests best. Or, if behaviour contrary to the norm is engaged in, the individual may suffer from guilt over violating mores which no longer serve any socially useful end". (in Bardwick, 1971 : 58)

Little girls socialization on the basis of ascription, the development of feminine personality traits, their induction into devalued and unprestigious roles and their often subliminal realisation that few women obtain success or power on their own may impair the woman's self concept and self esteem and undermine her self actualization.

In addition, the personality traits which are encouraged and fostered in women (e.g. passivity, dependence, compliance, selflessness), are particularly harmful and unsuited to the divorced woman who, if she is to survive in a patriarchal society, needs to assume traits and roles which are considered to be 'masculine' (e.g. assertiveness, achievement orientated, independence). This polarisation of 'masculine' and 'feminine' personality traits and roles creates role confusion and identity problems for the divorced, single parent woman.

Shulamith Firestone (1970 : 4) puts forward a biological and cultural explanation of gender conditioning in her analysis of woman's position. She believes that:

"The distinction of gender based on sex structures virtually every aspect of life. Gender constitutes the unquestioned framework in terms of which we perceive and interpret our world."

She argues that gender is an elaborate system of male domination. This distinction between the sexes is a distinction defined originally by reference to procreative functions and is

used to structure every aspect of human nature and social life.

She comments that:

"Women's reproductive capacity and the weakened physical position this puts her into vis-a-vis man is posited as the secret of women's inferior place in society" (Firestone, 1970 : 4).

This thesis adopts the feminist belief that there is a distinction between 'sex' and 'gender' (Barrett, 1980; Delphy, 1984; Jagger, 1983 : 21, 22; Oakley, 1972; Sharpe, 1976; Mitchell, 1971 : 65; Rowbotham, 1973 : 77).

Friedman (1987 : 11) offers the following definitions of 'sex' and 'gender':

Biological Sex: refers to males and females who have certain anatomically defined characteristics.

Gender: has three constituent components, namely :

1. **Core - Gender Identity:** e.g. I am a girl/woman/boy/man.
2. **Gender - Role Identity:** e.g. I am feminine/masculine - associated with historically specific meanings of femininity and masculinity.
3. **Gender Role Behaviour:** is the behaviour and social practice commonly associated with meanings of masculinity and femininity.

Sexuality: is expressed in terms of the individual's sexual preference and the nature of her/his sexual activity. Based on these concepts, Gayle Rubin defines the sex/gender system as:

".... the set of arrangements by which a society transforms biological sexuality into products of human activity and in which these transformed needs are satisfied".

She goes on to argue that oppression is not inevitable in this domain, but it is the product of the specific social relations which organise it.

The above definitions of these concepts can give us the means for understanding the organisation of gender and sexuality in relation to the entire social system. Coward (1983 : 279) identifies a further category:

Sexual Division which "describes the division of labour, roles and activities according to sexual classification".

Patriarchy uses the process of socialization and 'gender' conditioning to motivate its members to conform to social goals and expectations. The socialization which must take place in order for the society to reproduce itself, must lead to the assimilation and internal organisation of generalized capacities for participation in a hierarchical and differentiated, social world.

The following discussion of theoretical concepts will show that the meanings women give to their roles in life are not subjective or individualistic; rather these meanings are intersubjective, in that they develop out of women's co-operation with others in societal existence and that women assume institutionalized and internalized role definitions, which are not always in their best interests.

Beginning at birth, in westernized society, a woman's behaviour is shaped and reinforced to conform to what her society considers appropriate sex role behaviour (Banton, 1965 : 4, 19). Sex role or gender role is the first and most pervasive role an individual acquires in the socialization process. (Polk & Stein, 1972; Holter, 1970; Parsons, 1942). Characteristics that have been considered to be encompassed within one's sex role include

personality traits, values, abilities, interests and behaviour performed within the framework of familial or occupational roles.

"The power of roles is so great that it has been asserted that a person's perception, sense of time and space, motivation, self concept and psychological functioning are shaped and steered by the specific configuration of role incorporated from society" (Gerth & Mills, 1953 : 10,11).

In patriarchal society the process of sex typing ensures that cultural views of the proper attitudes of behaviour for each sex are communicated to children and these messages are then internalized with consequences for adult life.

Simone de Beauvoir comments "one is not born, but rather becomes a woman". (In Schwarzer, 1984 : 24). This repetitive reproduction of socialized personality traits and social roles may lead to the subordination of women, as the traits and characteristics of women have been conceptualized so as to rationalize their state of subordination. They are taught devalued personality traits which give rise to negative self esteem.

Hoffman (1972 : 147) comments upon the harmful effects of 'femininity' training for girls and describes below the developmental sequence that leads girls to become adults who need excessive support from others.

...."since the little girl has (a) less encouragement for independence (b) more parental protectiveness (c) less cognitive and social pressure for establishing an identity separate from her mother and (d) less mother/child conflict, which highlights this separation, she engages in less independent exploration of her environment. As a result she does not develop skills in coping with her environment, nor confidence in her ability to do so. She

continues to be dependent upon adults for solving her problems".

Simone de Beauvoir (Rowbotham, 1973 : 31) discusses the process through which the girl child discovers what it is to be a woman. She explores the learned passivity, the squatting urination, the discouraged aggression and self-assertion, the energy turned in on itself. The little girl is taught to hold herself in and become 'feminine'. This, according to Rowbotham, (1973 : 31) is not a natural or inborne tendency.

As defined earlier, self esteem involves having a sense of self love, self worth and a sense of competence, of mastery over the environment. The risk of 'femininity' training and the 'traditional upbringing' of girls, is its possible failure to develop in the girl, the independence, inner resources, 'functional' personality traits, and the degree of self assertion, which life will demand of her. Women are socialized and motivated to assume 'feminine' personality traits, and these traits particularly dependency and passivity traits, are not traits which are most conducive to promoting the survival and well being of the 'single, divorced women'.

Most segments of our society (Epstein, 1988 : 84) consider 'masculine behaviour to include the basic attributes of dominance, assertiveness, rationality, achievement orientation, ego strength, intelligence, creativity, bravery, overt sexuality, independence, aggressiveness, competitiveness, leadership, objectivity, unsentimentality, confidence and emotional control.

'Femininity' is thought to include the basic traits of passivity, emotionality, kindness, nurturance, compliance, dependence, fragility, non aggression, non competitiveness,

inner orientation, empathy, intuitiveness, subjectivity and selflessness (Block et al, 1973: 338, Broverman et al, 1970; Bardwick, 1971 : 52). Bardwick (1971 : 53) found that the qualities of passivity, dependence and most of all lack of self esteem are the qualities that repeatedly differentiate women from men. Mussen et al, (1956 : 344) believes that passivity with a dependent orientation are two of the most stable and predictable of all female personality traits.

Bardwick (1971 : 53) discusses the harmful effects of dependency and passivity training for girls by arguing that independence and a positive self image results from learning that one can accomplish by oneself, can rely upon one's own abilities and can trust one's own judgement but girls are consistently reinforced in the notion that they can achieve only with the help of others. Eventually, according to Bardwick (1971 : 53), little girls internalise the idea that they can't succeed in meeting life's challenges on their own.

Simone de Beauvoir reflects upon how the requirements of femininity mutilate the woman's personality:

"The truth is that man today represents the positive and neutral - that is to say, the male and the human being - whereas woman is only the negative, the female. Whenever she behaves as a human being she is declared to be identifying herself with the male". She shows how it is a completely unnatural procedure for the "female human being to make herself a feminine woman" and adds that "her sense of inferiority is not a product of her imagination but of her actual social predicament, the woman feels inferior because, in fact, the requirements of femininity do belittle her". (in Rowbotham, 1973 : 39)

Rowbotham (1973:122) argues that the notion of:

"femininity is a convenient means of making us believe submission is somehow natural".

According to Holter (1970 : 196):

"inherent in the acquisition of these personality characteristics by males and females is a certain structuring of society. Males are defined as power holders, women as the opposite. This disposes men to try to maintain sex differentiation. The acquisition of submissiveness by women disposes them to accept their own position as well as mens".

The definition of masculinity and femininity thus contributes to the maintenance of non functional personality traits for women. The characteristics associated with femininity are not negative and humanly undesirable as are most of the male valued attributes listed by Broverman, (1970 : 1). The feminine characteristics which are most naturally developed in women on the grounds of their female sexual constitution are human characteristics which need to be developed in both men and women if they are to be fully integrated human persons. Fiorenzo (1975 : 615) states that feminine characteristics including initiative, wisdom, sensitivity, love, openness, warmth, receptivity, concreteness, nurturing, compassion and so on are not weaknesses but strengths. The problem is that women are taught by their conditioning to abandon autonomy and self actualization and become dependent. A strong message is conveyed to women that taking care of themselves, being assertive and independent is unfeminine. Women, in contrast to men, are not trained for self sufficiency and an independent life. It is not nature that bestows self sufficiency on men it is training. Men are educated for independence from the day they are born. This lack of training or preparedness with regard to the woman creates hardships for the newly single

parent woman who must assume responsibility for herself and her children.

Up to a point dependency needs are quite normal for men, as well as women but women have been encouraged to be dependent to an unhealthy degree. Many women have not faced up to the reality that they alone are responsible for themselves. Dependency by its very nature, creates self doubt and may lead to inferiority feelings which may culminate in self hatred.

As a result of woman's dependency and passivity training, her self esteem suffers. Krzowski and Land (1988 : 54) argue that:

"out of the blunting of little girls autonomy, so that they may be accepted and loved, spring the characteristic deformations of the 'feminine' psychic structure: the problems over separation/individuation, unresolved dependency, the immense guilt, the manipulateness that results from needs and demands that are not admitted to conscious awareness, the insecurity and feelings of rejection".

Self esteem requires and entails cognitive self-assertiveness which is expressed through the policy of thinking, of judging and of governing action, accordingly. The process of healthy growth to psychological maturity rests on a person's acceptance of intellectual responsibility for her own existence. In order to fully achieve their potential, women need to develop characteristics traditionally regarded as masculine, such as initiating, asserting, ordering, incisive logical rational reflection, leadership and so on.

Divorced women or single women have to develop a different set of personality traits, and styles of interaction that exploits assertiveness, independence and at times even egocentric ruthlessness - all of which contravene the conventionally

accepted ideas of what constitutes a desirable female role of behaviour.

Welch (1988 : 12) comments upon the following studies which identified personality traits that facilitate post divorce adjustment and reduce perceived distress. He writes:-

"in a study designed to measure the personality variables related to post-divorce adjustment Thomas (1982) demonstrated that the characteristics of dominance, self assurance, intelligence, creativity, social boldness, liberalism and self sufficiency are associated with post-divorce adjustment. Pearlin and Schooler (1978) identified the qualities of self-reliance, emotional discharge and selective ignoring as effective coping strategies".

A further factor in the development of negative self esteem in women is that society values the male role and associated traits more than the female role and associated traits. (Holter, 1970; Rosenkrantz et al, 1968; Lyn, 1959; McKeen & Sherriffs, 1957; Broverman, 1970, quoted by Epstein, 1988 : 84), (Bardwick, 1971 : 55). Women perceive this negative evaluation and various forms of psychological conflict and discomfort result from this perception.

Broverman et al (1970 : 1) in their series of studies done on sex role stereotypes sum up the effect of sex role stereotyping on the image and self concept of women by reflecting that the traits seen as male are considered more socially desirable by the public and more functional in terms of achieving the more prestigious rewards. In their view, both sexes in our society incorporate the better and worse aspects of the stereotypical sex role in their image of themselves and thus women tend to have more negative self concepts than do men.

Bardwick (1971 : 55) further argues that:

"both men and women esteem 'masculine' qualities and achievements. Too many women evaluate their bodies, personality qualities, and roles as second rate....since the sexes are different, women are defined as non-men and that means not good, inferior. It is important to understand that woman in this culture, as members of the culture, have internalized these self-destructive values".

Because of their negative role evaluation women assume minority group status and minority role characteristics (Freeman, 1971; Hacker, 1951).

Wirth, (1945 : 347) defines a minority group as :

"A group of people who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment. Minority status carries with it the exclusion from full participation in the life of the society".

It does seem that women do appear to possess some of the psychological attributes of minority groups, including a negative self attitude, negative attitude toward other members of one's group and a positive attitude towards members of the majority group, i.e. males. Bardwick (1971 : 56) comments that:

"it is disturbing to review the extent to which women perceive their responsibilities, goals, their very capacities, as inferior to males; it is similarly distressing to perceive how widespread this self-destructive self concept is".

Not only is negative ascription applied to 'female roles' but different expectations occur with regard to male and female behaviour - what passes in men as normal self-assertion, necessary for maintaining the male ego in a healthy condition of

self-regard, becomes re-labelled as aggressiveness when exhibited by the female, even though the circumstances eliciting it may be identical - i.e. the need to define one's right in a competitive world.

2.1.5

THE DICHOTOMY BETWEEN THE PRIVATE AND THE PUBLIC SPHERE

A review of the literature reveals that the division of labour by sex, with the allocation of the man primarily to the work place and the woman primarily to the family and child rearing, facilitates institutionalized sexism with resultant harmful effects on the woman's personality and self esteem. Defining women primarily as wives and mothers and socializing and equipping girls for marriage, creates functional problems and role related problems for the divorced, single parent and prevents them from achieving their full potential.

Due to the cultural regulation of human behaviour and existing socialization patterns, women are indoctrinated to assume roles (based upon their reproductive function) which increase their dependency and minimise their options for achieving their full potential in society. This socialization and role differentiation is particularly harmful for the divorced or single parent woman who has not been prepared for her single status in westernised society.

In addition, institutionalized sexism and institutionalized social control in the public sphere reduces the divorced woman's power and access to resources and forces her into an inferior position.

The doctrine of separate spheres for men and women, i.e. the contrast between the realm of the personal/private and the realm of the society/public, (man the breadwinner/woman the home maker) creates personal hardships for the divorced woman as she attempts to enter the "realm of society/public". Divorced women experience a myriad of social and role related problems as the new head and breadwinner of the family. Role complementarity no longer exists and many women experience role conflict, role ambiguity and lack of congruence between self and role.

The source of their role conflict is precipitated by the allocation of men and women to separate spheres and occurs as a result of institutionalized 'negative' social control, cultural patterns, contradictory role expectations, unattainable goals and outdated sexist values which exist in westernized society.

2.1.5.1 SELF CONCEPT AND THE ROLE OF THE WOMAN IN THE PRIVATE SPHERE

The fact that women's sphere is thought to lie outside of society/of the public sphere and her future is structured around marriage/home making and that women are primarily defined as wives and mothers, whereas men are defined primarily in universalistic occupational terms creates inner, psychological problems and external, practical problems for the divorced woman.

Adams (1973 : 70) in making observations on the single status in married society states that :

"western society is a basically patriarchal system and monogamous marriage is an inherent feature of this patriarchy. Marriage as a social institution imposes social roles and tasks on women and these roles and tasks tend to be specified according to gender roles that are clearly defined and allocated. Marriage is invested with

a complex repertoire of reciprocal obligations and duties".

Adams (1973 : 70) reflects that the relationships recognised by our society and dignified with full privileges are binding, symbiotic and economically determined. She discusses how women have had their:

"potentialities, opportunities and good repute subverted and distorted by the demands and restrictions of a sexist and marriage-obsessed society". (Adams, 1973 : 28)

Chodorow (1978 : 54) argues that women's mothering and her role is:

"part of a social organisation that includes male dominance, a particular family system and women's dependence on men's income. It is informed by (the woman's) relationship to her husband, her experience of financial dependence, her expectations of marital inequality and her expectations about gender role".

Engels (1972) believes that monogamous marriage remains the primary institution that keeps women subjugated by making women economically dependent on their husbands. It forces many women into subordination.

Juliet Mitchell (1971 : 14) points out that:

"it is within the development of her feminine psyche and her ideological and socio-economic role as mother and housekeeper that woman finds the oppression that is hers alone".

The family, as a universal institution specializing in the socialization of children and the stabilization of adult

personalities, damages the woman's self esteem by shaping her to conform to society's expectations. Women entering marriage must cultivate the appropriate sex-typed behaviour for status-acceptance of a dependent role and subordination of her own personal interests, to those of her spouse and later of her children. Dwindling into a wife says Bernard, (1972 : 159 - 160) involves:

"a re-definition of the self - an active re-shaping of the personality to conform to the wishes or needs or demands of a husband".

Unfortunately, once divorced, women need to develop new adaptive behaviour, better suited to the new circumstances in which they find themselves - the reconstruction of a personal identity in all areas touched by marriage and the development of new, more functional, personality traits is required.

Rowbotham (1973 : 76) comments upon the harmful effects of the woman's role in the family and its influence upon her self concept:-

"Their complaints are varied, but if you look underneath you find the underlying feeling of emptiness. It is not inferiority, it is almost like nothingness. The situation is that they are not pursuing any goals of their own". (Friedan 1963 : 256). "The neurosis of nothingness comes directly from the nature of women's work in the home. Self affirmation can only come through self abnegation, the 'feminine women', the good mother, can only realise herself by pouring herself into her husband and children. She has to give herself in service and find herself through other people and through the objects around her in the house".

Juliet Mitchell (1971 : 162) discusses the damage that marriage causes to the psyche of the individual by arguing that:

"it produces a tendency to small-mindedness, petty jealousy, irrational emotionality, random violence, dependency, competitive selfishness, possessiveness, passivity, a lack of vision and conservatism".

Socializing little girls to become wives and mothers and ascribing women's roles primarily in the family (with its rigid role definition) and secondarily in the work place, is dysfunctional for the woman, especially when marital breakdown occurs and the newly single parent has to assume roles which are unfamiliar and for which she is ill prepared. When the woman loses the status of marriage, she has to adjust her evaluation of self and must establish new behaviour patterns.

Various researchers (Granvold et al, 1979; Brown et al, 1977, quoted in Welch, 1988 : 11) have found that the more traditional a woman's sex role attitudes, the poorer her post-separation adjustment. It is not that easy for a woman who has defined herself as a wife and mother for ten, fifteen or twenty years to find a new identity for herself at the age of thirty five or forty five, when marital breakdown occurs.

2.1.5.2 SELF CONCEPT AND THE ROLE OF THE SINGLE PARENT WOMAN IN THE PRIVATE SPHERE

In contrast to marriage the life style of the divorced or single parent family lacks institutional definition and support. In fact, the opposite occurs, there is persistent and subtle devaluation of the divorced and single parent status. Divorced, single women are defined to be different, they are deviant from the norm and their position tends to be 'pathologised'. Goode (1956 : 214) comments that:

"not only does the society socialise its members to feel more comfortable in the statuses which are already defined, but the social structure makes deviant behaviour difficult and inconvenient, even when it is not explicitly punished."

There is an implication that the single parent's way of life reflects a psychological flaw.

Divorced single parents, specifically in terms of institutionalized religion, are culturally defined to be deviant and this has implications for the individual's self concept. Lemert (1967 : 54) comments that:

"a person's self concept is continually shaped and reshaped by the fluid processes of social interaction. Once an act is labelled deviant and an individual is stigmatised, the self concept may change in response to the societal reaction to her 'deviance'. Social groups create deviance by making the rules whose infraction constitutes deviance and by applying these rules to particular people and labelling them as outsiders. From this point of view deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender'".

The divorced woman is aware of the subtle devaluation of her status in society and unless she has a strong sense of her own self worth, she may experience a deterioration in self esteem.

Institutionalized religion further stigmatizes divorced women by not sanctioning divorce and strongly emphasizing the maintenance and perpetuation of the family order. According to Prince (1986 : 131) there is a tendency not to acknowledge the distinction between the 'innocent' and the 'guilty' party in divorce. He

discusses the belief, in Christian churches, that "divorce is evil, so we will impose the same penalty on both parties. We will forbid them both to remarry". Religious institutions use Christian scriptures to enforce the binding, non dissolvable characteristics of marriage, such as:

Romans 7:2 "By law a married woman is bound to her husband as long as he is alive..." and

Matthew 19:9 "I tell you that anyone who divorces his wife, except for marital unfaithfulness and marries another woman commits adultery".

As a result of the negative labelling of divorce and the lack of institutionalized support, social discrimination and stigmatization attends the divorced woman's status. This creates in the divorced woman a conflict about status that undercuts her sense of valid personal and social identity. Westernized society's judgement and negative evaluation of the divorced woman's status are an immediate threat to self esteem and effectively distort the woman's ordinarily sensible judgement. This may lead to distorted self questioning and personal devaluation - the end result being guilt, feelings of failure, ambivalence, identity confusion and impotent behaviour. In our western society's, 'couple orientated' society, single women are discriminated against psychologically, legally and socially and are depicted as those who must, of necessity, lead lonely 'half lives'.

Adams (1973 : 75) comments on the divorced woman's diminished status and the effects which this has on her psychic development and structure by commenting that:

"As a result of sex-role stereotyping which assigns women

2.1.5.3 SELF CONCEPT AND THE ROLE OF THE WOMAN IN THE PUBLIC SPHERE

The subordination of woman and the subtle devaluation of the woman's role does not only occur in the home or personal realm but is carried into the public sphere. The negative effects of the girl's socialization and her training for reproductive and familial roles makes it difficult for the divorced woman to enter the open labour market and effectively compete with males for scarce resources.

"The very characteristics that make a woman most successful in family roles - the capacity to take pleasure in family centred, repetitive activities, to sustain and support members of the family rather than pursuing her own goals, to enhance relationships through boundaryless empathy - these are all antithetical to success in the bounded, manipulative, competitive, rational and egocentric world of work" - (Bardwick, 1971 : 56).

In patriarchal society, not only is there non-recognition of women's labour in the home, but there is an aspect of secondariness of female work outside the home.

Socialization contributes to sex segregation by creating in males and females specific orientations, preferences and competencies for occupations that have been defined as sex appropriate while leaving men and women disinclined toward or ignorant of opportunities to pursue other occupations. Women's culturally defined personality traits (for example, that women are thought to be compassionate, empathetic and more interested in people) and their 'perceived' role functions dictates society's allocation of women power. Bardwick (1971 : 55) points out that:

"It is not accidental that women dominate professions that utilise skills of nurturance, empathy and competence, where aggressiveness and competitiveness are largely dysfunctional. These professions, notably teaching, nursing and secretarial work are low in pay and status. The routes to occupational success for women are either atypical and hazardous or typical, safe and low in the occupational hierarchy. Women's occupations are either direct domestic exports (catering, cleaning, nursing), public expressions of women's traditional domestic concerns (education, health and welfare, routine 'nimble fingers' manufacturing jobs) or ancillary positions supporting the main action (secretarial, clinical and various kinds of assistants)." (White, 1989 : 64)

Women's actual or expected family obligations dictate a choice of predominantly female occupations. Because most women expect to leave work when they become mothers, they do not invest in the specialized training that would lead to careers but instead choose occupations that do not penalize intermittent employment, that require only skills that do not depreciate and that offer relatively high starting wages (although small promise of advancement). Weiss (1975 : 106, 107) points out that the wife in conforming to her marital and family responsibilities often relinquishes opportunities to establish herself in the working world.

A further effect of the dichotomy between the public and private sphere is that a social power differential based on gender operates in society. Women are prevented from obtaining positions of power because cultural values specify that only men ought to be in charge whatever the occupational context. The cultural attitudes of prejudice and the structural behaviour of discrimination instils two strong messages in little girls.

They live in an egalitarian society where individual initiative enables any one to achieve success and females hold no power in society and can only be wives and mothers.

As a result of the power differential "the vast majority of women work in insecure, low paid, low status, menial and routine jobs with no prospects". In addition, women's qualifications bear little relation to their status at work (Krzowski & Land, 1988 : 32). Epstein (1988 : 144) discusses how:

"the highest status levels are dominated by men (Bose, 1973) and men generally experience a rise in status over the life cycle, whereas most women stay at about the same status level from the beginning to the end of their working lives (Wolf and Rosenfeld, 1978)."

A further result of this power differential is that economic control is rooted in the male and there are socially constructed obstacles to women's full options and participation in society. This has severe implications for the newly divorced woman who has to assume the 'breadwinner role' and re-enter the labour market. Epstein (1988 : 144) cites the following authors, Featherman and Hauser, (1976); Suter & Miller, (1973) and Treiman & Terrell, (1975) who have found that the income disadvantages suffered by most women are persistent and severe. Even when they improve their job status, they do not generally benefit from the kinds of rewards men receive as they climb a ladder of success.

De Beauvoir (in Schwarzer, 1984 : 24) believes that economic independence is the necessary condition of women's liberation. There is the suggestion that only if women are forced by circumstance to provide for themselves will they embrace their 'transcendence' rather than fall into their 'imminence' see themselves as subjects rather than objects, as 'self' rather

than 'other'. But the majority of women have not been prepared for economic independence, either psychologically or in terms of practical skills. When marriages break up, women are often profoundly shocked to find themselves in charge of their own lives for the first time. When working becomes a necessity, many women experience functional problems, as a result of their distorted attitudes towards work and the real structural obstacles preventing the woman's re-introduction into the open labour market.

Bardwick (1971 : 56) reports that:

"the woman's years of major child rearing responsibilities result in a decline in old work skills, a loss of confidence that she can work, and a fear of failing within a competitive milieu that she has left".

In addition, with the break up of marriage, and the removal of 'male patronage' divorced women experience downward mobility , practical difficulties, such as lack of skills, insufficient alternate child care facilities and a greater vulnerability to poverty.

2.1.6 CONCLUSION

Patriarchy, socialization, the social construction of femininity, and the dichotomy between the private and the public sphere (with the differential allocation of power and resources in society) are major contributory factors in facilitating an inferior social identity and role related problems (in divorced women) which give rise to a negative self image.

Friedan (1963 : 68) in her book 'Feminine Mystique' reflects upon the woman's identity problem by commenting that:

"It is my thesis that the core of the problem for women today is not sexual but a problem of identity - a

stunting, an evasion of growth that is perpetuated by the feminine mystique. It is my thesis that as the Victorian culture did not permit wives to accept or gratify their basic sexual needs, our culture does not permit women to accept or gratify their basic need to grow and fulfil their potential as human beings, a need which is not solely defined by their sexual role".

Ideology, in westernized society, impinges upon the identity formation of woman and influences her self concept. The woman (as a result of patriarchy) struggles to achieve an affirmative sense of 'this is who I am' or 'this is the real me'. She does not have a strong sense of her own identity. Rowbotham (1973 : 27) comments upon the woman's lack of identity by arguing that:

"People who are without names, who do not know themselves, who have no culture, experience a kind of paralysis and a sense of isolation".

Friedan (1963 : 69) believes that women are not expected to grow up and find out who they are and choose their human identity. Anatomy is woman's destiny and the identity of women is determined by her biology. She discusses 'the problem that has no name':

"For the problem that has no name from which so many women in America suffer today, is caused by adjustment to an image that does not permit them to become what they now can be. It is the growing despair of women who have forfeited their own existence".

Men and women's different perspectives are rooted in the different kinds of lives that men and women, by virtue of being male and female, tend to live in society and this has consequences for their self concept.

With a history of internalized subordination and external oppression, it is extremely difficult for the newly divorced woman to re-define her personal identity and challenge the aspects of the patriarchal stratification system which are not in her best interests. In addition, the woman's poorly defined social identity erodes confidence in both her judgement and capacity to be effective in any undertaking and her learned constraints provide pressure, frustrations and restrictions which perpetuate her sense of inferiority and negative self esteem. To feel confident and secure, the divorced woman needs to first come to terms with and confront her own reality through the process of self awareness. She needs to rename reality, to create the terms of her own definition and to resist male culture. She needs to develop confidence in her own abilities and she must believe that she has the resources to make a difference, to exert an influence and deal capably with her life.

In conclusion, as a result of previously discussed concepts, namely:

- the socialization of women into devalued personality traits
 - their induction into negatively evaluated and unprestigious roles,
 - their internalized social attitudes and
 - the harmful effects of social control through the psychodynamics of the family and societal power relations,
- many women experience dependency problems and a negative self image with low self esteem. This is evidenced by self negating behaviour, with a lack of self assertion and a decline in their ability to achieve their full potential as human beings. These factors are further exacerbated when women, either through choice or by circumstances, choose to live as single parents and thus defy the culturally accepted norms of western society's 'couple orientated' society.

In the light of the above, the researcher designed and implemented a Coping Skills Training Programme to counteract the above harmful influences and to facilitate increased self esteem and adaptive coping skills in divorced women. This programme was designed to increase self awareness, self responsibility and self actualization. Feminist researchers have highlighted the need to take cognisance of personal experience and process to contribute towards the cause of women's emancipation (Mies, 1986 : 7; Rowbotham, 1973 : 20) and in the light of this, the researcher focused upon changing the individual woman's self perception, self actualization and coping strategies rather than on the societal structures which have perpetuated the subordination and oppression of women. The Coping Skills Training Programme is described and discussed in the following Section.

REFERENCES

- Adams, M. Single Blessedness. Observations of the single status in married society. USA, Heinemann Educational Books Ltd., 1973.
- Allport, G.W. Personality: A psychological interpretation. New York, Henry Holt, 1937.
- Banton, M.P. Roles - an introduction to the study of social relations. New York, Basic Books, 1965.
- Bardwick, J.M. The psychology of women: A study of biocultural conflicts. New York, Harper & Row, 1971.
- Barrett, M. Women's oppression today. Problems in marxist feminist analysis. London, Verso Editions & NLB, 1980.
- Bernard, J. The future of marriage. New York, World Publishers, 1972.
- Block, J. et al. Sex role and socialization patterns. Some personality concomitants and environmental antecedents. Journal of consulting and clinical psychology. Vol. 41, 321-341, 1973.
- Bohannon, P. (Ed.) Divorce and after. Garden City, New York, Doubleday, 1970.
- Bose, C. Jobs and gender, sex and occupation. Prestige Baltimore, John Hopkins University Centre for Metropolitan Planning & Research, 1973.

- Brandwein, R.A.; Brown, C.A.; Fox, E.M. Women and children last; The social situation of divorced mothers and their families. Journal of marriage and the family. Vol. 36, August 498-514, 1974.
- Broverman, I.K. et al. Sex role stereotypes and clinical judgements of mental health. Journal of consulting and clinical psychology. Vol. 34, 1-7, 1970.
- Brown, P.; Perry, L. and Harburg, E. Sex role attitudes and psychological outcomes for black and white women experiencing marital dissolution. Journal of marriage and the family. Vol. 39, 549-61, 1977.
- Brownfain, J. Stability of the self-concept as a dimension of personality. Journal of abnormal and social psychology. Vol. 47, 596-606, 1952.
- Chodorow, N. The Reproduction of Mothering. Psychoanalysis and the sociology of gender. Berkelye, University of California Press, 1978.
- Corey, G. Self esteem in Corsini, R.J. and Ozaki, B.D. (Eds.) Encyclopedia of psychology. John Wiley & Sons, USA, Vol. 3, 290, 1984.
- Cottle, T.J. Self concept, ego ideal and the response to action. Sociology and social research. Vol. 50, 78-88, 1965.
- Coward, R. Patriarchal precedents sexuality and social relations. London, Routledge & Kegan Paul, 1983.
- Croll, E. Feminism and socialism in China. London, Routledge, 1978.

- Daly, M. The metapatriarchal journey of exorcism and ecstasy : Introduction to Gyn/Ecology : The metaethics of radical feminism. London, Women's Press, 1981.
- Delphy, A. Close to home : a materialist analysis of women's oppression. London, Hutchinson, 1984.
- Engels, F. The origin of the family, private property and the state. New York, 1972.
- Epstein, C.F. Deceptive distinctions sex, gender and the social order. New York, Yale University Press, 1988.
- Featherman, D.L. & Hauser, R.M. Sexual inequalities and socio-economic achievement in the United States 1962-1973. American sociological review. Vol. 41, (3), 462-483, June, 1976.
- Felmer, R.D. et al, Transitions and stressful life events : a model of primary prevention in R.H. Price et al. Prevention in mental health : Research, Policy and Practice. Beverley Hill. Sage, 1980.
- Fetsch, R.J. & Surdam, J. New beginnings: Group techniques for coping with losses due to divorce. Personnel and guidance journal. 325-30, 1981.
- Firestone, S. The dialectic of sex. The case for feminist revolution. New York, William Marrow, 1970.
- Fitts, W. Interpersonal competence. The wheel model. (Nashville, Tenn.) Counsellor recordings and tests, 1970.

- Freeman, J. The building of the gilded cage. In Robert, A. & Firestone, S. (Eds.) Notes from the Third Year. New York, 1971.
- Friedan, B. The feminine mystique. Middlesex, England, Penguin Books Ltd., 1963.
- Friedman, M. Gender, geography and urban form. A case study of Durban. Unpublished M.Soc. Sci. Thesis. Department of Geography, University of Natal, Durban, 1987.
- Gecas, V. Parental behaviour and dimensions of adolescent self evaluation. Sociometry. Vol. 34, 466-482, 1971.
- Gerth, H; & Mills, C.W. Character and social structure. New York, Harcourt, Brace & World, 1953.
- Goode, W.J. After divorce. New York, Free Press, 1956.
- Granvold, D.K.; Pedler, L.M.; Schillie, S.G. A study of sex role expectancy and female post-divorce adjustment. Journal of Divorce. Vol. 2, 383-93, 1979.
- Granvold, D.K. & Welch, G.J. Intervention for post divorce adjustment problems. The treatment seminar. Journal of divorce. Vol. 14, Fall, 81-91, 1977.
- Hacker, H.M. Women as a minority group. Social forces. Vol. 30, 60-69, 1951.
- Hetherington, E.M.; Cox, M. and Cox, R. The aftermath of divorce. In J.H. Stevens, Jnr. and M. Mathews. (Eds.) Mother-child, father-child relations. Washington, DC NAEYC, 1977.

- Hoffman, L.W. Early childhood experiences and women's achievement motives. Journal of social issues. Vol. 28, No. 2, 1972.
- Holter, H. Sex roles and social structure. Oslo, Norway, Universitets, Forlag, 1970.
- Jagger, A.M. Feminist policies and human nature. Suxcess, Rowman & Allenheld, 1983.
- Janis, I. & Field, P. Sex differences and personality factors related to persuasibility. pp 55-68 in Hovland C. & Janis I. (Eds.) Personality and persuasability. New Haven, Yale University Press, 1959.
- Kressler, K. & Deutsch, M. Divorce therapy. An in-depth survey of therapist's view. Family process. December, Vol. 16, No. 4, 1977.
- Krzowski, S. & Land, P. In our experience workshops at the Women's Therapy Centre. London, The Women's Press Ltd., 1988.
- Lemert, E.M. Human reliance, social problems and social change. Englewood Cliffs H.J., Prentice Hall, 1967.
- Lyn, P.B. A note on sex differences in the development of masculine and feminine identification. Psychological Review. No. 66, 126-135, 1959.
- Maslow, A.H. Motivation and personality. New York, Harper and Row, 1970/1954.
- McCandless, B. Children & adolescents. Behaviour and development. New York, Holt, Rinehart & Winston 1961.

- Mies, M. Patriarchy and accumulation on a world scale: Women in the international division of labour. USA, Zedbooks, 1986.
- Millet, K. Sexual Politics. Double Day Inc, 1970.
- Mitchell, J. Women's estate. Great Britain, Penguin Books, 1971.
- Morris, D. & Prescott, M.R. Transition groups: An approach to dealing with post-partnership anguish. The family co-ordinator. Vol, 24, 325-30, 1975.
- Mussen, P.H. et al. Child development and personality. London. Harper & Row, 1956.
- Oakley, A. Sex gender and society. London, Temple Smith, 1972.
- Parsons, T. Age and sex in the social structure of the United States. American Sociological Review. Vol. 7, 604 - 616, 1942.
- Pearlin, L.I. & Schooler, C. The structure of coping. Journal of health and social behaviour. Vol. 19, March, 2-21, 1978.
- Polk, B.B. & Steyn, K.B. Is the grass greener on the other side. In Safilios, C. & Rothschild, E.D. (Eds.) Towards a sociology of woman. Lexington, Mass. Xeros, 1972.
- Prince, D. God is a matchmaker - the Divine pathway to marriage. Kingsway Publications, Eastbourne, 1986.
- Renne, K. Health and marital experience in a urban population. Journal of marriage and the family. Vol. 33, 338 - 350. 1971.

- Reuther, R.R. Women's liberation in historical and theological perspective in Doley, S.B. (Ed.) Women's liberation and the Church. New York Association, 26-36, 1980.
- Rich, A. Of women borne, motherhood as experience and institution. London, Virago, 1986.
- Rosenberg, M.J. When dissonance fails on eliminating evaluation apprehension from attitude measurement. Journal of personality and social psychology. Vol 1, 28-42, 1965.
- Rosenkrantz, P et al. Sex role stereotypes and self concepts in college students. Journal of consulting and clinical psychology. No. 3, 287-295, 1968.
- Rowbotham, S. Woman's consciousness, man's world. Middlesex, Penguin, 1973.
- Rubin, G. The traffic in women. Notes on the 'political economy' of sex, in Reiter, K.R. (Ed.), Towards an anthropology of women. Monthly Review Press. New York, 157-240, 1975.
- Schwarzer, A. After the second sex conversations with Simone de Beauvoir. United States, Pantheon Books, 1984.
- Secord, P. & Backman, C. Social Psychology. New York, McGraw-Hill, 1964.
- Sharpe, S. Just like a girl. How girls learn to be women. Middlesex, England, Penguin Books, 1976.

- Shibutani, T. Society and Personality. Englewood Cliffs, H.J. Prentice-Hall, 1961.
- Suter, C.E. & Miller, H.P. Income differences between men and career women. American Journal of Sociology. Vol 78, 4, 200-212, 1973.
- Thomas, M.S. After divorce: Personality factors related to the process of adjustment. Journal of divorce. Vol 5, 3, Spring, 19-35, 1982.
- Treiman, P.J. & Terrell K. Sex and the process of status attainment. A comparison of working men and women. American Sociological Review. Vol. 40, 2, 174-200, 1975.
- Wallerstein, J.S. & Kelly, J.B. Surviving the break-up. New York Basic Books, 1980.
- Weiss, R.J. Marital separation. New York, Basic Books, 1975.
- Welch, G.J. Social work intervention to facilitate post divorce adjustment. Inaugural lecture delivered in the University of Natal, Durban, 13 May 1987, Pietermaritzburg University of Natal Press, 1988.
- Welch, G.J. Treating post divorce adjustment reaction; a clinical model; Working Paper, University of Natal, 1987.
- Wells, L.E. & Marwell, G. Self esteem. Its conceptualisation and measurement. California, Sage Publications Inc, 1976.
- White, A. Poles apart - the experience of gender. London, J.M. Dent & Sons Limited, 1989.

- White, R. Motivation reconsidered. The concept of competence. Psychological Review. Vol. 66, 297-333, 1959.
- Wirth, L. The problem of minority groups in London, R. (Ed.) The science of man in the world crisis. New York, Columbia University Press, 1945.
- Wolf, W. & Rosenfeld. Sex structure of occupation and job mobility. Social forces. Vol. 56, 3, 823-844, 1978.
- Woodworth, R. Dynamics of behaviour. New York, Rinehart & Winston, 1958.
- Ziller, R. et al. Self esteem: A self-social construct. Journal of consulting and clinical psychology. Vol. 33, 84-95, 1969.

3. THE INTERVENTION PROGRAMME

3.1 INTRODUCTION

In the previous section the negative effects of patriarchal tradition, acculturation, socialization and dependency training upon women was discussed. It was suggested that these factors facilitate the development of an inferior self concept with low self esteem and role related problems in women, especially for the divorced and 'single parent' woman.

As a result of the researcher's exposure to the previously discussed literature and her own experience as a single parent, the researcher designed and implemented a Coping Skills Training Programme, titled "LIFE ENRICHMENT - A PERSONAL GROWTH AND COPING SKILLS PROGRAMME" for divorced women. This programme was designed to counteract some of the negative consequences of socialization and gender conditioning in patriarchal society by reducing the level of stress and non-coping behaviour in divorced women and by facilitating increased self awareness, self responsibility and self actualization. It was believed that by doing this, the woman's self esteem, self concept and coping strategies would improve.

This section presents the findings of other researchers with regard to coping skills programmes and provides a description of the intervention programme and the procedures that were employed to facilitate an improvement in self esteem.

In designing and presenting the programme, the researcher adopted a psycho-educational approach. Guernay et al, (1971 : 277) points out that advocates of the psycho-educational model see their function in terms of:

"the teaching of personal and interpersonal attitudes and

skills which the individual can apply to solve present and future psychological problems and to enhance her satisfactions with life".

The intervention programme incorporated :

- FEMINIST SELF ESTEEM TRAINING and
- COPING SKILLS TRAINING which made use of social learning theory, and cognitive behavioural techniques incorporating rational emotive therapy.

These are detailed in the following section.

3.2 FEMINIST SELF ESTEEM TRAINING

The researcher made use of feminist principles in designing the programme which stress freedom of the individual through self actualization and personal growth. Hooks (1981 : 194) in defining feminism concentrates on the woman's emancipation through freedom:

"It is the freedom to decide her own destiny; freedom from sex determined roles; freedom from society's oppressing restrictions; freedom to express her thoughts fully and to convert them freely into action. Feminism demands the acceptance of woman's right to individual conscience and judgment. It postulates that woman's essential worth stems from her common humanity and does not depend on the other relationships of her life".

Morgan (1970 : 30) introducing her collection - Sisterhood is Powerful, says that women need to explore personal experiences, find their "own consciousness", theorise it, and then extend this consciousness raising process. Female self-actualization becomes the means to feminist revolution.

The Coping Skills Training Programme made use of "feminist" self esteem training which emphasizes an empowerment of women through the teaching of self awareness, inter-personal and life management skills and through participation in small group discussions, which focus upon assessing and supporting the woman's inner resources. "In order to change the world, one needs to first change oneself".

The self esteem training section of the intervention programme was based upon Stere's model (1983 : 40-47) and made use of her training skills and exercises. She documents the following skills of self esteem training :-

1. Accepting My Feelings as Rational and Valid

Validating my feelings of guilt and resentment by tracing their sources.

Recognising that having strong feelings does not necessarily mean being out of control.

Trusting that my feeling reactions are my genuine and unique response to something real.

Being able to express my feelings to others as I so choose.

2. Being Able to Please Myself

Knowing what I like, want and need.

Feeling important and worthy enough to say what I want.

Taking action on my own behalf; making requests.

3. Identifying My Strengths

Revealing my feminine skills and qualities.

Feeling the courage to be as successful and capable as I can be.

Making positive statements about myself to myself and others.

4. Knowing and Accepting my Imperfections and Being Gentle with Myself

Having realistic expectations of myself and manageable ideals to inspire me.

Feeling calm in the face of criticism.

Being able to state my shortcomings.

Stere (1983 : 44).

Stere (1983 : 43-46) incorporates strength building exercises, cognitive - restructuring exercises and relaxation techniques, in self esteem training and comments upon the effectiveness of self esteem training by arguing that it:

"is a valuable tool to bring to women who ascribe to extreme sex role patterns and who have low esteem. It can also be a positive strength building approach for groups of women who seek to improve their sense of self respect and self worth" Stere (1986 : 42).

Self esteem training is a resource focused approach. It is:

"an opportunity to reframe women's 'weaknesses' as strengths, to direct them to their internal resources rather than to 'appropriate behaviour' and to validate their experiences, needs and feelings through sharing with other women" (Stere, 1986 : 42).

3.3

COPING SKILLS TRAINING

This study incorporated coping skills training and cognitive behavioural techniques. Coping skills training and cognitive behaviour therapy evolved with Ellis' (1957, 1958, 1962) Rational-Emotive Therapy (RET) and Beck's (1970, 1971, 1976) Therapeutic Cognitive Therapy Model. The ideas of both of these pioneers form the basis of the cognitive restructuring component of the intervention programme.

Coping Skills Training programmes have been documented by a number of writers and Sank & Schaffer (1984 : 18) discuss the following authors' approaches:-

Cautela (1969) proposed teaching clients five coping or self control skills, these included relaxation, desensitization, thought stopping, covert sensitization and assertiveness.

Kanfer & Goldstein (1975) included the techniques of anxiety management, self-directed desensitization and systematic rational restructuring, in addition to recommending the use of contracts, homework assignments and self monitoring.

Eichenbaum (1977) listed what he saw as "certain common treatment components" underlying the many different coping skills programmes. These common characteristics included problem solving, cognitive restructuring, relaxation training, and the use of didactic presentation, guided self discovery, modelling, behaviour rehearsal and graded behaviour assignments. He states that:

"a complex multi-faceted training procedure is employed to teach coping skills. When we consider the nature of the coping response to stress it becomes evident that a varied treatment programme is indeed required". (Eichenbaum, 1977 : 147).

Brown (1980) included training in progressive relaxation, anxiety management, social skills, assertiveness and self-reinforcement.

This study's intervention programme makes use of similar procedures to Sank & Shaffer's (1984 : 1) coping skills programme, although certain exercises have been adapted to suit this particular programme's goals. Sank & Shaffer's (1984 : 1) programme incorporated the techniques of relaxation, assertiveness, cognitive restructuring and problem solving. Their goal was to teach self help skills to moderately anxious or depressed patients. Their research was conducted with a symptomatic population randomly assigned to group and individual Cognitive Behaviour Therapy (CBT) and traditional group therapy. They documented the effectiveness of their programme by reporting that:

"as of the 12 month follow-up, clinically significant treatment effects for anxiety and depression were maintained for both the individual CBT and for this group model CBT but not for the traditional (interpersonal) group therapy condition" (Sank & Shaffer, 1984 : 7).

There have been few documented coping skills programmes, dealing with divorced women and utilising the particular techniques and procedures that interested the researcher . As a result, the researcher has used techniques and procedures from various coping skills programmes and adapted them to suit her purpose. Weiss, (1975), Faust, (1987), Granvold & Welch, (1977, 1979) and Van Horen, 1989, have documented programmes designed to facilitate post divorce adjustment and the researcher has included several successful aspects of their programmes (referenced and discussed later in this section).

Faust (1987 : 78) documents the effectiveness of an educational and therapeutically oriented model of treatment which provides an educational segment leading to an increased understanding of normal stress, growth of esteem for self and others, the development of communication skills and the development of problem-solving skills.

Van Horen (1989 : 4) states that the cognitive restructuring procedures and cognitive intervention strategies (in her programme) are based on Granvold & Welch's (1977, 1979) treatment model which was designed to facilitate adaptation and social competence through guided problem solving and cognitive intervention strategies. Two goal areas are incorporated into their treatment programme, these being:

- (i) an individual's cognitive appraisal of her situation, and
- (ii) the individual's ability to problem-solve effectively.

Van Horen (1989 : 167) documents that :

"the post divorce adjustment intervention programme significantly facilitated adaptation amongst experimental group participants, that treatment procedures contributed meaningfully to this process, that personal objectives were attained and that therapeutic gain was evidenced".

The intervention programme used in this study is outlined in the following section.

3.4

LIFE ENRICHMENT - A PERSONAL GROWTH AND COPING SKILLS PROGRAMME

This study made use of a coping skills programme entitled "Life Enrichment - A Personal Growth and Coping Skills Programme". This study's intervention programme had an educational and personal growth focus. The programme did not primarily have an inter-personal focus but rather centred upon the woman's inner

dialogue and on enhancing her relationship to herself, as a stepping stone to enabling her to assume full responsibility for her life. The focus was on achieving personal growth and liberation through one's own actions (i.e. self reliance) and the programme stressed the teaching of effective coping strategies rather than the elimination of psychological problems.

One of the assumptions underlying coping skills training programmes is that:

"the teaching of effective coping strategies is a more appropriate and realistic goal for psychotherapists than the complete elimination of clients' psychological problems". (Sank & Shaffer, 1984 : 10).

In developing this programme, the researcher made use of a:

"cognitive behaviour therapy trend of teaching the client general strategies that can be applied not only to her current problems but also to difficulties that may crop up in the future, thereby training the client to become her own counsellor". (Chambles & Goldstein. 1979 : 234)

The intervention programme was Christian based (i.e., it incorporated Christian doctrine and Biblical scriptures which reinforced the programme's basic teachings) and it was presented in a written, manual form consisting of educational notes, group exercises and homework assignments and was designed to be presented on a small group basis. The programme was presented in a 'semi structured' group session, once a week, for two hours per session for 12 weeks.

Sank & Shaffer (1984 : 33, 34) document the advantages of a group format as: vicarious learning, fostering independence (rather than fostering dependence upon the therapist) peer

learning, learning through helping others, reduction of sense of isolation, desperation, public commitment, encouragement through others' successes. These components will be discussed individually in the following section.

The goals of the Coping Skills Training Programme included :

- an adaptive increase in self awareness,
- an improvement in self esteem and a re-definition of 'self' - a celebration of womanhood,
- an increase in self actualization - an improvement of functioning on the cognitive, affective and behavioural level,
- an increase in self responsibility and autonomous adulthood,
- a reduction in stress levels through the use of coping skills and problem solving techniques,
- the attainment of spiritual potential for women.

The didactic material presented in the programme was based upon cognitive social learning theory and included a discussion of the following topics:

- Self awareness and self acceptance
- Intra personal communication - 'Self talk'
- The relationship between thoughts, feelings and action
- Effective communication
- Assertiveness and self actualization
- Decision making and goal setting
- Recognition of stress and stress management
- Relaxation training
- Developing spirituality

The intervention programme taught a variety of cognitive and behavioural coping skills techniques based upon social learning theory and designed to raise self esteem and promote adaptive

behaviour.

The coping skills which were taught were divided into thinking, feeling and action components (cognitive, affective and behavioural) and included the use of :-

- The group process
- Homework assignments
- Cognitive restructuring procedures
- Strength building/affirmation procedures
- Empowerment procedures
- Structured problem solving techniques
- Stress and arousal management techniques
- Relaxation techniques

3.4.1 THE GROUP PROCESS

The programme utilised the group process which facilitated self disclosure and the use of the healing and supportive effect of sharing personal experiences with other women. Self disclosure provides a vehicle for enhancing individual functioning through interpersonal learning within a group setting. The act of reciprocal disclosure of private information among participants promotes a sense of universality by enhancing members' awareness that their feelings and life experiences are not unique. Self disclosure is seen as an essential precursor to positive therapeutic outcome within group therapy. (Welch, 1987 : 7). In addition, the Coping Skills Training Programme, with its focus on self awareness, individual responsibility and problem solving was designed to promote learning, and group support served as an important factor in motivating group members to take steps on their own behalf.

3.4.2 HOMEWORK ASSIGNMENTS

Homework assignments, which involved the women practising newly acquired skills across situations in an effort to promote maintenance and generalization of treatment efforts and to assist in the development of self awareness were assigned.

"The integration of homework assignments into the intervention process can reinforce a sense of client responsibility for change".

Shelton & Levy (1981) enumerated the basic elements and effectiveness of this procedure (in Welch, 1988 : 17,20).

3.4.3 SELF AWARENESS PROCEDURES

A strong emphasis was placed upon developing self awareness in individual group members in order to assist the woman in redefining her identity and to assist her in clarifying role related issues and problems.

"...an oppressed group must at once shatter the self reflecting world which encircles it and, at the same time, project its own image into history. In order to discover its own identity as distinct from that of the oppressor it has to become visible to itself" (Rowbotham, 1973 : 27).

One of the basic beliefs of feminist teaching is that each woman is responsible for discovering and enacting her own truth. One of the strong values brought to women through the women's movement is the value of being one's true self. The goals of this programme dictated the emphasis on the 'individual', that is, on individual uniqueness, potential and creativity. Individual perception and self awareness was emphasized and subjective behaviour was reaffirmed as real and meaningful. The conservative view of women often carries with it messages that "who we are is not good enough", and this programme sought to

affirm the individual woman through the process of self awareness.

From a feminist perspective, it was hoped that through the process of self awareness, the myths that distort women's experiences and limit the vision of their capabilities would be exposed. It is impossible to confront a condition before you have discovered it. You cannot begin to find your own power until you have consciously recognized your non-power. The goals of the self awareness procedures encouraged the woman to be herself and included:

- an affirmation of womanhood - to encourage the group members to value 'women's perspectives and experiences.
- to assist the women to redefine and control reality for themselves - to enable the women to consciously recognise their femaleness and see through the existing versions of femininity which surround them.
- to assist each woman to get in touch with her own feelings and accept them.
- to assist each woman to identify what she 'likes, 'wants' and 'needs'.

From a cognitive social learning theory perspective, self awareness was used to help the woman develop an awareness of maladaptive cognitions - behaviour - emotion patterns (refer appendix... RECORD OF DYSFUNCTIONAL THOUGHTS.) On this form the women were asked to self-monitor the thoughts, feelings and behaviours that occur before, during and after particular problem situations or emotions.

Self awareness exercises included the following exercises:

- GETTING TO KNOW YOU EXERCISES
- COMMUNICATION EXERCISES - THE FALLOUT SHELTER
- FEELING ANALYSIS
- ANALYSIS OF THOUGHTS, FEELINGS AND SELF TALK
- ECO MAP

(refer appendix A.1)

3.4.4 COGNITIVE RESTRUCTURING PROCEDURES

"Men are disturbed not by things but by the views they take of them." Epictetus, 1st Century AD.

Cognitive restructuring procedures have extensive clinical validation (Cormier and Cormier, 1979 : 361) and the focus in the programme was to help the women identify maladaptive core beliefs and to develop an understanding of the relationship between their beliefs, both rational and non-rational, and their current adjustment problems. Among the elements included were recognition and identification of emotions, an examination of the extent to which self-perceptions and expectations affected emotional response, and a method of re-assessing potentially stressful events in a more positive, productive way.

Use was made of the cognitive therapy belief that emotional arousal and maladaptive behaviour are mediated by one's interpretation of a situation (Ellis, 1974 : 152-153). From this perspective, a person's self evaluation, appraisals and attributions will determine their subsequent emotional response and behaviour. The cognitive restructuring procedures (adapted from Welch 1988 : Fig. 4 : 18) which were employed included :

- Assisting group members in the recognition and identification of emotions and an examination of the extent to which self perceptions and expectations affected emotional response.
- Developing group members' abilities in self observation of maladaptive ideation which precedes negative emotional responses or maladaptive coping styles. Self monitoring procedures were used to assist in identifying irrational belief systems. (Kendall & Hollon, 1981 : 87, 88). (Refer Appendix A.2.3)

- Modification of self statement was promoted. Negative self statements were identified and countered and coping or assertiveness self statements were encouraged. The emergence of non-negative self talk is important to both assertiveness and coping behaviour and goals were set for a change from negative feelings to positive affirmations. The programme was designed to lead each woman to practise positive self imagery.
- Educating group members to an understanding of the relationship between thoughts, emotions and actions.
- Assisting group members to view their beliefs/thoughts as hypotheses rather than as facts and to develop the ability to test these hypotheses.
- To provide a method of re-assessing potentially stressful events in a more positive, productive way. (Refer appendix A.5.2).
- To provide explicit instructions through verbal interchanges, homework assignments, modelling and covert rehearsal in a method of challenging the assumptive rules which underlie the woman's belief system.
- Modelling and covert rehearsal (Sarason, 1973 : 58) was employed to facilitate the members' learning of new skills. Covert rehearsal refers to a procedure by which the group member rehearses a specific sequence of goal behaviours by imagining herself doing them and then reflecting about the designed response. Women employing this technique serve as covert models for their own coping behaviour.

Cognitive restructuring exercises included the following exercises:-

- SELF TALK CONTENT
- MODIFICATION OF NEGATIVE THOUGHTS, IMAGES AND STATEMENTS
- SHOULD - RESENTMENT LIST
- RECORD OF DYSFUNCTIONAL THOUGHTS

(Refer appendix A.2).

3.4.5 STRENGTH BUILDING/AFFIRMATION PROCEDURES

Strength building procedures were incorporated to counteract feelings of inferiority and inadequacy in the woman, and the exercises were designed to reveal the individual woman's strengths, skills and talents, with a view to developing their self confidence and self actualization. The programme attempted to foster the affirmation and celebration of womanhood and the self realization of women as persons in their own right. The exercises facilitated cognitive restructuring by encouraging each woman to make positive statements about herself. The strength building exercises included the following exercises :-

- ADMIRATION LIST
- ACCOMPLISHMENT LIST
- LIFE SUCCESS LIST
- ASSESSMENT OF STRENGTHS
- ASSESSMENT OF WEAKNESSES

(Refer appendix A.3)

The strength building section included an assessment of weaknesses, as part of strength building is knowing and accepting one's weaknesses, and having realistic expectations and manageable ideals.

3.4.6 EMPOWERMENT PROCEDURES

Empowerment procedures were incorporated to counteract the harmful influences of dependency and passivity training in women. The empowerment of individual group members was encouraged through the teaching of problem solving techniques, self assertiveness training and inter-personal and life management skills. The programme provided divorced women with the opportunity to experience the move from dependence to power and control over their own lives. The group leader encouraged the members' assumption of self responsibility, self assertion and self actualization - i.e. liberation through one's own actions - self reliance. 'Power' in the programme, for the woman was derived from the ability to realize her own potential and to accomplish her own aspirations and values. The empowerment exercises included the following exercises:-

- ASSERTIVENESS TRAINING EXERCISES
- GOAL SETTING / PROBLEM SOLVING GUIDELINE STEPS
- YOUR PERSONAL ACTION PLAN

(Refer appendix A.4).

3.4.7 ASSERTIVENESS TRAINING

A key emphasis in the feminist movement has been on women asserting themselves by standing up for their rights and expressing their opinions and preferences in ways likely to be attended to by others. The traditional female role dictates that the ideal women act in a basically non-assertive or passive manner. The assumption of assertiveness training for women is that increased assertion is related to an improved self concept. Tolor et al, (1976) in Linehan & Egan (1979 : 261) found in both sexes a positive relationship between direct assertion and favourableness of self concept.

Linehan & Egan (1979 : 255) state that :

"cognitive treatment involves teaching clients to ferret out their maladaptive self statements, beliefs and expectations about assertive encounters and replace them with more adaptive cognitive contents".

Treatment targets, therefore, are the cognitions presumed to mediate assertive verbal responses rather than the actual overt behavioural responses in assertive situations. Assertiveness training in the intervention programme was used to promote more effective interpersonal functioning in the woman who was either too passive or too aggressive. It had a behavioural emphasis which built on the cognitive skills which were developed in the programme.

3.4.8

STRUCTURED PROBLEM SOLVING TECHNIQUES

Various researchers have documented the effectiveness of problem solving techniques. (Foreyt & Goodrick, 1984 : Vol 1, 232). Mahoney (1977) suggested that people could adapt better to life if they systematically used a sequence of procedures to arrive at a solution (in Foreyt & Goodrick, 1984 : Vol 1, 272). D'Zurilla & Goldfried (1971) indicated that explicitly teaching clients problem solving skills results not only in a reduction in the presenting problem but in creative application of these newly learned cognitive skills to other life problems (in Eichenbaum, 1974 : 14). They give the following examples of coping self statements rehearsed in stress inoculation training:-

Preparing for a stressor.

Confronting and handling a stressor.

Coping with the feeling of being overwhelmed.

Reinforcing self statements (Eichenbaum, 1974 : 16).

Sarason et al, (1978) identified two factors in designing a programme to facilitate 'clients' post divorce adjustment. These were:

1. the individual's cognitive approval of their situation, and
2. the individual's ability to problem-solve effectively (in Welch, 1988 : 14).

In the light of this, a procedural guide for structured problem solving was presented to group members. (Refer appendix A.4.2). The group members were encouraged to apply this guide to their own individually selected problems and to report back on their progress to the group. The researcher taught and made use of the interpersonal, cognitive, problem solving skills identified by Spivack (1976) and outlined in (Butler & Michenbaum, 1981 : 198) which included:

- problem sensitivity - to develop an awareness of problems that occur in human interactions and to develop the ability or willingness to examine what may have gone wrong in any given inter-personal interaction.
- alternate solution thinking - to develop the ability to generate a wide variety of potential problem solutions by suspending judgement and withholding censorship of ideas.
- means - end thinking - to develop the ability to articulate step-by-step means to problem solution (a skill that encompasses recognition of obstacles, alternatives, and social consequences), as well as an appreciation that interpersonal problem solving is a complicated and often time consuming process.

- consequential thinking - to encourage the tendency to consider consequences of social acts in terms of oneself as well as others, and to generate alternative consequences to any act of social significance before deciding what to do.
- causal thinking - to instil an appreciation of social and personal motivation, the realisation that how one feels and acts may have been influenced by (and, in turn, may be influenced) how others feel and act.

Given the life changes confronted by the divorced woman, the ability to appraise the probable consequences of various situational options and generate decisions that will facilitate post divorce adjustment is a coping skill of vital importance.

The problem solving format involved in this programme involved eight major steps, including:

- cognitive preparation
- goal selection
- problem definition and formulation
- generation of alternatives
- consideration of consequences
- decision making
- implementation
- evaluation

(Refer appendix A.4.2)

3.4.9 STRESS MANAGEMENT TECHNIQUES

Behavioural self management strategies were applied to stress reactions. Holmes and Rahe (1967) have explored the association between cumulative stress from life events and pathology. On the Holmes and Rahe social readjustment rating scale, divorce

and marital separation are rated second and third respectively in terms of severe forms of stress. Only death of a spouse is considered more stressful (in Welch, 1988 : 7). In the light of this, self monitoring of daily stress levels was employed both as an assessment intervention and as an evaluation tool. The data was used to:

- (a) monitor change
- (b) generate hypotheses for intervention
- (c) assess the effectiveness of planned intervention.

Use was made of self awareness techniques in the self management strategies as that which may be stressful to one individual may not be to another.

Mahoney & Thoresen (1974) comment that:

"in the case of stress - behaviour, self observation can be used to help the patient become aware of his/her person - specific response to stress: in terms of physiological cues, cognitive statements and images. The individual is then instructed to observe the antecedents to stress (i.e. which persons, events, places, thoughts, feelings seem to trigger stress responses) and the consequences show how the patient normally copes with stress. The individual is then taught to look at a variety of coping or mastery strategies to deal with stress" (in Shapiro, 1984 : 287)

The daily stress ratings in this study, were designed to teach group members to become aware of the physiological and psychological aspects of stress in their lives and to sensitize the women to the daily environmental stresses impinging upon them. The stress management exercises included the following exercises:-

- FACTORS IN THE BUILD UP OF TENSION
- STRESSORS
- THOUGHT CHANGE

- DAILY STRESS LEVEL SCALE
- WEEKLY STRESS LEVEL GRAPH
- STRESS EVALUATION
- THE COOKING POT
- STRESS ASSESSMENT - IDENTIFYING AREAS OF MUSCLE TENSION
- STRESS ASSESSMENT SYMPTOMS EXERCISE

(Refer appendix A.5)

3.4.10 RELAXATION AND AROUSAL MANAGEMENT PROCEDURES

Relaxation and arousal management procedures were incorporated to counteract the harmful influences of central nervous system activity in response to stress. Benson (1974) discusses the value of relaxation training in combating stress and comments that:

"the relaxation response is considered to be incompatible with physiological changes that accompany a stress reaction (i.e. increase in blood pressure, heart rate and oxygen consumption) and thus inducing the relaxation response counteracts the effect of stress" (in Bernard, 1984 : 286).

Relaxation training in terms of muscle relaxation and focussed breathing procedures were employed. Focussed breathing procedures (Benson, 1974, 1976) have considerable validation as effective procedures for stress reduction.

In conclusion, this programme, titled "Life Enrichment - A Personal Growth and Coping Skills Programme" was presented to two samples of divorced, Christian women and the effect of the programme, upon their self esteem, was measured. The following section discusses the research method which was designed to test the effectiveness of the programme in raising individual group members' self esteem.

REFERENCES

- Beck, A.T. Cognitive therapy and the emotional disorders. International Universities Press, New York, 1976.
- Beck, A.T. Cognitive Therapy: Nature and relation to behaviour therapy. Behaviour Therapy. Vol. 1, 184-200, 1970.
- Beck, A.T. Cognition, affect and psychopathology. Archives of general psychiatry. Vol. 24, 493-500, 1971.
- Benson, H. Your innate asset for combating stress. In Harvard Business Review. Vol 52, 59-60, 1974.
- Bernard, C.I. In Corsini, R T & Ozaki, B d (Eds.) Encyclopedia of psychology. John Wiley & Sons, USA, Vol. 3, 286 , 1984.
- Brown, S.P. Coping skills training: An evaluation of a psycho-educational program in a community mental health setting. Journal of counselling psychology. Vol.27, 340-345, 1980.
- Butler, L & Meichenbaum, P. The assessment of interpersonal problem solving skills, in Kendall, P.C. & Hollow, S.T. Assessment strategies for cognitive behavioural interventions. London, Academic Press, 1981.
- Cautela, J.R. Behaviour therapy and self control techniques and implications in Franks, C.M. (Ed.) Behaviour therapy: Appraisal and status. New York, McGraw-Hill, 1969.
- Chambles, D.L. & Goldstein, A.J. Behavioural psychotherapy in R.J. Corsini (Ed.) Current Psychotherapies. ITASCA, Ill., Peacock, 1979.

- Cormier, W. and Cormier, L. Interviewing strategies for helpers. Belmont, California, Brooks- Cole, 1985.
- D'Zurilla, T. & Goldfried, M. Problem solving and behaviour modification. Journal of abnormal psychology. Vol. 78, 107-126, 1971.
- Eichenbaum, S. & Orbach, S. Outside In, Inside Out. Armondsworth, Penguin, 1982.
- Ellis, A. Reason and emotion of psychotherapy. New York, Lyle Stuart, 1962.
- Ellis, A. Humanistic psychotherapy. New York, McGraw-Hill Inc., 1974.
- Ellis, A. Outcome of employing three techniques of psychotherapy. Journal of clinical psychology. 1957, Vol. 13, 344-350, 1957.
- Ellis, A. Rational psychotherapy. Journal of general psychology. 1958. Vol. 59, 35-49, 1958.
- Faust, R. A model of divorce adjustment for use in family service agencies. Social Work. Vol. 32 (1): 78-80, 1987.
- Foreyt, J.P. & Goodrick, G.K. in Corsini, R.J. & Ozaki, B.D. (Eds.) Encyclopedia of psychology. John Wiley & Sons, USA, Vol 1, 294-296, 1984.
- Granvold, D.K. & Welch, G.J. Structured short-term treatment of post-divorce. International journal of group psychotherapy. Vol. 29 (3), 342-358, 1979.

- Granvold, D.K. & Welch, G.J. Intervention for post divorce adjustment problems: The treatment seminar: Journal of Divorce. Vol. 14, 81-91, 1977.
- Guerney, B.G. et al. Practising psychologist as educator: an alternative to the medical practitioner model. Professional psychology. 1971, Vol. 2, 276 - 282.
- Holmes, T.H. and Rahe, R.H. The social readjustment rating scale: Journal of psychosomatic research. Vol. 42, 15, 704, 1967.
- Hooks Bell. Aint I a woman. Black women and feminism. South End Press, Boston, 1981.
- Kanfer, F.H. & Goldstein, A.P. Helping people change. A text book of methods. New York, Pergamon Press, 1975.
- Kendall, P.L. & Hollon, S.D. Assessing self-referent speech. Methods in the measurements of self statements in Kendall P.L. & Hollon, S.T. Assessment strategies for cognitive-behavioural interventions. London, Academic Press, 1981.
- Mahoney, M.J. Reflections on the cognitive-learning trends in psychotherapy. American Psychologist. Vol. 32, 5-13, 1977.
- Mahoney, M.J. & Thoresen, C.T. Self Control : power to the person. Monterey, Calif. Brooks/Cole, 1974.
- Morgan, R. Sisterhood is Powerful: London, Vintage 1970.
- Rowbotham, S. Woman's consciousness, man's world. Great Britain, Pelican Books, 1973.

- Sank, L.I. & Shaffer, C.S. A therapist's manual for cognitive behaviour therapy in groups. New York, Plenum Press, 1984.
- Sarason, I.G. Test anxiety and cognitive modelling. Journal of Personality and Social Psychology. Vol. 28, 58-61, 1973.
- Sarason, D.J; Johnson, J.H. and Siegal, J.M. Assessing the impact of life change: Development of the life experiences survey. Journal of consulting and clinical psychologists. 932-46, 1978.
- Shapiro, D.H. In Corsini, R.T. & Ozaki B.D. (Eds.) Encyclopedia of Psychology. John Wiley & Sons, USA, Vol. 3, 287,1984.
- Shelton, J.L. & Levy, R.L. Behavioural assignments and treatment compliance. A handbook of clinical strategies. III, Research Press, 1981.
- Spivak, G.; Platt, J.J. & Shure, M.B. The problem-solving approach to adjustment. San Francisco, Jossey-Bass, 1976.
- Stere, L. A reformist perspective on feminist practice, in Bricker Jenkins, M & Hooyman, N.R. Not for women only. Social work practice for a feminist future. USA, National Association of Social Workers, Inc., 1986.
- Tolor, A. et al. Assertiveness, sex role stereotyping, and self concept. Journal of psychology. Vol. 93, 157-164, 1976.
- Vaillant, G.P. Adaptation to life. Boston, Little Brown, 1977.
- Van Horen, G.M. Evaluation of a post divorce adjustment treatment model. Unpublished master of social science thesis, Dept. of Social Work, University of Natal, Durban, 1989.

- Welch, G.J. Treating post-divorce adjustment reaction: A clinical model.
Working paper. University of Natal, 1987.
- Welch, G.J. Social work intervention to facilitate post divorce adjustment.
Inaugural lecture delivered in the University of Natal, Durban,
13 May 1987, Pietermaritzburg. University of Natal Press, 1988.
- Weiss, R.S. Marital separation. New York, Basic Books, 1975.

4. RESEARCH METHOD

4.1 METHODOLOGY

This study made use of a feminist research process.

Stanley & Wise (1990 : 21) argue that:

"the 'feminist research process' contains one or more of the following propositions. First 'feminist research' was defined as a focus on women. It is research carried out by women who were feminist, for other women. Second, there was a perceived distinction between 'male' quantitative methods and feminist qualitative ones. And third, feminist research was overtly political in its purpose and committed to changing women's lives".

Stanley (1990 : 14) further argued that:

"feminism is not merely a 'perspective', a way of seeing; nor even this plus an epistemology, a way of knowing; it is also an ontology, or a way of being in the world".

This research project incorporated all these factors. It was designed by a woman for women and the decision to undertake this research was based upon the researchers own experience as a Christian, divorced, single parent and was motivated by her exposure to feminist theory and practice in the woman's studies course at the University of Natal. The researcher was and still is committed to changing women's lives.

Mies (1983 : 121) believes that:

"feminist women must deliberately and courageously integrate their repressed, unconscious female subjectivity i.e. their own experience of oppression and discrimination into the research process".

The researcher was able to closely identify with the subjects in her research project and used her subjective reality and experience, particularly in the design of the intervention programme and in her role as leader/teacher/facilitator in the intervention programmes group process.

Mies (1983 : 123) argues that the vertical relationship between researcher and 'research objects', the view from above, must be replaced by the view from below. She states that:

"social scientists must take their own subjective experience of sexist discrimination and their rebellion against it as a starting point and guiding principle for their research.....they have experienced in their own psyche and bodies how oppression and exploitation feels to the victims, who must constantly respond to demands made on them. (Nash, 1974). Woman social scientists are better equipped than their male counterparts to make a comprehensive study of the exploited groups". (Mies, 1983 : 121, 122).

The research project could not be said to be 'value free' or that there was indifference towards the research objects, as the researcher identified with her subjects and practised conscious partiality (Mies, 1983 : 122) which is achieved through partial identification with the research subjects (this is the opposite of the so-called 'spectator knowledge' (Maslow, 1966 : 50) which is achieved by showing an indifferent, disinterested, alienated attitude towards the 'research subjects'. The researcher purposefully selected divorced women as her research sample, because as Mies (1983 : 125) points out:-

"the most empirical research on women has concentrated so far on the study of superficial or surface phenomena, such as women's attitudes towards housework, career, part time work, etc. Such attitudes or opinion surveys give very

little information about women's true consciousness. Only when there is a rupture in the 'normal life' of a woman, i.e., a crisis such as divorce, is there a chance for her to become conscious of her true condition. In the 'experience of crisis' (Kramert, 1977) and rupture with normalcy, women are confronted with the real social relationships in which they had unconsciously been submerged as objects without being able to distance themselves from them".

In conducting this study, the researcher made use of statistical quantitative methods of research, in addition to qualitative methods of research. Quantitative methods were used in the experimental 'between group' design and the statistical analysis of the Hudson (1982 : 8) scales. Qualitative methods of research were applied in terms of the group process and 'single case' design. (These are discussed in more detail in Section 4.3).

In using qualitative methodology the researcher hoped to obtain phenomenologically derived perspectives which would reflect the individual woman's inner experience and perspective. The purpose of the programme was to make the individual woman aware of her own subjective reality, her own consciousness. It was hoped that the research process would become a process of 'conscientization'. The researcher saw the research study and the focus in the research as part of an emancipatory struggle as research focussed upon the process of individual change.

Principles of liberal feminism and radical feminism have been incorporated into the study. Liberal feminism:

"is a logical extension of the traditional liberal conception of human nature and the characteristic liberal values of individual dignity, equality, autonomy and self

fulfilment. Along with these, it accepts the liberal ideal of creating a society which maximises individual autonomy in which all individuals have an equal opportunity to pursue their own interests as they perceive them" (Jagger, 1983 : 39).

This study, in conjunction with liberal feminist beliefs, advocates that women are entitled to equal rights and opportunities and freedom to define and pursue their own self interests and opportunities.

Radical feminists challenge the values of the male culture:

"they do not want women to be like men. Instead they want to develop new values based on women's traditional culture...we are proud of the female culture of emotion, intuition, love, personal relationships...we are proud of the female principle and will not deny it to gain our freedom...the only aspects of female culture to be rejected are 'all those that keep us subservient, such as passivity, self sacrifice, etc.'" (Jagger, 1983 : 251).

This study was designed to increase women's self affirmation, self awareness and self actualization in a 'celebration of womanhood'. An attempt was made to 'study' the women from the perspective of their own experience so that women can better understand themselves and fulfill themselves and value their own experiences.

4.2

AIM/HYPOTHESIS

The aim of the research study was to design, implement and evaluate the effectiveness of a Coping Skills Training Programme in raising divorced women's self esteem and coping behaviour.

It was hypothesized that this Coping Skills Training Programme would significantly raise the women's self esteem.

4.3 RESEARCH DESIGN

The researcher incorporated a qualitative, descriptive and quantitative research design which included a:-

- (i) 'BETWEEN GROUP' DESIGN - here the researcher used an experimental approach by assigning subjects to an experimental and a control group at random and withheld treatment from the control group, and a
- (ii) 'SINGLE CASE' DESIGN - here self monitoring scales were employed.

These designs are discussed in detail in the following section.

4.3.1 THE 'BETWEEN GROUP' DESIGN.

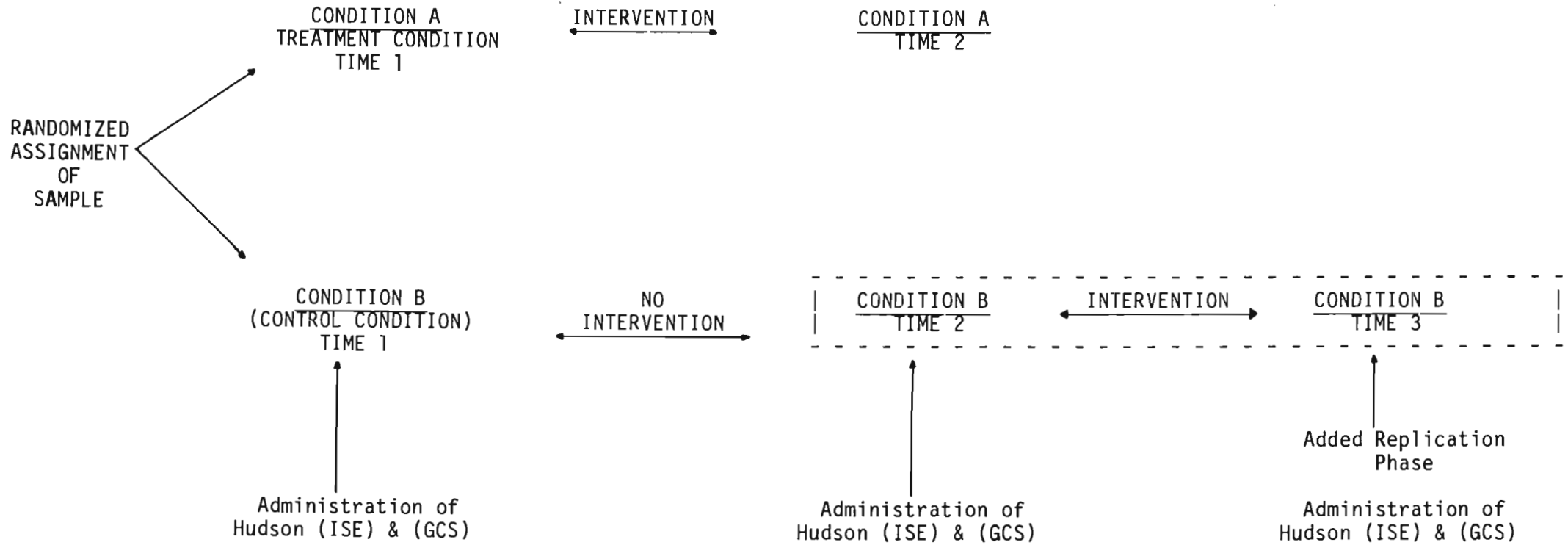
In this study, use was made of Cook & Campbell's (1979 :60) pre-test/post-test research design. Twenty one women were recruited and randomly assigned to two experimental conditions. Nine women were assigned to condition (A), (the treatment condition) which involved pre-intervention testing, intervention, post-intervention testing, evaluation and a follow-up phase. Twelve women were assigned to condition (B), (the control condition) which involved pre-intervention testing and post-intervention testing and evaluation. (Extra women were allocated to this group in an attempt to counteract possible 'withdrawal' of members of the control group from the research study).

The research study was designed to incorporate a replication phase. In the replication phase, the control group then served as the treatment group. Figure I presents schematically, the experimental design which Cook & Campbell (1979 : 60) describe as a pre-test/post test with control and randomization to which

an intervention replication phase has been added. Besides meeting the criterion for a true experimental design, it, in addition, solves the clinical problem of withholding treatment from the control group. This approach also has the advantage of providing a possible replication of the intervention effort.

F I G U R E 1

PRE TEST/POST TEST RESEARCH DESIGN



I S E = Index of Self Esteem
G C S = Generalized Contentment Scale

4.3.2 THE 'SINGLE CASE' DESIGN

In addition to the 'between group' design, a single case design was employed. This involved self monitoring scales and continuous self report measurement data. Self monitoring scales were used as an assessment intervention and evaluation tool and were designed to promote self awareness, personal growth and cognitive behavioural change.

Self monitoring, according to Nelson (1981 : 170) refers to:

"an individual's noticing and recording the occurrences of his or her own problem behaviours as they are occurring, usually in the natural environment".

Nelson (1981 : 170) comments that self recording as a method of data collection offers several advantages, i.e.

- (i) "they are an inexpensive and practical source of data,
- (ii) self monitoring may also contribute to the therapeutic process through its reactivity, i.e. the very act of self recording often produces desirable behaviour change. Self recording generally increases the frequency of positive behaviour and decreases the frequency of negative behaviour".

Four self monitoring scales were used i.e.:-

DAILY STRESS LEVEL SCALE (refer appendix 5.5)

WEEKLY STRESS LEVEL GRAPH (refer appendix 5.6)

RECORD OF DYSFUNCTIONAL THOUGHTS (refer appendix 2.3)

GOAL SETTING/PROBLEM SOLVING GUIDELINE STEPS (refer appendix 4.2)

The daily stress level scales required participants to rate their stress levels four times per day. The daily stress level

scale, if completed in full, provided 28 data points per week for evaluation.

The above listed scales were used to develop self awareness of the content and level of stress that each person was experiencing and to identify dysfunctional thoughts or maladaptive behaviour. The goal setting/problem solving guidelines were designed to promote effective problem solving, self responsibility and self actualization.

In addition, self measurement data was collected from members of each treatment group for the assessment of individual progress and the achievement of participant's personal objectives and to assist the group leader in developing insight and self awareness in individual members through the group process. The self measurement data used in the intervention programme included the:

- ASSESSMENT OF STRENGTHS AND WEAKNESSES EXERCISE
- AUTOMATIC THOUGHTS QUESTIONNAIRE
- SELF TALK QUESTIONNAIRE
- THOUGHTS THAT CAUSE PROBLEMS LIST
- YOUR PERSONAL ACTION PLAN
- ECO MAP
- FACTORS IN THE BUILD UP OF TENSION
- STRESSORS EXERCISE
- THOUGHT CHANGE EXERCISE
- THE COOKING POT
- STRESS EVALUATION EXERCISE
- STRESS ASSESSMENT - IDENTIFYING AREAS OF MUSCLE TENSION
- STRESS ASSESSMENT SYMPTOMS

Refer appendix A.

In addition to the above, participants were encouraged to present their perceptions of various aspects of the intervention process.

4.4 RESEARCH PROCEDURES

4.4.1 PRE-INTERVENTION SCREENING OF APPLICANTS

Pre-intervention screening of applicants was done on a face-to-face or telephonic basis. The aims and goals of the intervention programme were discussed with applicants and respondents voluntarily agreed to participate in the programme. The respondents were made aware of the educational/personal growth and research quality of the project. At this point, the researcher selected 21 applicants who met the researcher's sample criteria. (discussed later in this section).

Random allocation of applicants to experimental treatment group and waiting list, control group was then conducted. Nine applicants were assigned to the experimental group and twelve applicants to the control group.

4.4.2 DESCRIPTION OF GROUP SESSIONS AND TESTING PROCEDURE

At the first meeting of the experimental treatment group, the Index of Self Esteem (ISE), (Hudson, 1982 : 9) and the Generalised Contentment Scale (GCS), (Hudson, 1982 : 8) were administered. At the same time the (ISE) and (GCS) were posted to members of the control group for completion. These forms were either returned by post or collected personally by the researcher.

The experimental, treatment group met on a weekly basis for 12 sessions. Group meetings were held at the researcher's home in the evenings, for a 'structured' period of two hours and informally for a further 2-3 hours (tea was served after the structured, formal group sessions and members remained after tea for informal sharing). At the last group session the (ISE) and the (GCS) were re-administered to the experimental group and posted to the control group. Seven members of the control group

at this point decided not to continue with the programme (due to other obligations or lack of motivation/interest). Three new group members were recruited in order to conduct the replication phase of the research design.

Eight respondents attended the replication phase, experimental, treatment group and ten sessions were conducted on a weekly basis, for a structured period of two hours and informally for a further one hour. The (ISE) and (GCS) were re-administered at the last group session.

The first experimental treatment group agreed to continue meeting voluntarily, after the initial programme was completed and were still meeting when the second experimental group completed their programme. In both the experimental group and the replication group the researcher acted as the leader/facilitator of the group sessions and attempted to maintain a balance between structured and unstructured group participation. The researcher/leader provided educational information with regard to the programme and structured the content of each group session, while allowing time for informal, supportive sharing by individual group members. Special exercises were carried out during group sessions and members were required to report back on their self monitoring/self measurement scales. The researcher maintained telephonic contact with group members between group sessions, in order to answer questions, provide support and guidance, clarify instructions, and to encourage group attendance and completion of homework assignments. The telephonic contact was generally initiated by group members and not by the researcher. Approximately six telephonic calls were initiated per week.

4.4.3 SAMPLE POPULATION

4.4.3.1 SAMPLE SELECTION

Twenty-one participants were recruited from Christian Churches in close proximity to the researcher's home. It was extremely difficult to obtain respondents and the researcher had numerous meetings with Ministers and Pastors of various Churches to explain the aim, goals and content of the intervention programme. Only when the Church officials were assured that the intervention programme did not contravene their basic Christian doctrine and principles, would they advertise the programme.

In selecting respondents, the researcher attempted to select women who had resolved the break up of their marriages and who did not require intensive supportive counselling. (i.e. they were not visibly in the process of working through grief, anger, depression etc.).

All participants met the following criteria:-

- (i) They were Christian women (i.e. women who regularly attended a Christian church and applied the doctrine of Jesus Christ to their lives).
- (ii) All the women were divorced or separated from their husband for a period of one year or longer.
- (iii) They agreed to complete the required intake instruments, testing instruments, self monitoring and measurement scales, pledged confidentiality and made a commitment to co-operate with all aspects of the programme.

4.4.3.2 DEMOGRAPHIC DETAILS

Table A presents the study's demographic details and as indicated previously, the study's sample comprised of 24 women, each of whom were recruited for the programme and randomly assigned to the experimental, waiting-list control group and replication phase group.

Participants in the experimental group consisted of 9 women, ranging in age from 30 - 52 years. The length of time separated ranged from 1 year - 10 years. Eight group members had obtained their matriculation certificate and one group member had a university degree. The number of children per respondent ranged from 1 to 4. Five members of the group had initiated the separation.

Participants in the control group consisted of 12 women ranging in age from 30 - 57 years. Eight participants had been separated for 1 - 5 years and 4 participants had been separated for more than 5 years. Three respondents achieved a tertiary level of education (two obtained a teacher's training diploma and one a university degree). Seven participants obtained a matriculation certificate and two obtained a secondary level of education. The number of children per participant ranged from 2 - 4. Eight of the 12 respondents initiated the separation.

Participants in the replication phase group consisted of 8 participants ranging in age from 40 - 57 years. Four group members had been separated for a period of 1 - 5 years and 4 participants had been separated for a period exceeding 5 years. Four of the group members had a tertiary level of education (3 participants had a teacher's training diploma and one had a

university degree). Three group members had a matric certificate and one participant obtained a secondary level of education. The number of children ranged from 2 - 4 children per respondent. Eight (all) of the group members initiated the separation.

Refer to Table B for a list of the participants' occupations.

TABLE A
PARTICIPANTS' DEMOGRAPHIC DETAILS

	<u>G R O U P S</u>		
	<u>EXPERIMENTAL</u>	<u>CONTROL</u>	<u>REPLICATION PHASE</u>
<u>SEX</u>			
Female	9	12	8
<u>AGE</u>			
30 - 40 years	2	3	-
40 - 50 years	6	7	4
+ 50 years	1	2	4
<u>LENGTH OF TIME SEPARATED</u>			
1 - 5 years	7	8	4
5 - 10 years	2	2	2
10 - 15 years		1	1
15 + years		1	1
<u>EDUCATION</u>			
Tertiary	1	3	4
Matric Certificate	8	7	3
Secondary		2	1
<u>CHILDREN</u>			
1	1	-	-
2	3	7	4
3	4	3	2
4	1	2	2
<u>INITIATED THE SEPARATION</u>			
	5	8	8

TABLE BPARTICIPANTS' OCCUPATIONAL STATUS

<u>OCCUPATION</u>	<u>RESPONDENTS</u>
Secretary	4
New business assistant	1
Receptionist	1
Shop manageress/owner	1
Sales manager	2
Bookkeeper	1
Salaries clerk	1
Business broker	1
Programmer	1
Accountant	1
Teacher	3
Music librarian	1
Landscaper	1
Unemployed/living on interest/maintenance	4

4.4.4 TESTING INSTRUMENTS

Two scales, the Index of Self Esteem (ISE), (Hudson, 1982 : 9) and the Generalised Contentment Scale (GCS), (Hudson, 1982 : 8), (refer appendix B) from the Hudson Clinical Measurement Package (CMP), (Hudson, 1982 : 8,9) were administered at the pre and post test situation.

Each of the CMP scales is a paper and pencil, self-report questionnaire that was designed to measure the degree, severity or magnitude of a distinct and separate problem in personal and social functioning. The ISE was designed to measure the degree, severity or magnitude of a problem the person has with self esteem. The G.C.S. was designed to measure the degree, severity and magnitude of non-psychotic depression.

Both the I.S.E. and the G.C.S. were administered in this study because the I.S.E. and G.C.S. tend to correlate highly with one another and Hudson (1982 : 4) recommends administering the G.C.S. scale to clients who have very large I.S.E. scores in order to evaluate the severity of a probable depressive reaction. The reliability and validity of these scales have been documented in several publications and research tests. (Hudson & Glisson, 1976; Hudson & Proctor, 1977; Fischer, 1978; Grinnell, 1981; Rosenblatt & Waldfogel, 1982; Fischer & Bloom, 1982).

In addition, the scales have been applied in the United States and in more than 15 foreign countries, (Hudson, 1982 : Preface viii).

4.5

LIMITATIONS

- The Hudson scales have not been standardized to the South African population but were used due to:
 - (i) Accessibility
 - (ii) Ease of use and efficiency
 - (iii) The lack of availability of suitable scales that have been standardized to the South African population.

- Client self monitoring scales are not precise instruments and are based on the individual's perceptions thus their reliability and validity remain questionable. Nelson (1981 : 173) comments that:
 - "repeated administration of the same 'self monitoring form may produce data that are biased by practice reactivity, demand and client faking, and distorted reporting may occur".

- The way the treatment is implemented may differ from one person to another if different persons are responsible for implementing the treatment. This lack of standardization, both within and between persons, will inflate error variance and decrease the chance of obtaining true differences.

- Since the complexities of human environments, both external and internal are enormous, the sources of variability in data are very difficult to assess. The time-series design is subject to a major criticism that something else may have happened to the client beside the planned intervention that was responsible for change. This is counteracted by replicating the intervention.

REFERENCES

- Cook. T & Campbell, P. Quasi-Experimental design and analysis issues for field settings. Chicago, Illinois. Rand & McNally, 1979.
- Fischer, J. Effective casework practice: An eclectic approach. New York, McGraw Hill, 1978.
- Fischer, J. & Bloom, M. Evaluating practice: Guidelines for the helping professional. New York, Prentice Hall, 1982.
- Grinnell, R M Jr. Social work research and evaluation. Isasca Ill., F.E. Peacock, 1981.
- Hudson, W.W. The clinical measurement package - a field manual. U S A, The Dorsey Press, 1982.
- Hudson, W.W. & Glisson, P H. Assessment of marital discord in social work practice. Social service review. Vol 50, (2), 1976.
- Hudson, W.W. & Proctor, E.K. Assessment of repressive effect in clinical practice. Journal of consulting and clinical psychology. Vol 6, 1977.
- Jaggar, A.M. Feminist politics and human nature. Sussex, Rowman & Allenheld, 1983.
- Maslow, A. The psychology of science : A renaissance. New York, Harper & Row, 1966.
- Mies, M. Towards a methodology for feminist research. In Bowles G. & Klein R D. Theories of woman's studies. London, Routledge & Paul, 1983.

- Nelson, R.O. Realistic dependent measures for clinical use. Journal of consulting and clinical psychology. Vol. 49, No. 2, 168-182, 1981.
- Rosenblatt, A. & Waldfogel, P. Handbook of clinical social work. San Francisco, Jossey-Bass, 1982.
- Stanley, L. Feminist Praxis. Research theory and epistemology in feminist sociology. London, Routledge, 1990.
- Stanley, L & Wise, S. Method, methodology and epistemology in feminist research process in Stanley L. Feminist praxis. Research, theory and epistemology in Feminist Sociology. London, Routledge, 1990.

5. RESULTS

5.1

INTRODUCTION

In this study the researcher adopted and applied a research method utilising two experimental designs, i.e. a 'Between Group' design and a 'Single Case' design. In terms of this, the method of data evaluation which follows includes a graphical and statistical analysis of data, in addition to a visual inspection of data. The statistical and graphical analysis was applied to the two test instruments used in this study, namely, the Index of the Self Esteem (Hudson, 1982 : 9) and the Generalized Contentment Scale (Hudson, 1982 : 8). Harper (1965 : 1) comments that:

"statistics is a scientific approach to information presenting itself in numerical form that enables us to maximise our understanding of the reality behind that information".

The visual inspection of data was applied to individual subject's response on the self measurement and self monitoring exercises. Barlow & Hersen (1984 : 285) comment that:

"Data evaluation consists of methods that are used to draw conclusions about behaviour change. In applied research experimental and therapeutic criteria may be invoked to evaluate data". They state that "the experimental criteria refers to the way in which data are evaluated to determine if any intervention has had a reliable or veridical effect on behaviour. The experimental criterion is based on a comparison of behaviour under different conditions, usually during intervention and non-intervention phases. To the extent that performance reliably varies under these separate conditions, the experimental criterion has been met. The therapeutic

criterion refers to whether the effects of the intervention are important. This criterion entails a comparison between behaviour change that has been accomplished and the level of change required for the client's adequate functioning in society. To achieve the therapeutic criterion, the intervention needs to make an important change in the client's every day functioning."

This study's data has been subjected to 'visual inspection' to ascertain the 'therapeutic criterion' as well as 'statistical evaluation' to ascertain the 'experimental criterion' in an attempt to obtain a broader view of the research findings. An attempt has been made to look at the individual performance of subjects as well as statistical data, as both approaches have advantages and limitations, and a combination of the two may provide richer research findings.

Statistical analysis of data is useful because judgement plays less of a role in applying a statistical analysis to the data. This data has been statistically treated for significance to determine whether changes in the test scores could have happened by chance alone or whether changes in the data were due to the effectiveness of the intervention programme. When a behaviour cognition is altered, as evidenced by objective data as a result of the treatment condition, (i.e. the intervention programme) then the change observed may be said to be statistically significant.

The visual inspection of the data may counteract some of the limitations of the 'between group' data evaluation as discussed by Barlow & Hersen (1984 : 291). They argue that:

"within-group variability is often a basis for evaluating the effect of interventions in group research, yet within-group variability is not part of the behaviour

processes of individual subjects and perhaps should not be included in the evaluation of performance. Related group research often obscures the performance of the individual subject. Statistical analyses usually reflect the performance of the group as a whole with data characteristics that do not bear on the performance of any single subject. It remains unclear how the intervention affects individuals and the extent to which group performance represents individual subjects".

Barlow & Hersen (1984 : 35) further comment that:

"as Chassan (1960, 1979) pointed out, statistical significance can underestimate clinical effectiveness as well as overestimate it. This unfortunate circumstance occurs when a treatment is quite effective with a few members of the experimental group while the remaining members do not improve or deteriorate somewhat. Statistically, then, the experimental group does not differ from the control group, whose members are relatively unchanged. When broad divergence such as this occurs among clients in response to an intervention, statistical treatments will average out the clinical effects along with the changes due to unwanted sources of variability".

In addition, Barlow & Hersen (1984 : 321) state that:

"the appropriateness of utilising statistical criteria for the evaluation of applied behavioural interventions remains a major source of controversy.....when research attempts to develop a technology of behaviour change and to achieve clinically important effects, statistical analyses will definitely be of limited value".

The results of the study in terms of a graphic presentation and a statistical analysis of the data is presented in the following section.

5.2

GRAPHIC PRESENTATION

The scores obtained for the Index of Self Esteem (Hudson, 1982 : 9) and the Generalized Contentment Scale (Hudson, 1982 : 8) at the pre-test and post-test situation are presented graphically in the following section. The period between the pre- and post-test situation was approximately 12 weeks.

GRAPH 1 depicts the scores obtained by the entire sample on the Index of Self Esteem at the pre-test situation. A high score on the ISE indicates that the subject has a self-esteem problem; a low sense of self esteem. Hudson (1982 : 22) states that:

"if a person scores above 30 on any of the CMP (Clinical Measurement Package) scales it is almost always found that the person has a clinically significant problem in the area being measured while persons who score below 30 are generally found to be free of such problems".

Thus Graph 1 reveals that thirteen out of the twenty-four subjects in the sample group had a significant problem with self esteem (more than half the sample).

GRAPH 2 depicts the scores obtained by the entire sample on the Generalized Contentment Scale at the pre-test situation. Eight out of the twenty-four subjects scored above 30 indicating that they had a significant problem with depression. Hudson (1982 : 3) states that:

"clinical experience to date indicates that therapists should be concerned about the possibility of suicide or a suicidal attempt for clients who score above 70 on the GCS. Suicidal ideation is often found among clients whose GCS scores exceed 50".

Two subjects in the sample scored above 70.

GRAPH 3 displays the scores obtained by the experimental group at the pre-test and post-test situation on the Index of Self Esteem. The first bar graph indicates the score obtained at the pre-test situation, prior to treatment and the second bar graph indicates the score obtained at the post test situation, i.e. after treatment. All subjects except Subject 2 showed an improvement in self esteem. The results scored by Subject 2 were adversely affected due to the subject completing the ISE after a very traumatic and hurtful experience.

GRAPH 4 displays the scores obtained by the experimental group at the pre-test and post-test situation on the Generalized Contentment Scale. Six of the 9 subjects showed an improvement on the Generalized Contentment Scale. One subject showed no change and two subjects showed a deterioration i.e. they became more depressed.

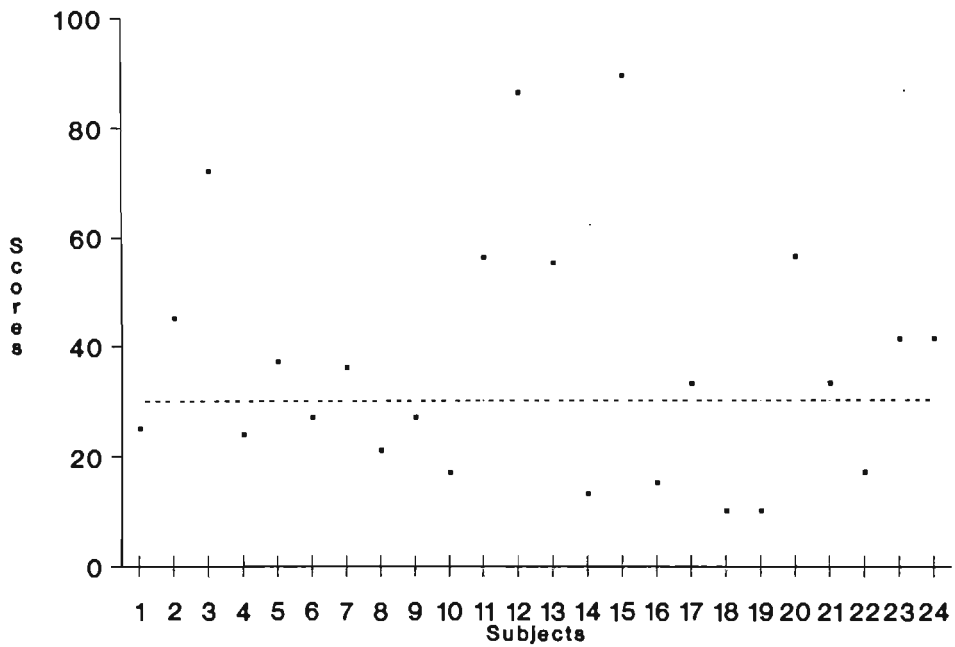
GRAPH 5 displays the scores obtained by the control group at the pre-test and post-test situation on the Index of Self Esteem. Ten of the twelve subjects showed an improvement and two subjects showed a deterioration in self esteem.

GRAPH 6 displays the scores obtained by the control group at the pre-test and post-test situation on the Generalized Contentment Scale. Nine out of the twelve subjects showed an improvement on the Generalized Contentment Scale, two showed a deterioration and one subject reflected no change.

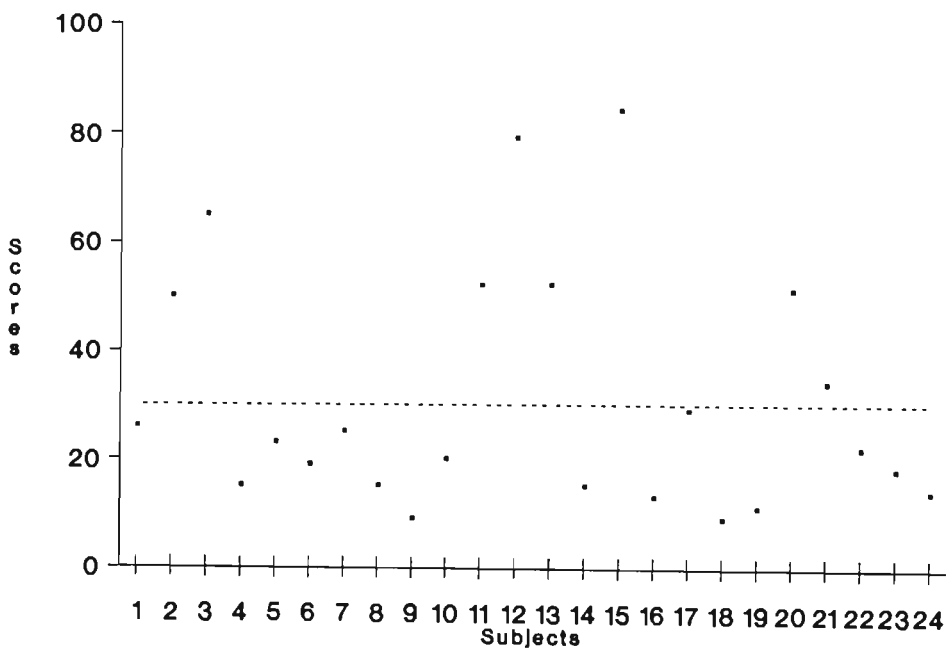
GRAPH 7 displays the scores obtained by the experimental group during the replication phase on the Index of Self Esteem. Three subjects showed an improvement, two subjects deteriorated and two subjects showed no change. Subjects 12, 14, 22, 23, 24 did not complete the full programme. Subject 22 failed to complete the post-test Index of Self Esteem.

GRAPH 8 displays the scores obtained by the experimental group during the replication phase on the Generalized Contentment Scale. Three subjects out of seven subjects showed an improvement on the Generalized Contentment Scale and four subjects showed a deterioration.

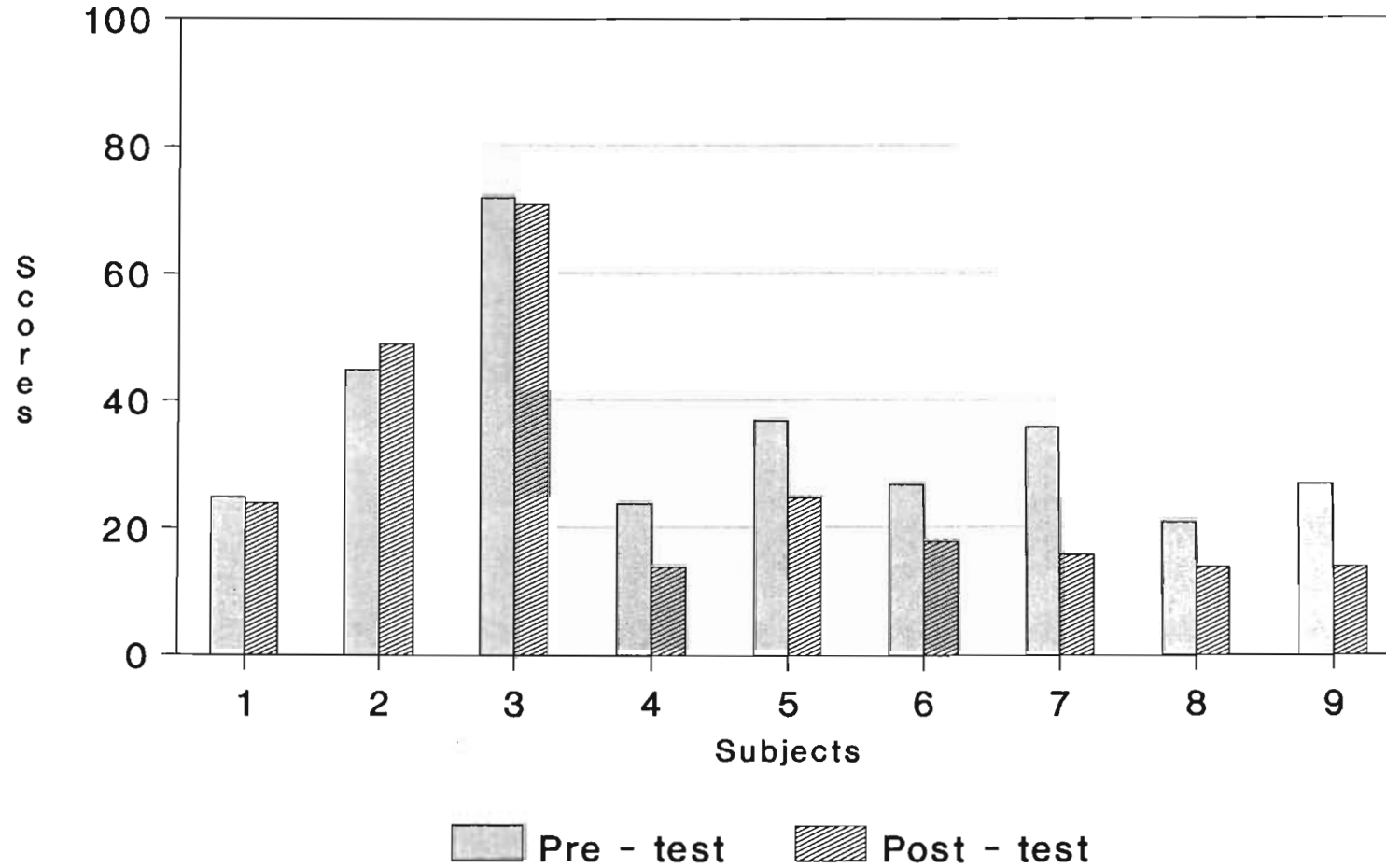
GRAPH 1
PRE - TEST I.S.E. SCORES



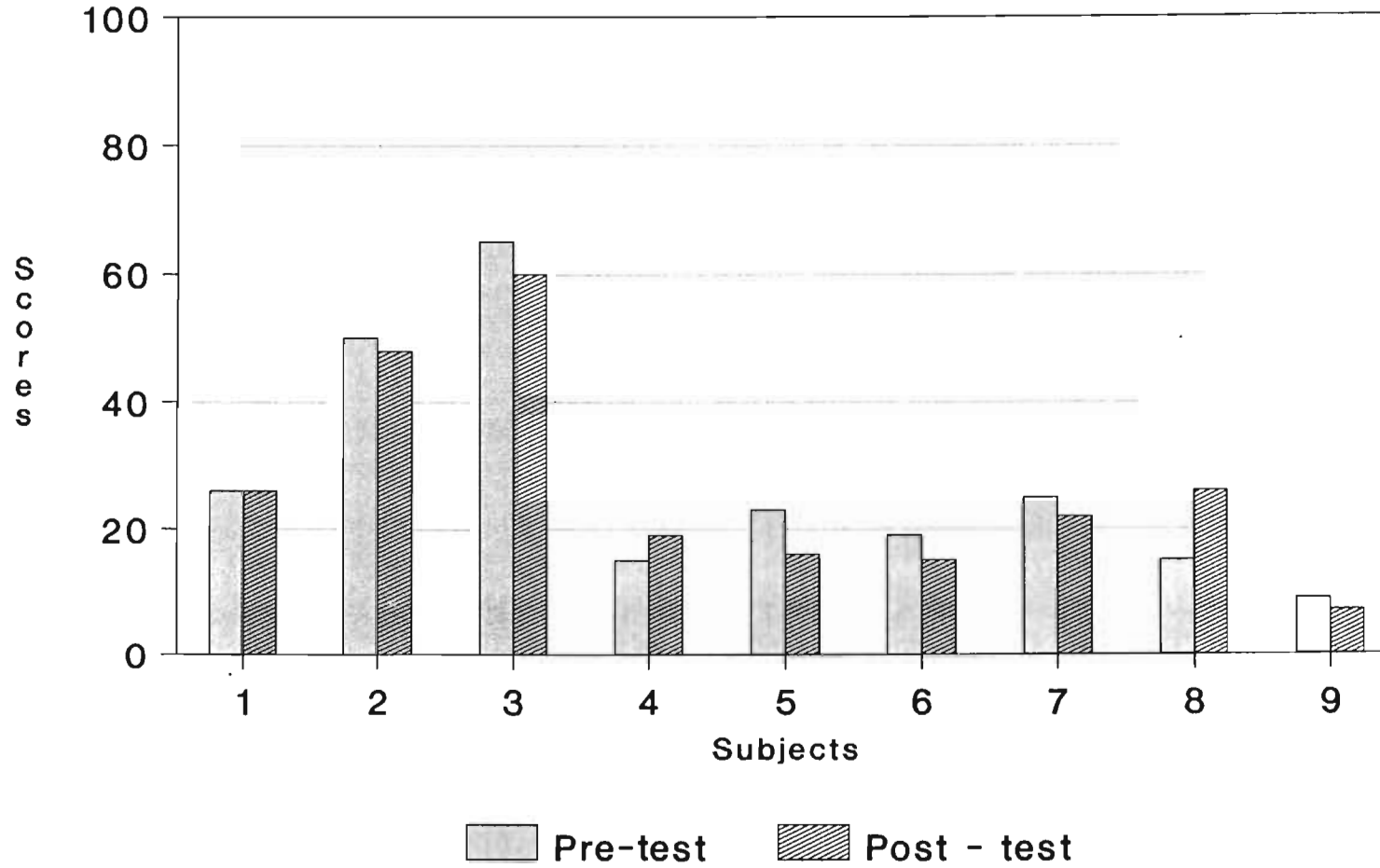
GRAPH 2
PRE - TEST G.C.S. SCORES



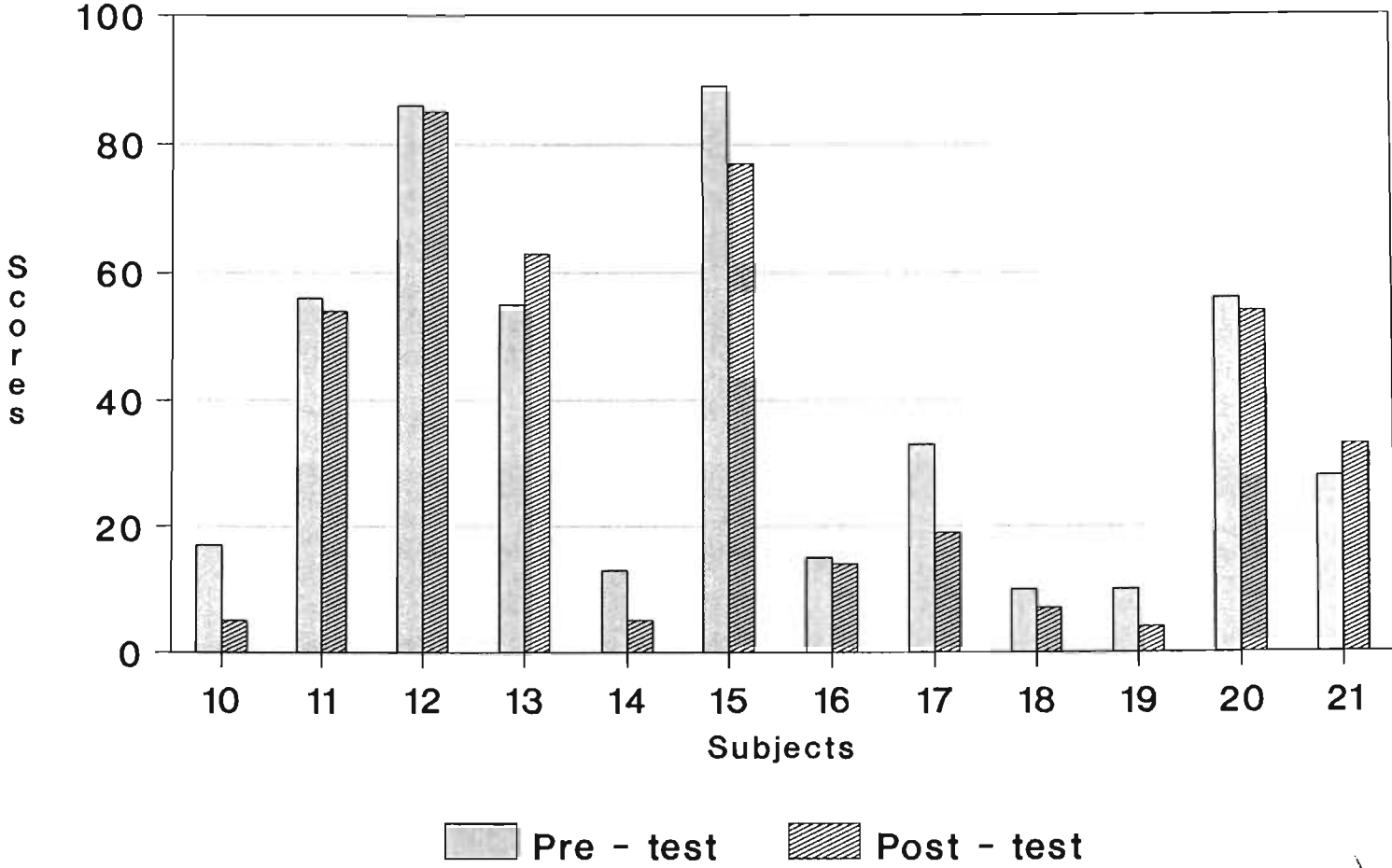
GRAPH 3
EXPERIMENTAL GROUP - I.S.E. SCORES



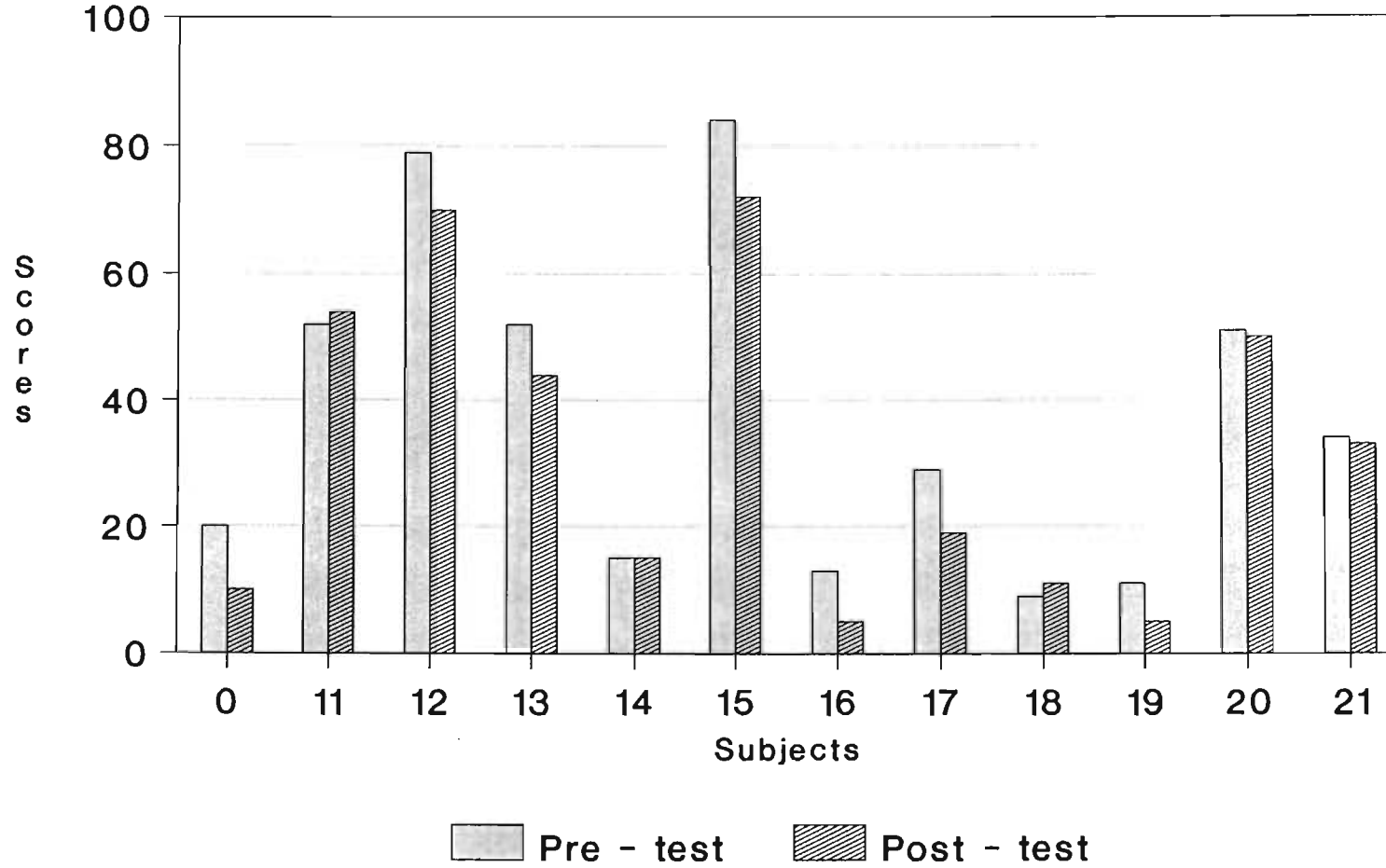
GRAPH 4
EXPERIMENTAL GROUP - G.C.S. SCORES



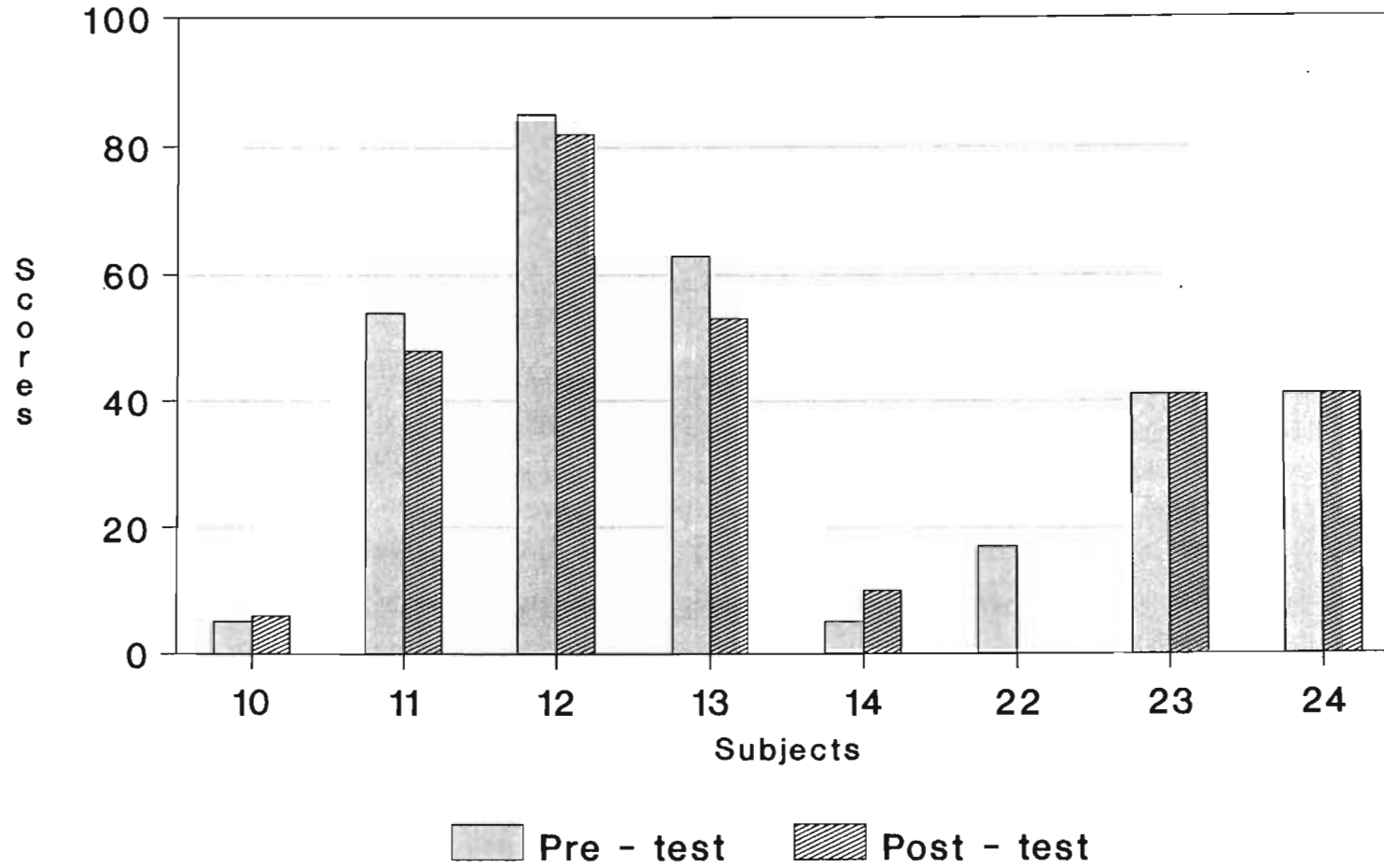
GRAPH 5
CONTROL GROUP - I.S.E. SCORES



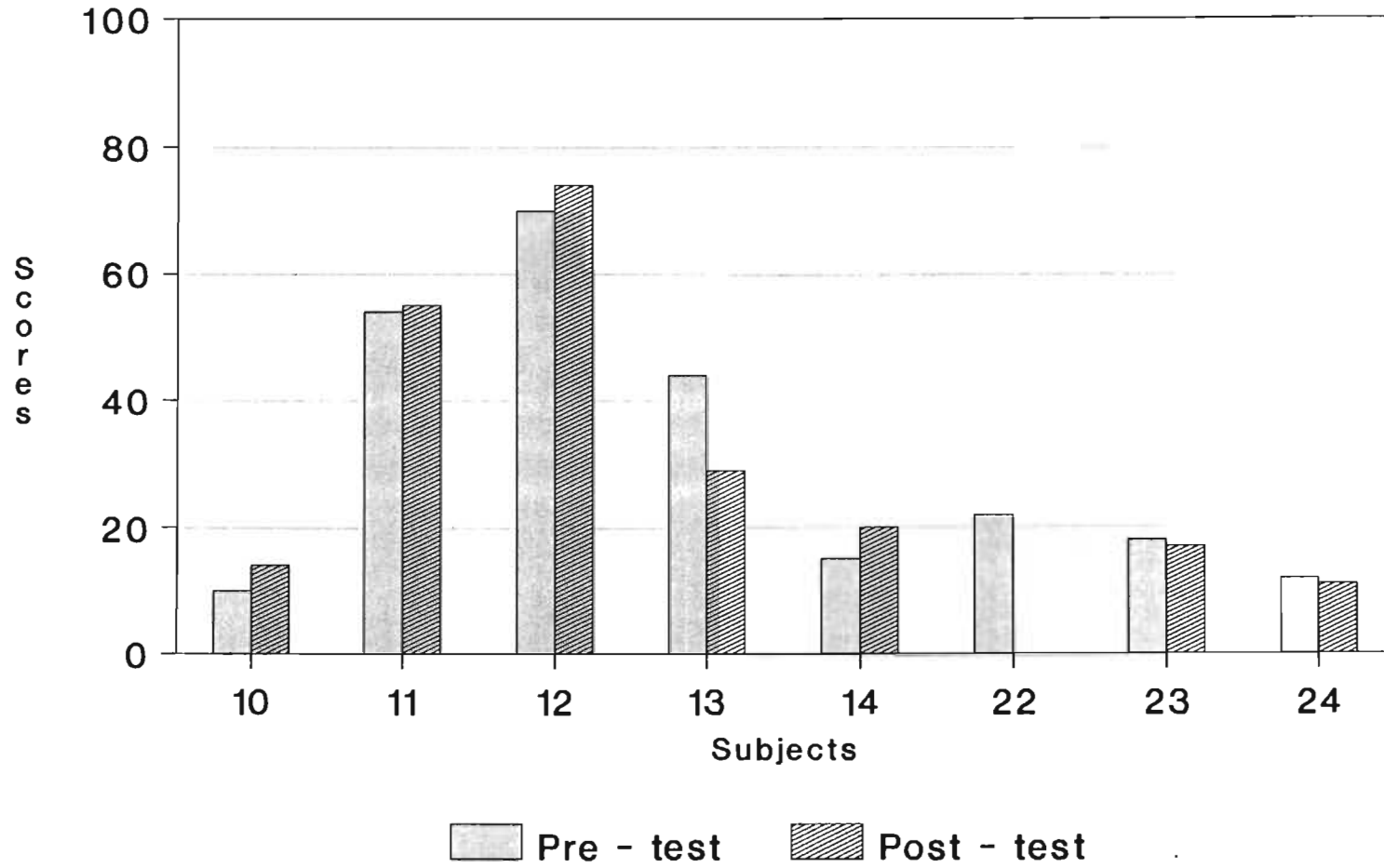
GRAPH 6
CONTROL GROUP - G.C.S. SCORES



GRAPH 7
REPLICATION PHASE - I.S.E. SCORES



GRAPH 8
REPLICATION PHASE - G.C.S. SCORES



5.3 STATISTICAL ANALYSIS OF DATA

The changes in scores obtained for the Index of Self Esteem scale and the Generalized Contentment Scale, at the pre-test and post-test situation, have been analyzed statistically to determine significance and the results are presented in the following tables. In analyzing the results the researcher has used a one sample analysis (i.e. comparing the individual changes of score from the pre-test to the post-test situation in one sample) and a two sample analysis (i.e. comparing the changes in scores between the experimental and control group). A parametric test was applied to the scores and in using this criterion the researcher has assumed that the two populations that are being sampled have roughly the shape of normal distributions with equal variances. Throughout all the tests the :

Null Hypothesis - H_0 = the treatment made no difference and the

Alternative Hypothesis - H_a = the treatment made a difference

The following statistical symbols have been used in the following tables :-

D	=	Difference (i.e. score before - score after).
\bar{D}	=	Average Difference
S.D.	=	Standard Deviation
t	=	Computed t statistic
d.f.	=	Degrees of freedom (i.e. sample size, $n = 1$)

TABLE 1
 THE POSITIVE/NEGATIVE CHANGES IN SCORES FROM THE
PRE-TEST TO POST-TEST SITUATION
EXPERIMENTAL GROUP : INDEX OF SELF ESTEEM

<u>SUBJECT</u>	<u>IMPROVEMENT</u>	<u>NO CHANGE</u>	<u>DETERIORATION</u>
1	+ 1	-	-
2	-	-	- 4
3	+ 1	-	-
4	+10	-	-
5	+12	-	-
6	+ 9	-	-
7	+20	-	-
8	+ 7	-	-
9	+13	-	-

n = 9 EXPERIMENTAL GROUP

TABLE 1.1
 ONE SAMPLE ANALYSIS RESULTS - OVERALL EVALUATION
EXPERIMENTAL GROUP - INDEX OF SELF ESTEEM

\bar{D}	=	7.66	
S.D. (\bar{D})	=	7.348	
t	=	3.1299	d.f. = 8

Table 1 depicts the degree of improvement, no change or deterioration for specific subjects, in the experimental group on the Index of Self esteem. A t test for the difference between two means for repeated measures was calculated and at 5% (0,05) level of significance the H_0 is rejected, i.e. the treatment did make a significant difference. As Table 1 indicates subject 7 showed the highest degree of improvement with an improvement of 20%.

TABLE 2
 THE POSITIVE/NEGATIVE CHANGES IN SCORES FROM THE
PRE-TEST TO POST-TEST SITUATION
CONTROL GROUP : INDEX OF SELF ESTEEM

<u>SUBJECT</u>	<u>IMPROVEMENT</u>	<u>NO CHANGE</u>	<u>DETERIORATION</u>

10	+ 12	-	-
11	+ 2	-	-
12	+ 1	-	-
13	-	-	- 8
14	+ 8	-	-
15	+ 12	-	-
16	+ 1	-	-
17	+ 14	-	-
18	+ 3	-	-
19	+ 6	-	-
20	+ 2	-	-
21	-	-	- 5

n = 12	CONTROL GROUP		

TABLE 2.1
 ONE SAMPLE ANALYSIS RESULTS - OVERALL EVALUATION
CONTROL GROUP - INDEX OF SELF ESTEEM

\bar{D}	=	4.0	
S.D. (\bar{D})	=	6.742	
t	=	2.0552	d.f. = 11

Table 2 depicts the degree of improvement, no change or deterioration for specific subjects in the control group on the Index of Self Esteem. A t test was applied to these figures and at 5% (0,05) level of significance we may not reject the H_0 , i.e. not receiving treatment did not make a significant difference.

TABLE 3OVERALL EVALUATIONCOMPARISON OF SCORES FOR THE EXPERIMENTAL AND CONTROL GROUPINDEX OF SELF ESTEEM

A two sample analysis was calculated on the results of Tables 1 & 2 (i.e. the difference between the experimental and the control groups).

The results were :-

<u>EXPERIMENTAL GROUP</u>	<u>CONTROL GROUP</u>
<u>I S E</u>	<u>I S E</u>
$\bar{D} = 7.66$ S.D. (\bar{D}) = 7.348	$\bar{D} = 4.0$ S.D. (\bar{D}) = 6.742

Difference (Control & Experimental Group) = 3.6

S.D. = 7

t = 1.18

A t test was applied to the above figures and at 5% (0,05) level of significance we may not reject the Ho., i.e. there was not a significant difference between the experimental and the control group.

TABLE 4

THE POSITIVE/NEGATIVE CHANGES IN SCORES FROM THE
PRE-TEST TO POST-TEST SITUATION

EXPERIMENTAL GROUP : 'GENERALIZED CONTENTMENT SCALE'

<u>SUBJECT</u>	<u>IMPROVEMENT</u>	<u>NO CHANGE</u>	<u>DETERIORATION</u>
1	-	1	-
2	+ 2	-	-
3	+ 5	-	-
4	-	-	- 4
5	+ 7	-	-
6	+ 4	-	-
7	+ 3	-	-
8	-	-	- 11
9	+ 2	-	-

n = 9 EXPERIMENTAL GROUP

TABLE 4.1

ONE SAMPLE ANALYSIS RESULTS - OVERALL EVALUATION
EXPERIMENTAL GROUP - GENERALIZED CONTENTMENT SCALE

\bar{D}	=	0.88	
S.D. (\bar{D})	=	5.441	
t	=	4.900	d.f. = 8

Table 4 notes the degree of improvement, no change, or deterioration for the experimental group on the Generalized Contentment Scale. A t test was applied to these figures and at 5% (0,05) level of significance we may not reject the H_0 , i.e. the treatment did not make a significant difference.

TABLE 5
 THE POSITIVE AND NEGATIVE CHANGES IN SCORES FROM THE
PRE-TEST TO POST-TEST SITUATION
CONTROL GROUP : 'GENERALIZED CONTENTMENT SCALE'

<u>SUBJECT</u>	<u>IMPROVEMENT</u>	<u>NO CHANGE</u>	<u>DETERIORATION</u>

10	+10	-	-
11	-	-	- 2
12	+ 9	-	-
13	+ 8	-	-
14	-	1	-
15	+12	-	-
16	+ 8	-	-
17	+10	-	-
18	-	-	- 2
19	+ 6	-	-
20	+ 1	-	-
21	+ 1	-	-

n = 12 CONTROL GROUP

TABLE 5.1
ONE SAMPLE ANALYSIS RESULTS - OVERALL EVALUATION
CONTROL GROUP - GENERALIZED CONTENTMENT SCALE

$$\begin{aligned} \bar{D} &= 5.08 \\ \text{S.D. } (\bar{D}) &= 5.124 \\ t &= 3.4359 \quad \text{d.f.} = 11 \end{aligned}$$

Table 5 depicts the degree of improvement, no change, or deterioration for specific subjects in the control group on the Generalized Contentment Scale and at 5% (0,05) level of significance we may reject the H_0 , i.e. not receiving treatment did make a significant difference. There was a real improvement.

TABLE 6

OVERALL EVALUATION
COMPARISON OF SCORES FOR THE EXPERIMENTAL AND CONTROL GROUP
GENERALIZED CONTENTMENT SCALE

A two sample analysis was calculated on the results of Tables 3 & 4 (i.e. the difference between the experimental and the control groups).

The results were :-

<u>EXPERIMENTAL GROUP</u>	<u>CONTROL GROUP</u>
<u>G C S</u>	<u>G C S</u>
\bar{D} = 5.08 S.D. = 5.124	\bar{D} = 0.88 S.D. = 5.441

$$\begin{aligned} \text{Difference (Control \& Experimental Group)} &= 4.20 \\ \text{S.D.} &= 5 \\ t &= 1.80 \end{aligned}$$

A t test was applied to the above figures and at 5% (0,05) level of significance we may not reject the H_0 , i.e. there was not a significant difference between the experimental and the control group.

TABLE 7

THE POSITIVE AND NEGATIVE CHANGES IN SCORES FROM THE
PRE-TEST TO POST-TEST SITUATION

EXPERIMENTAL GROUP : INDEX OF SELF ESTEEM
REPLICATION PHASE

<u>SUBJECT</u>	<u>IMPROVEMENT</u>	<u>NO CHANGE</u>	<u>DETERIORATION</u>
10	-	-	- 1
11	+ 6	-	-
12	+ 3	-	-
13	+10	-	-
14	-	-	- 5
23	-	1	-
24	-	1	-

n = 7 EXPERIMENTAL GROUP - REPLICATION PHASE

TABLE 7.1

ONE SAMPLE ANALYSIS RESULTS - OVERALL EVALUATION

EXPERIMENTAL GROUP - INDEX OF SELF EXTEEM

REPLICATION PHASE

$$\begin{aligned} \bar{D} &= 1.85 \\ \text{S.D. } (\bar{D}) &= 4.947 \\ t &= 0.9931 \quad \text{d.f.} = 6 \end{aligned}$$

Table 7 depicts the degree of improvement, no change, or deterioration for specific subjects in the experimental group in the replication phase on the Index of Self Esteem and at 5% (0,05) level of significance the H_0 may not be rejected, i.e. the treatment did not make a significant difference.

TABLE 8

THE POSITIVE AND NEGATIVE CHANGES IN SCORES FROM THE
PRE-TEST TO POST-TEST SITUATION

EXPERIMENTAL GROUP : GENERALIZED CONTENTMENT SCALE
REPLICATION PHASE

<u>SUBJECT</u>	<u>IMPROVEMENT</u>	<u>NO CHANGE</u>	<u>DETERIORATION</u>
10	-	-	- 4
11	-	-	- 1
12	-	-	- 4
13	+15	-	-
14	-	-	- 5
23	+ 1	1	-
24	+ 1	1	-

n = 7 EXPERIMENTAL GROUP - REPLICATION PHASE

TABLE 8.1

ONE SAMPLE ANALYSIS RESULTS - OVERALL EVALUATION

EXPERIMENTAL GROUP - GENERAL CONTENTMENT SCALE

REPLICATION PHASE

\bar{D}	=	0.428	
S.D. (\bar{D})	=	6.876	
t	=	0.1648	d.f. = 6

Table 8 depicts the degree of improvement, no change, or deterioration for specific subjects in the experimental group during the replication phase on the Generalized Contentment Scale and at 5% (0,05) level of significance the H_0 may not be rejected, i.e. the treatment did not make a significant difference. The overall difference in scores for subjects 10-14 when they served as a control group and when they served as the 'replication phase' group for both the Index of Self Esteem and the Generalized Contentment Scale were not significant.

5.4 VISUAL INSPECTION OF DATA

5.4.1 THE GROUP FACILITATOR

The researcher functioned as the group facilitator for the initial experimental group and the 'replication phase' experimental group. While conducting the group sessions the researcher's role oscillated between assuming an educational role, i.e. in terms of providing information and guidelines with regard to the teaching and completion of exercises in the programme and a therapeutic/clinical role, i.e. in terms of facilitating the group process by providing supportive, 'insight' counselling.

The researcher attempted to create a warm, supportive non-threatening environment during group sessions and assumed the following functions as the group facilitator. The researcher:-

- encouraged group members to disclose themselves and to accept an 'honest' and confrontative mode of communication;
- tried to liberate and mobilize the members own ability to help themselves through participation in the group process and completion of all of the self measurement forms;
- drew group members attention to their own individual resources and continually affirmed individual members;
- encouraged the articulation of repressed conflicts and feelings and effective problem solving techniques;
- attempted to continually use and reflect the group process to facilitate self awareness.

5.4.2 GROUP PROCESS - EXPERIMENTAL GROUP

All members of the group identified with the group purpose and there was a shared investment in the group aims. The group bond and group cohesion was good. Group members felt safe with one another - inter-member involvement within the group was good. In addition, group members formed supportive relationships with one another and maintained regular informal contacts with each other outside the group sessions.

The attractiveness of the group and the strong group bond was evidenced by :-

- the reluctance of group members to miss a meeting, and
- the reluctance of group members to leave the venue after the formal group sessions had ended. Many group members regularly remained until 12:30 p.m. in the evening and in the researcher's opinion, this informal supportive sharing contributed a great deal to the success of the programme.

Communication and interaction within the group was good. The communication that occurred was both focused interaction and spontaneous interaction. In the focused interaction, communication was structured around the intervention programme's content and members communicated with each other in relation to a common purpose, a specific topic or a particular exercise. Spontaneous communication occurred as there was a feeling of intimacy and trust which freed the members to discuss their personal problems and aspirations. A great deal of self disclosure occurred within the group and many of the group sessions were emotionally charged with individual members breaking into tears.

Group members displayed marked cognitive and behavioural changes (these are further discussed in the 'results' section).

Termination of the group sessions was difficult for individual members and drawn out by group members. At the completion of the programme's formal group sessions, group members voluntarily agreed to continue meeting in each other's homes and this informal group was still meeting when the researcher completed the group sessions for the 'replication phase', experimental group (i.e. 14 weeks later).

Group members were requested to evaluate the programme and the group process in a written form (no guidance was provided by the researcher in terms of the responses required and responses were thus free and unstructured). All participants commented that they had found the programme and group sessions beneficial. A selection of excerpts of individual responses follows :-

"The manual is very good and the discussion points are equally stimulating. I've felt stimulated throughout the discussions and have enjoyed the sessions".

"I have experienced growth in my own life. I have learnt to change my thought patterns from negative thinking to positive thinking. The notes are excellent".

"I have loved the 'course' and definitely feel I have grown from it".

"To my mind the group is running well - ladies are surprisingly open and ready to share. Friendships seem to be forming and I sense a definite bonding between members. The material is very comprehensive and deep which I feel is good. Homework, self assessment is sometimes very difficult".

5.4.3 GROUP PROCESS - REPLICATION PHASE

The group process which occurred in this group was in sharp contrast to the initial experimental group's, group process. In the researcher's opinion, this was largely due to a disruptive, aggressive group member who generated inter-group conflict and a sense of inadequacy in other group members. This group member left the programme in the middle of the programme but successfully demotivated other group members who were unable to regain their enthusiasm for the group. In contrast to the initial experimental group, this group's identification with the group's aims and purpose was poor. Group members displayed lack of involvement in the group process right from the start of the group and individual group members tended to maintain their distance from each other. The poor group bond was demonstrated by group members:-

- staying away from group sessions, and
- by group members leaving immediately after tea was served.

Communication and interaction was poor - group members tended to be resistant and withdrawn and members colluded actively against change and were not compliant with instructions related to the programme. Non verbal 'resistant' behaviour was displayed by members during the group sessions, e.g. shrugging, sleeping, closing eyes, grimacing. Group members gradually stopped attending group sessions and in the middle of the programme, the researcher had to 'recontract' with group members in order to decide whether to continue with the group sessions.

Four group members expressed the desire to continue with the group sessions and further group sessions were conducted with these members. A group bond developed between these four group members although they were not very supportive of each other.

The withdrawal of group members from the group was very disintegrative for remaining group members and their subsequent motivation and commitment to the programme was poor.

At the stage when the researcher 'recontracted' the group purpose and aim, group members were requested to evaluate the programme and the group process in a written form. (No guidance by the researcher was supplied with regard to the responses required). An excerpt of individual members' reasons for the poor motivation and commitment to the programme follows:-

"If one were more committed I should imagine the course would be very beneficial, but most of the ladies, including myself, do not appear to be fully committed or perhaps need more one-to-one counselling. Everyone is at a different level and it's difficult to generalize - maybe our individual needs cannot be met in a group situation".

"I feel I would benefit more if I did the homework and read the notes diligently, but I often don't do this. I am also a very private person and do not enjoy revealing my personal problems in a group such as this, although I know it is sometimes good to share with others. At the moment I am under tremendous stress and possibly should have done this course at a later stage. I think I would prefer to sort out all my problems on an individual basis, rather than in a group".

"My absence was mainly due to home pressure".

"I feel that most of the ladies don't appear to have gained from the course and I think that it is because of an unwillingness to change on their part and because they actually want to wallow and stay as they are".

"I think I was feeling so very low at the beginning of the year - felt almost that things were just getting beyond me and I was becoming quite out of control and because of this I sought counselling from my Church and then rushed into doing too many things all at once, in an endeavour to keep my head above water - before becoming completely submerged in the hopeless state of breakdowns and depression. I think that at the stage of starting on this course I was beginning to feel a bit more at peace, and starting again to feel hope, then unfortunately I was made - through the course - to become very aware all the time of my feelings - feeling hopeless, filled with fear and insecurity, the memories of rejection - and a dragging up again of hurt feelings and bad decisions and mistakes made over a lifetime. Most of which I thought, or had begun to feel I had now under control. I think I made the mistake of trying too many things all at once - and now I'm trying to back out of everything, and hoping to level out and sort out the things to do, and involve myself in which are beneficial and reasonably enjoyable".

5.4.4 SELF MEASUREMENT DATA - FINDINGS

Two of the self monitoring forms - the DAILY STRESS LEVEL SCALE and THE RECORD OF DYSFUNCTIONAL THOUGHTS were abandoned after three weeks of individual reporting, in both the initial experimental group and the replication phase, experimental group. The researcher found that in both groups these forms generated a high level of anxiety in the subjects and the subjects themselves became resistant to completing the forms. Group members were very compliant in filling in the 'non repetitive' forms and it appears that the subjects did not like the repetitive nature of the DAILY STRESS LEVEL SCALE and THE RECORD OF DYSFUNCTIONAL THOUGHTS.

Respondents were requested to comment upon these forms and there was general agreement that they provided 'too much emotional pressure' and required too much time. Some of the group members comments with regard to these forms are detailed below:-

"I felt like every week I was coming and opening the lid of a coffin and each week the contents were worse".

"This is me, my life and its all on paper".

"I feel I can only cope now with the day to day running of my life but any problem whether it be slight or great, becomes a great mountainous obstacle in my life and I find it hard to cope with".

The self measurement exercises provided a wealth of information about the individual subjects' personality and their 'life issues, and transitions'. Much of this information was beyond the scope of this thesis and the researcher has extrapolated a few of the subject's responses that relate to this study, in terms of previous research findings. In the light of the discussion of personality traits in the literature review the researcher isolated traits and issues in the subjects' lives that were identified on the ASSESSMENT OF STRENGTHS AND ASSESSMENT OF WEAKNESS forms. The traits identified in both experimental groups included:-

5.4.4.1 TRAITS IDENTIFIED AS STRENGTHS

Independent

Kind (2 subjects)

Reliable (almost 33 1/3% of the sample identified reliable, ie. 6 out of 17)

Faithful

Humble

Dependable (2 subjects)

Honest (3 subjects)

Sincere

Easy going, helpful nature

Devoted daughter/caring dedicated mother (3 subjects)

Overcome shyness

Am available

Patience

Organise well (2 subjects)

Sense of humour

Caring

A sharing person

Am fair/fairness

5.4.4.2 TRAITS IDENTIFIED AS WEAKNESSES

Loneliness (almost 50% of the sample, i.e. 8 subjects)

Poor finances

Lack of a social life

Insecure

Lazy

Not achieving anything with my life

Trust too easily

I am weak/failure (3 subjects)

Lack of self esteem

Unassertive

Overeating
Procrastination (4 subjects)
Lack discipline
Anxiety
Lack Perseverance
Lack interest and motivation
Am demanding
Dependency on tablets

Many of the responses on the self measurement, exercise forms indicated a lack of self esteem and self worth. In addition, these feelings of inadequacy were reflected in the group discussion, for example, when respondents were asked to bring an object that reflected or said something about themselves one respondent brought a small ornament - 'a broken mouse'. Some of the responses indicating a lack of self esteem are printed below:-

"The most frequent negative thought in my life is I will commit suicide".

"The most frequent negative feelings in my life are I am a failure".

"A problem that keeps coming back is I often feel useless".

"I seem to be the only one alone. I seem to be the only one scared to work".

"Everyone else seems much more confident than me".

"I forgive myself for being so stupid most of the time (past time)."

"I am in a hurry to get on with my life. I feel as if there is something incomplete. There are too many loose ends - I am trying to do too many things".

5.4.4.3 "GOAL SETTING/PROBLEM SOLVING GUIDELINE FORM" RESULTS

In addition to the statistical analysis of data, attention was directed at observation and analysis of observable participant change in relation to the intervention and other extraneous influence. The goal attainment form and participants' discussion in the group sessions revealed marked behavioural change. Ten of the 17 experimental group subjects completed the goal attainment form and achieved the individual goals that they had set for themselves.

The goals that were set included:

- starting a career - obtaining a part time permanent job
- starting a study course
- starting work as a receptionist and coping with the work
- performing urgent tasks 'in and around the house' and especially in the garden
- to become financially independent
- to restore a broken relationship
- to create a happy, warm, stable environment for my children
- to practise time management
- to lose weight
- to become computer literate.

In addition to achieving their goals, several group members, during group discussions showed extreme delight in accomplishing small victories. One group member recounted how good she felt after her divorce when she managed to cope with the administration involved in handling her own accounts (she had not dealt with any financial matters during her marriage).

Another group member related how she successfully went out, at night, on her own.

During the programme, major life changes occurred in the lives of the individual subjects, in the experimental group and in the researcher's opinion, these occurred as a result of the programmes stress on self actualization and self responsibility. These changes included :-

- three subjects moved home
- one subject started work for the first time since her marriage
- one subject sold her business
- one subject started dating her ex-husband after being divorced for three years
- several subjects revealed serious psychological problems for the first time and started working on these problems. For example, one subject revealed that she had been 'secretly' suffering from bulimia for twelve years - her family and ex-husband were unaware of the problem.
- one subject got married after being on her own for ten years.

REFERENCES

- Barlow, D.H. & Hersen, M. Single case experimental designs. Strategies for studying behaviour change. U S A, Pergamon Press, 1984.
- Chassan, J.B. Statistical inference and the single case in clinical design. Psychiatry. Vol. 23, 173 - 184, 1960.
- Chassan, J.B. Research design in clinical psychology and psychiatry. (2nd Ed.), New York, Irvington, 1979.
- Harper, W.M. Statistics. London, Pitman Publishing Company, 1965.
- Hudson, W.W. The clinical measurement package - A field manual. USA, The Dorset Press, 1982.

6. DISCUSSION OF RESULTS

GRAPH 1 reveals the initial pre-test score obtained by each respondent in the entire sample for the Index of Self Esteem. Thirteen out of twenty-four subjects scored above 30, indicating that 54% of the sample had a severe problem with poor self esteem.

GRAPH 2 depicts the scores obtained by the entire sample on the Generalized Contentment Scale at the pre-test situation. Eight of the twenty-four subjects scored above 30 indicating that they had a significant problem with depression. Two subjects scored above 70 indicating a possible suicidal reaction.

GRAPH 3 displays the scores obtained by the experimental group at the pre-test and post-test situation on the Index of Self Esteem. All the subjects except one showed an improvement in self esteem. A t test was conducted on the individual scores (TABLE 1.1) and the improvement in the self esteem scores was found to be statistically significant i.e. treatment - the intervention programme - did make a significant difference. One subject increased her self esteem by as much as 20%.

In the experimental group, the researcher noted significant changes in the women's perception of themselves in:-

- the group discussions
- significant changes in scores on the Index of Self Esteem and
- the self measurement data.

The group members began to see themselves and others in a very different light and this change in attitude and perception seemed to be accompanied by significant changes in behaviour.

Coping skills programmes differ widely in a number of variables (type of population, selection criteria, length of training programme, length of follow up, dependent variable employed and so on), which makes assessment of the comparability of results across studies a difficult task. Taking into account this limitation, the results of the experimental group of this study

compared favourable to the results confirmed by Granvold & Welch, (1977 & 1979) and van Horen, (1989 :166) that therapeutics such as cognitive restructuring, group discussions and homework assignments are successful procedures for facilitating the post divorce adjustment process and in the case of this study, for facilitating increased self esteem and coping behaviour.

GRAPH 4 displays the scores obtained by the experimental group at the pre-test and post-test situation on the Generalized Contentment Scale. Six subjects showed an improvement. This improvement was statistically found to be not significant (TABLE 4.1).

GRAPH 5 displays the scores obtained by the control group at the pre-test and post-test situation on the Index of Self Esteem. Ten of the twelve subjects showed an improvement but these figures were not statistically calculated to be significant. (TABLE 2.1).

GRAPH 6 displays the scores obtained by the control group at the pre-test and post-test situation on the Generalized Contentment Scale. Nine out of the twelve subjects showed an improvement. A t test was calculated on these scores (TABLE 5.1) and the difference in individual scores was found to be significant. There was a real improvement in the subjects' scores. This difference may be accounted for by the fact that seven out of the twelve members of the sample group decided not to participate in the programme, possibly indicating that they had received help elsewhere or that their personal situation had improved to the extent that they perceived no need for the programme.

GRAPHS 7 AND 8 display the scores obtained by respondents in the studies replication phase. Three subjects showed an improvement on the Index of Self Esteem and three subjects showed an improvement on the Generalized Contentment Scale. In the researcher's opinion, the results of the scores obtained on the replication phase do not represent an accurate picture of the effectiveness of the intervention programme, as several members left the programme and this adversely affected the individual results and progress of other group members in this phase.

In total, eleven of the seventeen respondents in the experimental group, showed an improvement in self esteem on the Index of Self Esteem scale. This improvement in self esteem was reflected in the behavioural change that was observed on the self measurement forms and was also evident in group discussions.

The positive group process and behavioural change that was observed in the experimental group's, group sessions support the findings of an evaluation study conducted by Burlage (in Weiss, 1975 : 320) on Weiss' seminars for separated. He contends that:

- "(i) participants were encouraged by the knowledge that their situation was not unique;
- (ii) they were enabled to conceptualize their difficulties and perceive them as manageable; and
- (iii) the informational content helped them to assess their progress towards recovery and finally the programme provided support".

The fact that the experimental group voluntarily agreed to continue meeting without the researcher, after the end of the programme, demonstrated the programme's usefulness to participants. Broder (1985) found that many of the support groups on the R O A D programme continued to meet on their own after the end of the formal programme, resulting in the continued facilitation of the adjustment process (in van Horen, 1989 : 169). There was real evidence that in the initial experimental group, group members benefited by the sharing and support provided by the group structure, more so than by their individual completion of the self measurement forms. This finding coincides with Meichenbaum (1975) finding that:

"in group treatment clients could benefit from a group discussion of their faulty thinking styles and self statements and by the group discussion of the incompatible thoughts and behaviours they must

employ to reduce anxiety and change their behaviour" (in Sank & Shaffer, 1984 : 19).

In the group session discussions there was real evidence that the self measurement forms were increasing self awareness and fostering self responsibility and self actualization in individual group members.

The results of this study supported van Horen's, (1989 : 163) finding with regard to the value and positive outcome of using 'goal attainment' self monitoring forms in facilitating coping behaviour. In this study ten of the seventeen experimental group subjects achieved their goals on the Goal Attainment form.

In contrast to the success noted by van Horen (1989 : 96, 97) with regard to client self monitoring using a 'self anchored scale' and 'client log', the repetitive self monitoring stress scales in this study served to heighten anxiety. van Horen (1989 : 92, 97) concentrated, in her self measurement scales, upon problems which the researcher and client had identified. The clients were encouraged to record thoughts, feelings and any event relevant to his or her problem situation. Thus the self monitoring scales had a positive orientation and provided a therapeutic direction for clients. In this study the scales were not linked to a specific problem, they thus generated self awareness of issues but provided no direction for the participants. The repetitive self monitoring scales provided a source of anxiety for participants. In comparing these findings it would appear that self monitoring scales need to have a positive accent (the client must be able to perceive a positive outcome and identify a specific source of action) and they need to be linked to a specific problem or goal.

In the researcher's opinion these forms were valuable, even though they were discontinued, because they facilitated self awareness by making individual members aware of the degree and content of their stress levels

and their dysfunctional thoughts. They thus achieved their purpose on a therapeutic level but did not provide statistically significant data.

The self measurement forms provided the researcher with valuable personal information about each respondent which enabled the researcher as group leader to more effectively guide the group process and facilitate insight with regard to individual respondents.

It was interesting to note that the traits that the respondents identified as strengths corresponded very closely to the typical feminine characteristics and traits identified in the literature review. In addition, the respondents list of occupations supported the discussion in the literature review that women hold positions that are "ancillary positions supporting the main action". (White, 1989 : 64).

In conclusion, this study demonstrated the effectiveness of the programme in significantly raising self esteem in the experimental group and the results coincide with van Horen (1989 : 169) findings that:

"it remains uncertain as to which combination of techniques were in fact the more influential in facilitating the adjustment process".

There is a need to focus upon one or two precise behaviours with one or two techniques of intervention to ascertain much more clearly the treatment effect. Hudson (1982 : 61) comments that:

"the fundamental purpose of evaluation is to discover what types of treatment techniques will be effective in reducing or solving what types of problem with what types of clients under what types of conditions".

With this in mind, a conclusion and recommendations are made in the following section.

REFERENCES

- Broder, M.S. Divorce and Separation in Ellis A and Bernard M. (Eds) Clinical applications and rational - emotive therapy. New York, Plenum Press, 1985.
- Faust, R. A model of divorce adjustment for use in family service agencies. Social work. Vol. 32, (1), 78-80, 1987.
- Granvold D.K. & Welsh G.J. Intervention for post divorce adjustment problems. The treatment seminar. Journal of divorce. Vol. 14, Fall., 81-91, 1977.
- Hudson, W.W. The clinical measurement package - a field manual. USA, The Dorset Press, 1982.
- Lazarus, R.S. Psychological stress and the coping process. New York, McGraw-Hill, 1966.
- Meichenbaum, D.H. Self instructional methods in F.H. Kamfer & A.P. Goldstein (Eds) Helping people change. New York, Pergamon Press, 1975.
- Sank, L.I. & Schaffer, C.S. A therapist's manual for cognitive behaviour therapy in groups. New York, Plenum Press, 1984.
- van Horen, M. Evaluation of a post divorce adjustment treatment model. Unpublished Master of Social Science thesis. Dept of Social Work. University of Natal, Durban, 1989.
- Weiss, R.S. Marital separation. New York, Basic Books, 1975.

7. CONCLUSION AND RECOMMENDATIONS

This concluding chapter serves to outline some of the implications of the findings and to make recommendations for further study. It will be useful to begin by summarizing the study's focus and theoretical position. It will be recalled that the focus of this study was on facilitating increased self esteem and adaptive coping behaviour in divorced women through the use of a Coping Skills Training Programme based upon social learning theory and incorporating cognitive behavioural coping skill techniques.

A statistical analysis of the results of the study indicated that the Coping Skills Training Programme significantly raised the self esteem of women in the experimental/treatment group and a visual inspection of the findings indicated that improved coping ability was achieved. The improved coping ability of individual group members was indicated in marked attitudinal and behavioural changes.

In this study treatment consisted of a combination of factors which made it difficult to ascertain what aspects of the treatment were effective in raising self esteem and improving coping behaviour, and this has influenced the following recommendations.

The body of evidence relating to self esteem demonstrates that the various self esteem instruments measure something, but the question of 'what' remains. There exists in the literature a problem of definition with regard to self esteem. Self esteem as a construct has not been adequately defined and explicated. Self esteem is an unobservable, hypothetical construct and a variety of different definitions exist in the literature. We are not dealing with a common phenomenon across perspectives and measurements. There exists confusion at the conceptual level which manifests at the methodological level. It is extremely difficult to isolate the variables that facilitate or reduce self esteem and effective coping behaviour. Recurrent methodological limitations occur in documented research which make it difficult to generalise from these findings. In addition to definitional

and methodological problems with regard to self esteem, there exists confusion in the literature with regard to what procedures promote adaptive coping.

Coping has been regarded as having a central role in effective adaptation yet it has defied universal agreement or definition and has been the object of little systematic research. Lazarus (1966) comments that how people cope with stress is crucial in whether the adaptational outcome will be positive or negative. Coping is an essential ingredient of life. What is lacking in the literature is specific information on which forms of coping have favourable and unfavourable outcomes, in given types of persons and under specific conditions, also there is little clarity about what coping procedures produce the most adaptational outcomes. For example, individuals do not seek out assertion training to become more assertive per se, they want to be more effective in inter-personal interactions, to gain important objectives, etc.. Few studies have investigated the usefulness of behaviour taught in assertion training as far as accomplishing the goals of the individual is concerned - perhaps bargaining and negotiating are more effective than assertiveness training. More research is needed on the usefulness of various communication styles, on social power and influence, on interpersonal attraction, on effectiveness training etc.. A therapeutic model is needed to suggest how both functional and dysfunctional methods of coping are acquired and what factors facilitate positive self esteem. What is required is a dual commitment to practice and evaluation. A theoretically based conceptual model should suggest factors essential for the development of successful intervention programmes.

In addition more attention needs to be given to the effectiveness or usefulness of specific self monitoring or self measurement forms. Specific self monitoring forms should be structured to the clients' need or carefully selected to isolate or deal with a specific problem. There is little research and we know very little of the merits and demerits of specific self report instruments and procedures. There is a need for comparative evaluation and a statement of which self report instruments are most

suitable for what type of clients and what problem.

In this study, the continuous self monitoring scales were abandoned due to the high degree of anxiety generated in the participants by these scales. Nelson (1981 : 171) reflects upon the failure of self recording and suggests that compliance should be thought of as a behaviour that itself must be trained. For example, early assignments should be small and sure to succeed. In addition, he states that self monitoring must be suited to the problematic response and to the client.

In terms of the research design the ability to generalise from these research findings with regard to other research findings, is influenced by such factors as potentially biased convenience samples, inadequate operationalization of criteria producing positive self esteem and coping behaviour, non-equivalence of comparison groups, limited information regarding subject characteristics, lack of research focusing upon women, and the absence of longitudinal data.

In addition the findings in this study are based upon a small, non representative sample and the researcher attempted to gain understanding within the limitations of a number of interacting variables. A further problem with this study is the short span over which the intervention was implemented and the data collected. What is required is more rigorous scientific examination and replication of findings with a dual commitment to clinical practice (therapeutic effectiveness) and evaluation, and an attempt to evaluate the extent to which coping skills training programmes remain effective over more extensive periods of time.

This study had a very individual orientation and there appears to be a need to look at the individual in the environment - to ascertain the influence of the societal structure on peoples' actions and reactions. In addition to monitoring individual change, there is a need to work for structural, as opposed to individual, change.

In conclusion, one of the most important characteristics of the Coping Skills Training approach is that it teaches women strategies that they can use in dealing independently with problems. Particularly if it includes a cognitive restructuring session, the Coping Skills Training Programme helps women to understand the sources of many of their problems and also gives them specific tools for dealing with problems and for reducing stress, anxiety or depression. This study, in adopting the group psycho-educational format and by teaching women how to use the cognitive behaviour techniques of cognitive restructuring, problem solving, stress management, assertiveness and relaxation, provided the women with a set of valuable skills that can be used long after contact with the researcher has ended.

APPENDIX A1. SELF AWARENESS EXERCISES1.1 "GETTING TO KNOW YOU" EXERCISES

- A. (i) Break into partners and tell your partner about yourself. (For example: your family, work, interests, etc.)
(ii) Re-group and tell the group about your partner.
- B. Bring an object/article that tells something about you, to the next group session.
- C. Bring photographs of yourself and your family to the next group session.
- D. Draw an eco-map of yourself in the environment. (refer to example appendix A).

1.2 COMMUNICATION EXERCISE - THE FALLOUT SHELTER

We all have different opinions about many issues and have different ways of communicating in terms of our personalities.

Because we have different opinions, we often get into disagreements and arguments. How we act and feel during arguments is an important aspect of our conflict strategies. If you participate actively in this exercise, you will become more aware of how you act and feel during disagreements. You will also be able to give feedback to other participants about their actions during the disagreements. The procedure is:

A. READ THE "FALLOUT SHELTER".THE FALLOUT SHELTER

Your group is in charge of experimental stations in the far outposts of civilisation. You work in an important government agency in Washington, D C. Suddenly World War III breaks out. Nuclear bombs begin dropping. Places all across the world are being destroyed. People are getting into the available fallout shelters. Your group receives a desperate call from one of your experimental stations. They ask for your help. There are ten people at this station. But their fallout shelter only holds six. They cannot decide which six people should enter the fallout shelter. They have agreed that they will obey your group's decision as to which six people will go into the fallout shelter. Your group has only superficial information about the ten people. Your group has twenty minutes to make the decision. Your group realises that the six people chosen may be the only six left to start the human species over again. Your group's decision, therefore, is very important. If your group does not make the decision within the twenty minutes allowed, all ten people will die. Here is what you know about the ten people:

Bookkeeper, male, thirty-one years old

His wife, six months pregnant

Second-year medical student, male, militant black American

Famous historian-author, forty-two years old, male

Hollywood actress who is a singer and dancer

Biochemist, female

Rabbi, 54 years old, male

Olympic athlete, all sports, male

College student, female

Policeman with gun (they cannot be separated).

B. INSTRUCTIONS

Working as a group, decide on the six people who are to go into the fallout shelter. You have twenty minutes to make the decision. During the discussion, argue strongly for your ideas and opinions. The future of the human species may depend on your group's decision. Make sure your group makes a good decision by arguing strongly for your opinions. Agree with the other group members only if they convince you that their ideas are better than yours.

C. Working individually, answer the following questions:

- (i) What were my feelings when I disagreed with someone?
- (ii) What were my feelings when someone disagreed with me?
- (iii) How did I act when I wanted to convince someone to change her ideas?
- (iv) How did I act when someone was trying to convince me to change my ideas?
- (v) How would my conflict strategies during the group discussion be described?

D. Decide who is going to be first. Then go around the group in a clockwise direction. Focusing on the member who is first, describe briefly how you saw her actions during the group discussion. Provide constructive feedback. Make sure everyone in the group receives feedback before the exercise is over.

E. DISCUSSION

While your group was deciding who was to enter the bomb shelter and who was not, there were some disagreements. It's impossible not to disagree, at least a little. Some members of your group may have been silent during the whole discussion. Some may have agreed very quickly to what most of the other members wanted. Others may have tried to overpower everyone else in order to get their opinions accepted. You may have noticed some members trying to seek compromises that everyone could agree to. Or you may have seen that one or more members kept trying to find out what made the most sense. They would keep going over the reasons why one person should be saved or not saved.

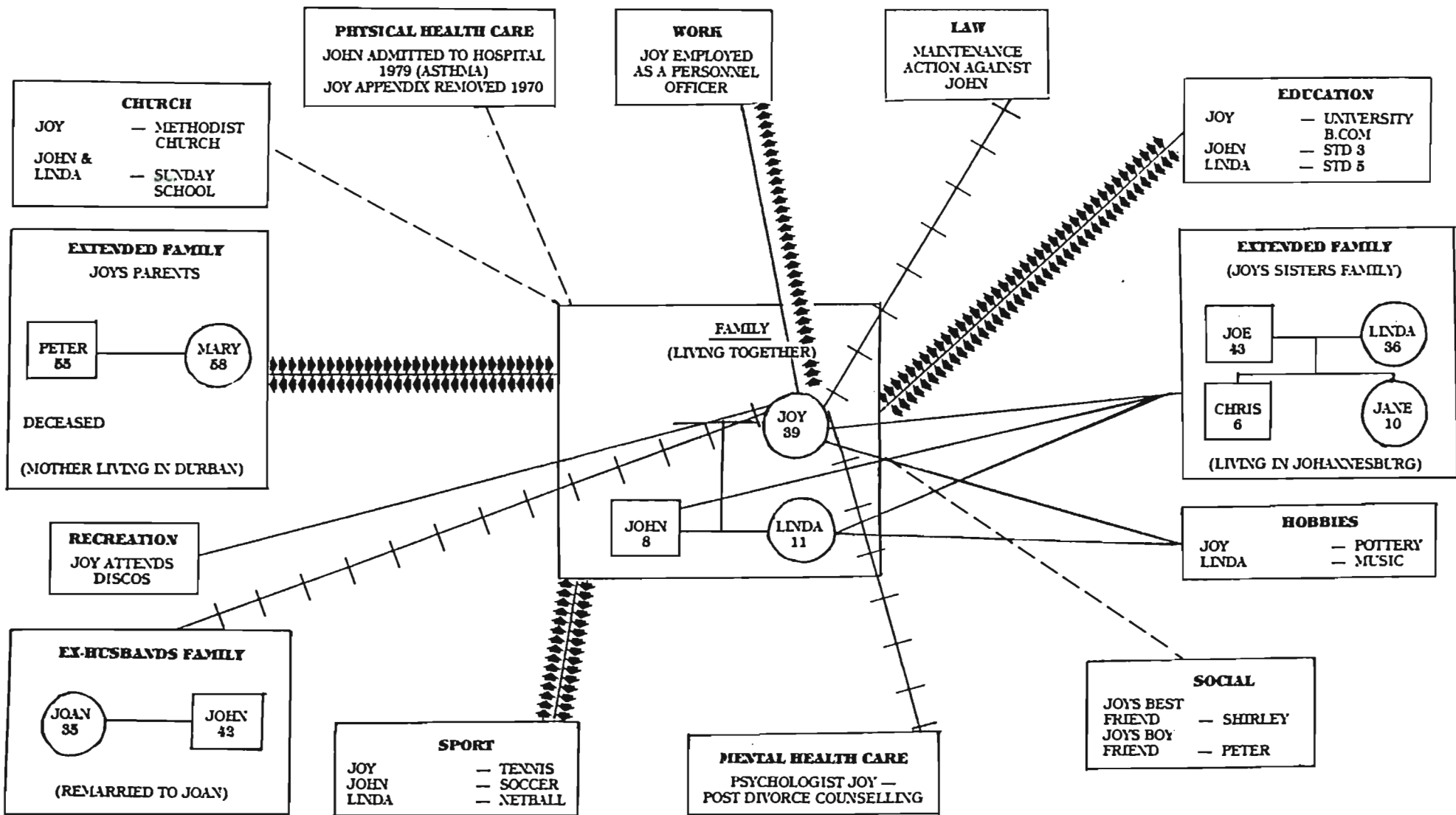
There are many ways to disagree. Some disagreements are so slight that they are never noticed. Other disagreements result in spirited arguments that can be heard for miles. The purpose of the bomb-shelter lesson was to help you become more aware of how you feel and act during a disagreement. Did you learn anything new about yourself?

How can you communicate more effectively? What specific skills do you need to manage disagreements more constructively? Think back over the interpersonal conflicts you have been involved in during the past few years. These conflicts may be with friends, parents, brothers and sisters, girl friends or boy friends, husbands, your boss or subordinates. On a separate sheet of paper list the five major conflicts you can remember from your past and the strategies you used and the feelings you had in resolving them. What strategies would have been more effective in resolving the conflict.

- 1.3 FEELING ANALYSIS EXERCISE - When you experience a particular feeling, analyse it in terms of the following questions:-
- (i) What am I feeling? For example, sad, scared, angry?
 - (ii) What is happening to my body?
 - (iii) How is this feeling affecting my life now?
 - (iv) When did this feeling start?
 - (v) What was happening at the time/or what occasioned it?
 - (vi) What expectation was unfulfilled?
 - (vii) Are you willing to let go of this demand/expectation?
If yes - what are the alternate ways of having your needs met, or of releasing these uncomfortable feelings?
If no - what do you choose to do about it?

1.4 ANALYSIS OF THOUGHTS, FEELINGS AND SELF TALK EXERCISE

Discuss frustrating situations that come up again and again in your life. What thoughts, feelings and self talk do you experience in this situation?



EXERCISE: The **ECO-MAP** is a paper and pencil simulation which maps the interactions of a person with their environment. It pictures the family in its life situations and identifies the nurturant or conflict-laden connections between the family and the world. It looks at human, personal, social, psychological and spiritual connections/influences that shape our lives. It portrays the flow of resources and the nature of family-environment exchanges by indicating the nature of the connection with a descriptive word or by drawing different kinds of lines; ————— for strong, - - - - - for tenuous, ++++++ for stressful. Arrows are drawn along lines to signify the flow of energy, resources, etc. ♦♦♦♦♦♦. Complete a diagrammatic presentation of your own "Eco system (life space). Please depict all the significant subsystems in your life with whom you transact and the nature of the connection. Identify significant people in your life.

2. COGNITIVE RESTRUCTURING EXERCISES

2.1 "SELF TALK" CONTENT EXERCISES

A. 'SELF TALK' CONTENT

Observe the "self talk" that is going on in your mind. Be aware of it. Listen to it. Is it positive or negative? Is it balanced or exaggerated, truthful or perceptive, accepting or denying? Try and identify your main or recurrent thought patterns. Acknowledge or get in touch with your "self talk content" and your reaction to it.

B. AUTOMATIC THOUGHTS QUESTIONNAIRE

Listed below are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought occurred to you over the last week. Please answer each item carefully by placing a number beside each one as follows:

- 1 Not at all
- 2 Sometimes
- 3 Moderately often
- 4 Often
- 5 All the time

Please begin.

- 1. I feel like I'm up against the world
- 2. I'm no good
- 3. Why can't I ever succeed?
- 4. No one understands me
- 5. I've let people down

6. I don't think I can go on
 7. I wish I were a better person
 8. I'm so weak
 9. My life's not going the way I want it to
 10. I'm so disappointed in myself
 11. Nothing feels good anymore
 12. I can't understand this anymore
 13. I can't get started
 14. What's wrong with me
 15. I wish I were somewhere else
 16. I can't get things together
 17. I hate myself
 18. I'm worthless
 19. I wish I could just disappear
 20. What's the matter with me?
 21. I'm a loser
 22. My life is a mess
 23. I'm a failure
 24. I'll never make it
 25. I feel so helpless
 26. Something has to change
 27. There must be something wrong with me
 28. My future is bleak
 29. I can't finish anything
- How can I change these negative thoughts to more positive thoughts?

C. THOUGHTS THAT CAUSE PROBLEMS LIST

The following list consists of thoughts that cause problems. Are you experiencing any of these thoughts?

1. People must love me or I will be miserable
2. Making mistakes is terrible
3. People should be condemned for their wrong-doing
4. It is terrible when things go wrong
5. My emotions can't be controlled
6. I should be terribly worried about threatening situations
7. Self-discipline is too hard to achieve
8. I must depend on others
9. My childhood must always affect me
10. I can't stand the way others act
11. There is a perfect solution
12. I should be better than others
13. If others criticise me, I did something wrong
14. I can't change what I think
15. I should help everyone who needs it
16. I must never show any weakness
17. Healthy people don't get upset
18. There is one true love
19. I should never hurt anyone
20. There is a magic cure
21. The therapist must help me, it's his job
22. Strong people don't ask for help
23. I can do things when I'm in the mood
24. Possible is the same as probable
25. I am inferior
26. I am always in the spotlight
27. People ought to do what I wish

28. Giving up is the best policy
 29. I need to be sure to decide
 30. One must have guarantees
 31. Change is unnatural
 32. Knowing 'why' is essential
 33. People should trust me
 34. I should be happy all the time
 35. There is a sinister, dangerous part of me
 36. Working on my problems could hurt me
 37. The world ought to be fair
 38. I am not responsible for my behaviour
 39. It is always better not to be genuine
 40. I have no problems
 41. Anxiety is dangerous
 42. You can't tell me anything about me that I don't know
 43. People shouldn't act the way they do
 44. I should be able to control my kids' (or spouse's) behaviour
 45. Willpower alone can solve all my problems.
- Identify other thoughts that are causing problems in your life.

2.2 "MODIFICATION OF NEGATIVE THOUGHTS, IMAGES & STATEMENTS"

EXERCISES

A. MODIFICATION OF NEGATIVE THOUGHTS EXERCISE

Choose a constant, repetitive negative thought that you have been experiencing and make a conscious effort to think a more **positive thought**. Actively enter into this thought, making it more truthful or rational.

B. MODIFICATION OF NEGATIVE IMAGES EXERCISE

Replace your negative images with **positive images**. Your positive images can be anything you enjoy visualising and thinking about. For example, flowers, God's goodness, etc.

C. POSITIVE STATEMENT EXERCISE

Choose one **positive statement or Scripture** about yourself per day. Concentrate and mediate upon that statement. This statement should 'affirm' you - for example - "Happiness is a habit I will develop", "I am loveable", "I am God's child", etc.

D. "SELF TALK QUESTIONNAIRE"

AVOID	FOCUS
I cannot	I can
I will try	I am going to
I will throw in the towel	
I have perseverance	
I must	I want to
Someday	Today
If I only	Next time
Yes, but	I understand

Problem	Opportunity
Difficult	Challenging
Doubt	Trust
Strained	Motivated
Worried	Interested
Impossible	Possible
Hate	Love
Poor background	Good future

Write down your own "self-talk"/words which you are going to change and which you would like to share with others in the group. You may use the above mentioned examples, if they are appropriate to your case or may draw up your own list, if they do not occur in the abovementioned list.

E. SHOULD - RESENTMENT LIST

Write a list and complete the sentence "I should....." with regard to the following areas of your life:- mother, daughter, friend, worker, home maker, ex spouse.

General discussion: What negative messages do you give yourself in these areas? What guilt, anger or bitterness is fuelled by these negative thoughts?

Translate your negative self statements into positive ones by completing the phrase "I really am.....", "I want to be".

3. STRENGTH BUILDING EXERCISES

3.1 ADMIRATION LIST

- (a) Make a list of three women whom you admire or appreciate (relatives, famous contemporary women, friends, fictional women, historical figures).
- (b) List, after each name, what you appreciate or admire about each one.
- (c) Break into partners and share your list with your partner.
- (d) Regroup and discuss how the qualities relate to qualities you have or aspire to have. Can you become the woman you admire?

3.2 ACCOMPLISHMENTS LIST

- Make a list of accomplishments that you are proud of in your life.
- Break into triads - one woman in the triad will act as an observer of the other two, (the partners).
- Each partner hands her list to her partner - the partner then re-phrases the list of accomplishments and compliments her partner, with enthusiasm and feeling, as if she had known her for a long time. The complimented partner must accept the compliment verbally.
- The observers role is to note eye contact and how the woman received the compliments, giving her feedback at the end and enquiring how she felt during the exercise.

3.3 LIFE SUCCESSES LIST

Divide your life span into age segments (of five to ten years each). Under each period list your memories, accomplishments, people and events about which you feel good.

3.4 ASSESSMENT OF STRENGTHS EXERCISE

Complete the following sentences:-

1. One thing I like about myself is
2. One thing others like about me is
3. One thing I do very well is
4. A recent problem I've handled very well is
5. When I'm at my best I
6. I'm glad that I
7. Those who know me are glad that I
8. A compliment that has been paid to me recently, is
9. A value that I try hard to practise is
10. An example of my caring about others is
11. People can count on me to
12. They say I did a good job when I
13. Something I'm handling better this year, than last is
14. One thing that I've overcome is
15. A good example of my ability to manage my life is
16. I'm best with people when
17. One goal I'm presently working toward is
18. A recent temptation that I managed to overcome was
19. I pleasantly surprised myself when I
20. I think that I have the guts to
21. If I had to say one good thing about myself I'd say that I
22. One way in which I am very dependable is
23. One way I successfully control my emotions is
24. One important thing I intend to do within two months is

3.5 ASSESSMENT OF WEAKNESSES EXERCISE

Complete the following sentences:-

1. My biggest problem is
2. I'm quite concerned about
3. One of my other problems is
4. Something I do that gives me trouble is
5. Something I fail to do, that gets me into trouble is
6. The most frequent negative thought in my life is
7. The most frequent negative feelings in my life are
8. They take place when
9. The person I have most trouble with is
10. What I find most troublesome in this relationship is
11. Life would be better if
12. I feel guilty when I
13. I don't cope very well with
14. What sets me most on edge is
15. I get anxious when
16. A value I fail to put into practice is
17. I'm afraid to
18. I wish I
19. I wish I didn't
20. What others dislike most about me is
21. What I don't seem to handle well is
22. I don't seem to have the skills I need in order to
23. A problem that keeps coming back is
24. If I could change just one thing in myself it would be

4. EMPOWERMENT EXERCISES

4.1 ASSERTIVENESS TRAINING EXERCISES

- A. In the following examples, what would be the **unassertive**, **aggressive** and **assertive** response?

Case A

Jane waits her turn in line at a department store sale. The assistant is just about to finish up with the customer in front of her when a third woman comes by and edges in. The assistant asks: "Who's next?" and this woman says "I am".

Case B

Jane and Sandra work at a two-girl insurance office. Twice a week Jane leaves early to see her psychologist. Sandra has to answer the phone and finish the day's work. She has an increasing feeling that the situation is unfair.

Case C

Jane's ex husband continually returns the children home late after his week-end.

- B. Please supply examples of personal situations that require assertive behaviour. (The group leader will model assertive behaviour and then the group will practise assertive behaviour).
- C. Become aware of your **passive** or **aggressive** responses and consciously attempt to act in an **assertive** way.

GOAL SETTING / PROBLEM SOLVING GUIDELINE STEPS

159.

Name

Date

STEP 1 — Stop & think! (Review general orientation to goals/problems)

STEP 2 — What is my goal? / What is the problem?

.....
.....
.....

STEP 3 — What do I hope to achieve? / What is my objective?

.....
.....
.....

STEP 4 — What can I do to achieve my goal? / What can I do to solve the problem? ('Brainstorm' possible solutions / alternatives)

.....
.....
.....

STEP 5 — Which is the best alternative? / Consider the possible negative and positive consequences of each alternative.

.....
.....
.....

STEP 6 — What will my plan of action be? / How?

.....
.....
.....

STEP 7 — What will my back up plan of action be?

.....
.....
.....

STEP 8 — When will I implement my plan of action?

.....
.....
.....

STEP 9 — What were the consequences of your implemented plan of action?

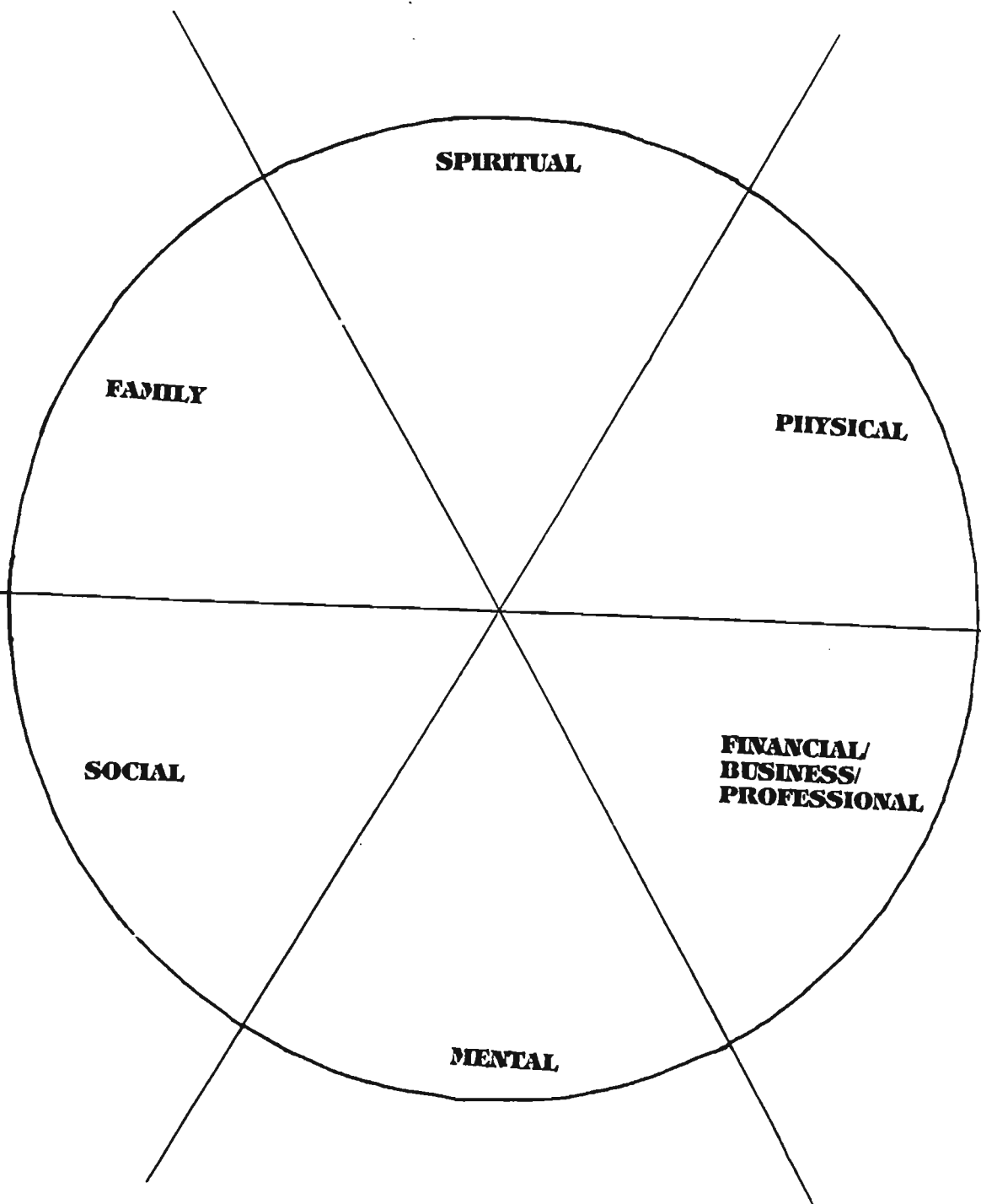
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.....

YOUR PERSONAL ACTION PLAN

Name:

Date:

1. In the inner circle write down and analyze your priorities. / What is actually / presently happening in this area of your life?
2. On the outer circle write down what you would like to happen / What are your future goals for each area / What should your priorities be!



5. STRESS MANAGEMENT EXERCISES

5.1 FACTORS IN THE BUILD UP OF TENSION EXERCISE

A. What normally causes me to become tense is:

- (a) Feeling angry or hurt by others
- (b) Feeling looked at and self-conscious
- (c) Feeling that I cannot cope with the situation
- (d) Fear/anxiety
- (e) Loneliness
- (f) Guilt
- (g) Feeling unacceptable, left out or inferior
- (h) My need to do things well or perfectly
- (i) Feeling uncomfortable with my bad thoughts and feelings about others

B. When I feel the above emotions I:

(Usually Sometimes Never)

- (a) Withdraw
- (b) Become sarcastic
- (c) Sulk
- (d) Try to get my own back
- (e) Blame the other person
- (f) Feel self pity
- (g) Try to think why I am feeling this way
- (h) Try to ignore or deny the feeling
- (i) Talk to someone I trust
- (j) Do some activity to get my mind off it
- (k) Sleep
- (l) Do physical relaxation
- (m) Accept my feelings as part of my humanness

- (n) Pray about it
- (o) Behave in a defensive way
- (p) Talk to the person in relation
to whom I feel it
- (q) Blame myself
- (r) Become resentful
- (s) Eat or smoke more than usual
- (t) Get up and walk away

5.2 STRESSORS

Stressors are anything, anyone, or any situation from which you experience pressure and tension.

A. **Work Stressors**

- (i) Make a list of things that are difficult for you to handle at work.

B. **Personal Stressors**

- (i) Make a list of things that are difficult for you to handle in your personal life.
- (ii) Which stressors can be changed by you?/How?
- (iii) Which stressors can't be changed by you?
- (iv) What are the consequences of being able or not being able to change these stressors?
- (v) When you can't change stressors, how can you change to cope?

5.3

THOUGHT CHANGE EXERCISE A

Choose a situation you believe you did not handle well.

1. Stressful event:
2. Your initial thoughts:
3. Your initial feelings:
4. Your initial body reactions:
5. Your behaviour/action:
6. What is your self talk about the situation now?
 - (a) About self?
 - (b) About situation?
 - (c) About future?
7. How did you arrive at your conclusion that you did not handle the stressful situation well?
8. What was your change in self-talk that affected your ability to cope?

5.4

THOUGHT CHANGE EXERCISE B

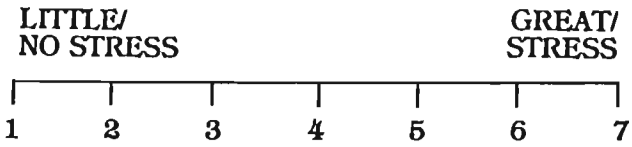
Choose a situation you believe you handled well.

1. Stressful event:
2. Your initial thoughts:
3. Your initial feelings:
4. Your initial body reactions:
5. Your behaviour/action:
6. What is your self talk about the situation now?
 - (a) About self?
 - (b) About situation?
 - (c) About future?
7. How did you arrive at your conclusion that you handled the stressful situation well?
8. What was your change in self-talk that affected your ability to cope?

DAILY STRESS LEVEL SCALE

DATE: Week

NAME:



COMMENTS:

What is the content of the stress level?

DATE:

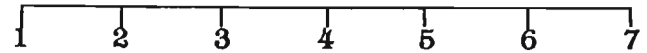
MORNING

NOON

AFTERNOON

EVENING

DATE:



COMMENTS:

What is the content of the stress level?

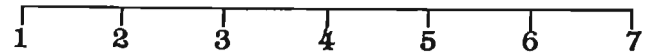
MORNING

NOON

AFTERNOON

EVENING

DATE:



COMMENTS:

What is the content of the stress level?

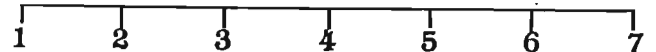
MORNING

NOON

AFTERNOON

EVENING

DATE:



COMMENTS:

What is the content of the stress level?

MORNING

NOON

AFTERNOON

EVENING

WEEKLY STRESS LEVEL GRAPH

GREAT
STRESS

7

6

5

4

3

2

NOTHING
STRESS

1

DAY	MORNING							
	NOON							
	AFTERNOON							
	EVENING							
DAY	MORNING							
	NOON							
	AFTERNOON							
	EVENING							
DAY	MORNING							
	NOON							
	AFTERNOON							
	EVENING							
DAY	MORNING							
	NOON							
	AFTERNOON							
	EVENING							
DAY	MORNING							
	NOON							
	AFTERNOON							
	EVENING							
DAY	MORNING							
	NOON							
	AFTERNOON							
	EVENING							

NAME:

DATE: Week:

STRESS EVALUATION

NAME:

DATE:

Record three recent events in your life which you experienced as **STRESSFUL**. Then, fill in the rest of the columns. As you fill in the columns, rate how intense you experienced the event,* the strength of your reaction to the event, and the length of time you felt stressed.

	EVENT 1	EVENT 2	EVENT 3
Event: What happened? 1 = Little importance 5 = Great importance			
What was my self-talk?			
Reaction: How did I feel?			
Strength of reaction 1 = Weak 5 = Strong			
Time: How long did I react? 1 = Short 5 = Long			
What did I do to change my reaction?			
What other stress release technique (eg. relaxation, physical activity, talking it out) could I have used?			

* The greater the meaning attached to an event, the greater is the possibility that it will be experienced as stressful. A meeting where your future is to be decided on, is of greater importance than one on which a trifle is to be discussed. Consider the events you choose in the light of these remarks.

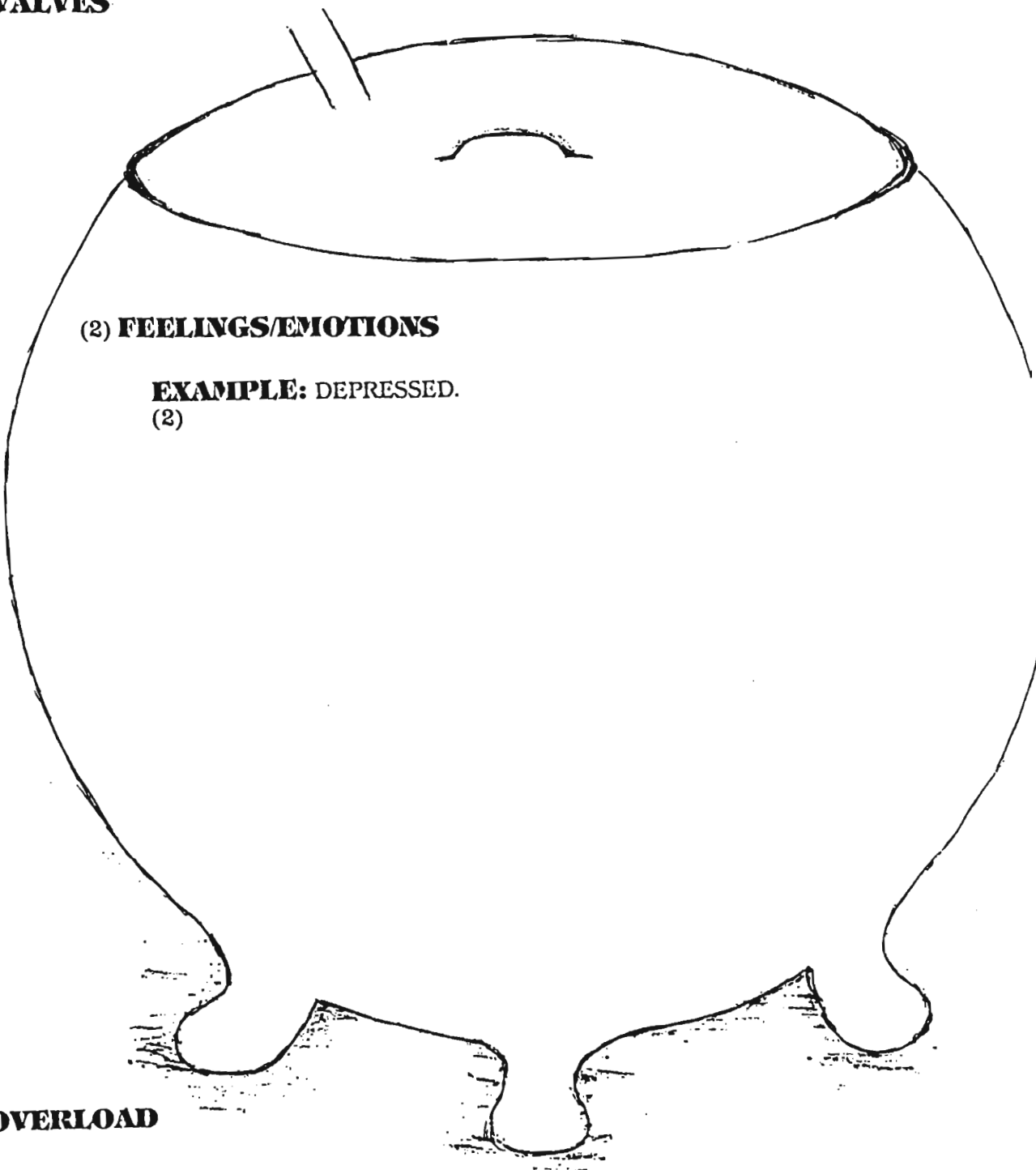
THE COOKING POT

NAME:

DATE:

EXAMPLE: TAKE A HOLIDAY.
(3)

3) SAFETY VALVES



(2) **FEELINGS/EMOTIONS**

EXAMPLE: DEPRESSED.
(2)

CRISIS OVERLOAD

EXAMPLE: OVERWORKED
(1)

Write on the diagram, at the indicated arrows:—

Q1 What causes pressure / tension in your life?

Q2 What feelings do you experience as a result of the 'PRESSURE OVERLOAD'?

Q3 How can you reduce or deal with this pressure?

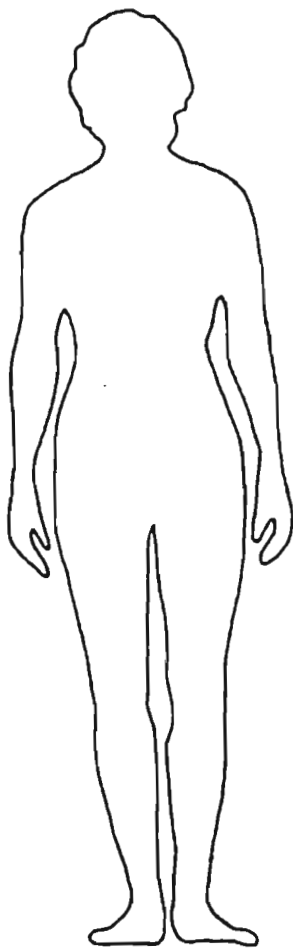
STRESS ASSESSMENT IDENTIFYING AREAS OF MUSCLE TENSION

Identify areas of **MUSCLE TENSION** in your body by shading the following figures — front and back — in pencil.

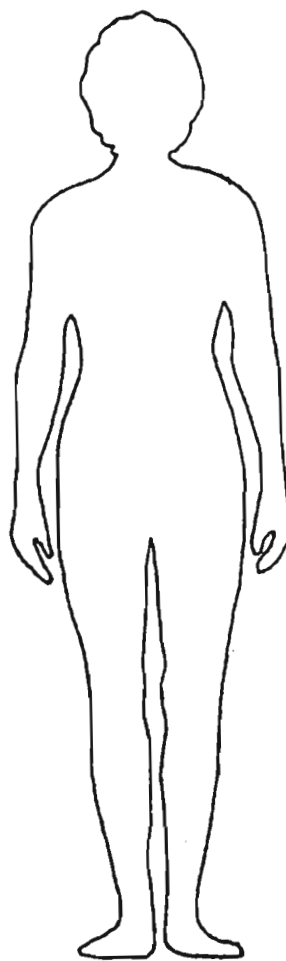
Make the shading heavy in areas where you frequently or severely feel tension and lighter in areas of moderate tension.

Leave the no tension areas blank.

MENTAL TENSION



FRONT



BACK

What can you do to alleviate tension in the heavily shaded areas?

.....

.....

.....

.....

.....

.....

5.10

STRESS ASSESSMENT SYMPTOMS EXERCISE

This self-assessment exercise will help you to recognise signs of distress, so that you can pursue your management of stress to the point where these signs are greatly diminished. Read each item and circle the number which best reflects how often you have had that symptom in the last three months, using the following scale:-

0 = hardly ever; 1 = sometimes; 2 = often; 3 = very often.

You may wish to discuss your assessment with a friend or family member to see if they are aware of something you have missed. After three weeks of stress management, make a note on this sheet of those symptoms which have improved.

MOOD

I feel nervous, anxious, ill at ease	0	1	2	3
I feel keyed up, over excited	0	1	2	3
I worry excessively	0	1	2	3
I become confused or forgetful	0	1	2	3
I have difficulty concentrating	0	1	2	3
I feel generally irritable	0	1	2	3
I become depressed	0	1	2	3
I feel bored	0	1	2	3
I feel apathetic	0	1	2	3
I feel angry	0	1	2	3
I feel hurt by others	0	1	2	3
I feel that I cannot cope with the situation/ feelings of inadequacy	0	1	2	3
I feel lonely	0	1	2	3
I feel guilty	0	1	2	3
I feel inferior/unacceptable	0	1	2	3

I am over sensitive	0 1 2 3
I am impatient	0 1 2 3
I am irritable/argumentative	0 1 2 3
I am tolerant	0 1 2 3
I am easily frustrated	0 1 2 3
I have a tendency towards self pity	0 1 2 3
I can't take disappointments	0 1 2 3
I feel a failure	0 1 2 3
I have feelings of remorse/of reliving the past	0 1 2 3
I am suspicious	0 1 2 3
I am jealous	0 1 2 3
I have mood swings	0 1 2 3
I cry easily	0 1 2 3
I feel disillusioned	0 1 2 3
I feel resentful	0 1 2 3
Other	0 1 2 3

MUSCLES

My hands and fingers tremble	0 1 2 3
I develop nervous twitches	0 1 2 3
I can't sit or stand still	0 1 2 3
My muscles become tense and stiff	0 1 2 3
I stutter or stammer when I speak	0 1 2 3
I clench my jaw or grind my teeth	0 1 2 3
I develop headaches	0 1 2 3
I develop eye tension	0 1 2 3
I experience low back pain	0 1 2 3
I feel very fatigued	0 1 2 3
I frown	0 1 2 3
I feel shaky	0 1 2 3
I hunch my shoulders	0 1 2 3
I suffer from twitches/tics/yawning	0 1 2 3
Other	0 1 2 3

ORGANS

I feel my heart pounding/palpitations	0 1 2 3
I breathe rapidly/shortness of breath	0 1 2 3
My stomach becomes upset	0 1 2 3
I perspire easily	0 1 2 3
I feel light headed or faint	0 1 2 3
My mouth and throat become dry	0 1 2 3
I experience cold hands or feet	0 1 2 3
I need to urinate often	0 1 2 3
I have diarrhoea or constipation	0 1 2 3
My face feels flushed	0 1 2 3
My blood pressure is high	0 1 2 3
I feel dizzy	0 1 2 3
I salivate too much	0 1 2 3
I feel nausea	0 1 2 3
I am susceptible to illness/feel run down	0 1 2 3
Other	0 1 2 3

BEHAVIOUR

I am short-tempered with others	0 1 2 3
I become withdrawn	0 1 2 3
I am achieving less than normal	0 1 2 3
My appetite has changed markedly	0 1 2 3
My sex drive has increased/decreased	0 1 2 3
I sleep too long/stay in bed	0 1 2 3
I suffer from insomnia/restless sleep	0 1 2 3
I have minor accidents/make more mistakes	0 1 2 3
I increase my medication	0 1 2 3
I use more drugs, alcohol	0 1 2 3
I carry out useless repetitious movements, e.g. foot tapping	0 1 2 3
I fidget/am restless	0 1 2 3

I am smoking more/chain smoking	0 1 2 3
I suffer from loss of concentration	0 1 2 3
I bite my nails	0 1 2 3
I experience loss of energy	0 1 2 3
I have nightmares	0 1 2 3
I experience constant tiredness	0 1 2 3
I experience an increase in domestic problems	0 1 2 3
Other	0 1 2 3

APPENDIX B : 1. INDEX OF SELF-ESTEEM (ISE)NAME _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:-

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well _____
2. I feel that others get along much better than I do _____
3. I feel that I am a beautiful person _____
4. When I am with other people I feel they are glad I am with them _____
5. I feel that people really like to talk with me _____
6. I feel that I am a very competent person _____
7. I think I make a good impression on others _____
8. I feel that I need more self-confidence _____
9. When I am with strangers I am very nervous _____
10. I think that I am a dull person _____
11. I feel ugly _____
12. I feel that others have more fun than I do _____
13. I feel that I bore people _____
14. I think my friends find me interesting _____
15. I think I have a good sense of humour _____
16. I feel very self-conscious when I am with strangers _____
17. I feel that if I could be more like other people I would
have made it _____
18. I feel that people have a good time when they are with me _____
19. I feel like a wallflower when I go out _____
20. I feel I get pushed around more than others _____
21. I think I am a rather nice person _____
22. I feel that I am a likeable person _____
24. I am afraid I will appear foolish to others _____
25. My friends think very highly of me _____

APPENDIX B : 2. GENERALISED CONTENTMENT SCALE (GCS)

NAME

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

- 1. I feel powerless to do anything about my life _____
- 2. I feel blue _____
- 3. I am restless and can't keep still _____
- 4. I have crying spells _____
- 5. It is easy for me to relax _____
- 6. I have a hard time getting started on things that I need to do _____
- 7. I do not sleep well at night _____
- 8. When things get tough, I feel there is always someone I can turn to _____
- 9. I feel that the future looks bright for me _____
- 10. I feel downhearted _____
- 11. I feel that I am needed _____
- 12. I feel that I am appreciated by others _____
- 13. I enjoy being active and busy _____
- 14. I feel that others would be better off without me _____
- 15. I enjoy being with other people _____
- 16. I feel it is easy for me to make decisions _____
- 17. I feel downtrodden _____
- 18. I am irritable _____
- 19. I get upset easily _____
- 20. I feel that I don't deserve to have a good time _____
- 21. I have a full life _____
- 22. I feel that people really care about me _____
- 23. I have a great deal of fun _____
- 24. I feel great in the morning _____
- 25. I feel that my situation is hopeless _____