

**WOMEN IN STRESS & TRANSITION:
A GROUP THERAPY MODEL OF INTERVENTION**

BY

VERNA SULLIVAN

A PRACTICUM REPORT

**SUBMITTED TO THE FACULTY OF GRADUATE STUDIES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER
OF SOCIAL WORK**

**FACULTY OF SOCIAL WORK
UNIVERSITY OF MANITOBA
WINNIPEG, MANITOBA
NOVEMBER, 2000**



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-57586-1

Canada

**THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION PAGE**

Women in Stress and Transition: A Group Therapy Model of Intervention

BY

Verna Sullivan

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

of

Master of Social Work

VERNA SULLIVAN ©2001

Permission has been granted to the Library of The University of Manitoba to lend or sell copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film, and to Dissertations Abstracts International to publish an abstract of this thesis/practicum.

The author reserves other publication rights, and neither this thesis/practicum nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

ACKNOWLEDGMENTS

The writer expresses sincere appreciation to the Practicum Committee for their support, encouragement and constructive feedback. In particular, the writer thanks her primary advisor, Ms. Kathy Levine, for her unwavering positive and encouraging outlook.

The completion of this practicum would not have been possible without the professionalism and commitment of Mrs. Tammy Fraser. She brought her ability to provide an authentic and genuinely supportive therapeutic experience. She assisted the writer, specifically, in providing encouragement and challenge to broaden and deepen clinical skills.

The writer wishes to acknowledge the Family Centre of Winnipeg administration and counselling staff. Staff members at the Family Centre of Winnipeg demonstrated their support by regularly enquiring about its progress. In particular, the writer is genuinely appreciative of the clinical support and supervision which Ms. Jane Markesteyn provided throughout the group process.

Numerous family members and friends provided both instrumental and emotional support. The writer expresses gratitude to those individuals who took the time to provide assistance with the pressure of meeting scheduling requirements.

Finally, the writer thanks members of those social agencies who made referrals to this group.

ABSTRACT OF PRACTICUM

The focus of this practicum was service provided to women experiencing stress, transition and social isolation. The mode of intervention was a long-term psychotherapeutic group comprised of 30 sessions, each of which were 2 hours in duration. The group experience was intended to contribute to the improvement of members' capacity to cope with stress.

Unlike more traditionally defined psychotherapeutic groups (Toseland & Rivas, 1995) facilitators attended to enhancing individual strengths and developing the group members' inter-connectedness for mutual support. More traditional psychotherapeutic are usually facilitated without giving consideration to environmental issues, which impact individual members. This group was facilitated with a style, which identified environmental issues that were important variables affecting stress levels. Once these issues were identified, facilitators guided members in identifying methods to change environmental factors, which could reduce stress experienced. Also, facilitators encouraged mutual support and problem solving amongst the members.

This group was facilitated with a feminist treatment perspective. This included the promotion and encouragement of social connectedness between members. Once group norms were well established, members were encouraged to maintain contact and provide mutual support between group sessions. The group was co-facilitated in order to provide role modeling respectful and authentic adult female relationships.

Facilitators encouraged members to realize and demonstrate personal strengths. This focus on strengths and empowerment is in keeping with the feminist perspective, which was the style utilized by facilitators. This provided members with experiences and a sense of efficacy which could be generalized to their daily interactions.

Group members identified specific goals in reducing stress, improving lifestyles and enhancing relationships. Members made significant gains in these areas at the termination point of the group. The conclusion is based on clients' self reports during exit interviews and data gathered through the use of goal attainment scaling. (Appendix 12, 13).

CONTENTS

Acknowledgments ix

Abstract of Practicum

Chapter 1

Introduction 1

Rational for Intervention 2

Learning Goals 5

Chapter 2

Literature Review 8

Prevalence & Relevance to Social Work Practice 8

The Human Experience of Stress & Coping 9

Relevance of Roles in Stress & Coping 10

Individual Personality Traits & Styles 15

Social Support 17

Reciprocity in Social Support 19

Ecological/Feminist Perspective 21

The Benefits of Group Work 32

Chapter 3

Methodology 34

Setting 34

Length of Group 35

Screening Process 36

Planning Process 38

Practicum Committee 40

Therapists 40

Chapter 4	
Intervention	44
Subjects & Criteria for Membership	44
Demographic Characteristics of Membership	46
Group Process	48
Group Structure	50
Chapter 5	
Measures & Client Profiles	53
Measures	53
Client Profiles	55
Chapter 6	
Emerging Themes	69
Context of Emerging Themes	69
Communication	70
Family of Origin	72
Locus of Control	74
Feelings Identification	76
Self Care	79
Stages of Group Development	81
Chapter 7	
Results	96
Analysis of Goal Attainment Scales	96
Individual Results	98
<i>Mid-Group</i>	98
<i>Post-Group</i>	99
Group Results	102
<i>Mid-Group</i>	102
<i>Post-Group</i>	105
Results of Personal Learning Goals	107
<i>Mid-Group</i>	107
<i>Post-Group</i>	113
Outcome of Exit Interviews	116
Summary of Results	129

Chapter 8	
Discussion	130
Relevance of Practicum to Social Work Practice	130
Relevance of Literature Review to Practicum	132
<i>Stress & the Multiplicity of Roles</i>	132
<i>Stress & Social Support</i>	134
<i>Reciprocity in Social Support</i>	136
<i>Use of the Ecological Perspective</i>	138
<i>Use of the Feminist Perspective</i>	139
<i>Critical Elements in this Group Work Intervention</i>	145
Suggestions for Future Social Work Practice	147
References	151
Appendices	

INTRODUCTION

"Stress is defined as an individual's psychic and somatic reactions to demands that approach or exceed the limits of his coping resources."
(Magnusson, 1982)

It is reasonable to assume that all human beings are affected by stress. We could not live and interact with our environment without experiencing some degree of stress. In fact, some degree of stress is considered to be healthy and may actually increase performance of certain tasks. However, in our modern fast-paced society, stress can often exceed our coping resources or remain so chronically close to exceeding our coping resources that our physical and mental health can be adversely affected (Magnusson, 1982, Glass and Singer, 1977). When stress becomes severe, it can have a negative impact on individual ability to function at tasks and in relationship with others.

It is for the above reasons that it is appropriate for social workers to give attention to this issue by working with people experiencing high levels of stress. The Social Work Code of Ethics outlines the overall philosophy of the profession and the responsibilities of professional social workers in practice. Specifically, this code states that:

"Social workers are dedicated to the welfare and self realization of human beings; to the development and

disciplined use of scientific knowledge regarding human societal behaviours; to the development of resources to meet individual, group, national and international needs and aspirations; and to the achievement of social justice for all."
(Canadian Association of Social Workers, 1994)

Providing a service to intervene with women experiencing unhealthy levels of stress in their lives provides a useful, ethical and appropriate service to our clients. High levels of stress impede the process of self realization by interfering with one's ability to perform tasks and maintain healthy, loving relationships. This conflicts with individual welfare and self realization. Therefore, it appears that intervention to assist in alleviating high levels of stress in individuals is in keeping with The Social Work Code of Ethics and the goals of the social work profession.

RATIONALE FOR INTERVENTION

Through feminist group work intervention, individuals experiencing high levels of stress can receive support, education and develop personal awareness. The treatment goal in providing such a group is to promote the development of effective coping and stress management skills within an atmosphere of acceptance, inclusiveness and reciprocity. Also, successful social work intervention could be helpful in assisting those with poor self-confidence to develop greater confidence and take more social risks.

The rationale for providing service exclusively to women involves the tenet that the experiences of men and women in our society are markedly different. People simultaneously function in several roles in day to day activities. However, the primary role which all people hold is their sex role. People tend to relate to others based on the assumptions and perceptions of identified sex roles. The first and primary role identified is that of sex (Lindesmith, Strauss, Denzin, 1988).

Ours is a segregated society, in which men's and women's work and recreational activities are often separate. During the socialization process, certain behaviours and attributes are ascribed to, fostered and encouraged in females. These same attributes and behaviours are either not reinforced or are, actually discouraged in males. For example, men are encouraged to think and behave independently and to compete for success. Alternatively, women are taught to establish and maintain close personal relationships with others. Because of this socialization, men and women relate to others and, are related to by others, quite differently. There has been extensive research conducted and written about to illustrate the relational differences between men and women (Lindesmith, Strauss, Denzin, 1988, Lindsey, 1994). If men's and women's socialization and experiences involve significant differences, their experience of stress is likely to be quite different. In fact, in her article on women as providers of social support, Belle (1982), the author noted the fact that much of the research conducted on stress has involved men in exclusively male roles. She also points out that social support is a strong buffering agent against stress and women are often the providers of this support. This is often not reciprocated by their male counterparts. It is suggested this is because of the fact that to offer and provide support to others is not strongly prescribed

as part of the male role. This is a small, but powerful example of the different experiences and behaviours of men and women. It also supports the notion that the experience of stress can be quite different for men and women (Belle, 1982). For example, Lindsey (1994) notes that women are, with much greater frequency, faced with role overload and role conflict.

Since women tend to have the common experience of being socialized in a particular manner, and are relegated to certain activities and vocations because of the ascribed role of gender, their mutual understanding of stress and its impact may be greater than that which exists between men and women. This position is certainly supported by the feminist perspective. Land (1995) asserts that the effect of external and oppressive structures on women's psychological development must be acknowledged.

This argument is not intended to negate the experience of men and stress, but to emphasize that mutual understanding may be greater among those individuals sharing the same sex roles. Following the primary role of sex, individuals generally interact with others and others interact with them, based on the acquisition of knowledge regarding various secondary roles.

For example, a woman may be related to as a wife, daughter, mother, employed worker and various other roles.

A review of the literature has revealed that women experience higher levels of stress when living with a scarcity of roles. Much of the research supports the hypothesis of role expansion. This hypothesis stipulates that women in multiple roles have increased opportunity for greater satisfaction and social support. Conversely, women with a scarcity

of roles are likely to experience greater stress than those with a multiplicity of roles (Amatea and Fong, 1991, Facione, 1994, Noor, 1996).

It appears necessary to qualify this role expansion hypothesis by identifying several variables which can reduce the benefits of multiple roles. For example, married women employed outside the home tend to report greater satisfaction than their single counterparts. This, however, only holds true for those women in satisfying marriages. Work dissatisfaction does contribute to stress experienced by women, but much less so for those who reported marital satisfaction (Golding, 1989).

Since women experience an affiliation based on gender role socialization and others' perceptions of them, it is likely that they will be able to develop and sustain an affiliation within a group setting. This can provide women with the opportunity to share common experiences and to identify the inequities within sex role stereotyping and how they are affected by this. This setting has the potential to provide women with opportunities to develop authentic relationships in which feelings are explored, social relationships are examined in depth, new and adaptable behaviours are rehearsed and emotional support can be offered and received.

LEARNING GOALS

The writer had several learning goals in carrying out this practicum. These goals included the development of specific expertise in stress management techniques. This practicum was used

to broaden existing knowledge and understanding regarding the impact of stress on women's lives. The opportunity to process feelings, receive affirmation and support assisted clients in reducing the level of stress they were experiencing. Conducting this group was helpful in improving these techniques, and in determining how helpful they can be. A process of evaluation of the clinical process was utilised in order to determine if there was a relationship between the provision of group therapy and reduced levels of stress.

A specific learning goal for this practicum was to enhance clinical skill in facilitating therapeutic groups. This involved developing greater knowledge in the establishment of group norms, dealing with conflict between members, enhancing the emotional safety for group members and facilitating the development of reciprocal emotional support between members. The writer formulated greater expertise in the area of time management within group sessions and the development of additional skill in the successful dissemination of educational information to group members was also an identified learning goal. This involved sharing information regarding the feminist perspective so members can adopt this mode of examination in their daily lives. Skills in partnering were practised with clients through the use of self-disclosure, which was intended to validate, affirm and normalize client experiences. The goal was to depart from being considered "expert" by clients and exempt from their experience. Group facilitators are women and, therefore, are exposed to devaluation and oppression by dominant culture as well.

This group was co-facilitated and thus it was useful to learn how to establish stronger co-therapy skills, so that the benefits of co-facilitation were realized. These included modelling positive interactions for women within the group and promoting feminist principles.

The stress women experience has been related to their multiple roles and the management and satisfaction of these roles. Facilitators learned more about the interrelationship of various roles, develop greater understanding about the complexities of women's roles and how these roles contribute to stress and satisfaction.

LITERATURE REVIEW

PREVALENCE & RELEVANCE TO SOCIAL WORK PRACTICE

Social work professionals are often employed in organizations, which deal with people undergoing some form of stress, often imposed by their physical, emotional and working environments. This is exemplified by the writer's own professional employment history as a social worker. This includes casework with a municipal income security agency, child protection work, group therapy for incest survivors and family therapy. In outlining the history and future for the social work profession, Drover (1998) describes the work of the profession as the "systematic investigation into the causes of human need". The writer argues that human beings often require relief from stress which can negatively impact their quality of life.

The overall philosophy of the Social Work Code of Ethics describes social workers as being "dedicated to the welfare and self realization of human beings" (CASW, 1994). Assisting individuals to overcome the negative, harmful effects of stress is an appropriate intervention for social work professionals. If it is indeed true that stress can literally kill human beings

(Magnusson, 1986), then it seems reasonable to deduce that relief from stress can promote the welfare and self realization of human beings.

THE HUMAN EXPERIENCE OF STRESS & COPING

There is a proliferation of evidence to suggest that mens' and women's experience in North American society is quite distinct. Sex role socialization begins at a very early age, providing males and females with diversity and distinction in experience as well as different modes of socialization (Lindsey, 1994, Bricker-Jenkins, 1991, Land, 1995). For example, although a majority of North American women are now employed outside of the home, they remain primarily responsible for childcare and household management as well. Men, on the other hand, are not saddled with the role conflict which can result from multitasking. Also, in day to day activities, women generally are affected by the fact that they are given less power and status than their male counterparts (Lindsay, 1994). For these reasons this practicum focussed specifically on women's stress and an intervention exclusively for women.

Magnusson (1982) outlines his theory regarding stress and coping as it relates to human beings interacting in their environments. The interactions referred to include the actual environmental conditions which evoke stress, the individual's perception of the environmental conditions and the individual's vulnerability to stress. Environmental factors can evoke stress only if the individual perceives a given situation as stressful and, it has been demonstrated that individual perception can vary greatly. One's vulnerability to stress is

affected by individual coping ability and an individual sense of perceptual reality. All these factors interact to cause stress reactions. Magnusson (1982) has asserted that individual psychological make up alone is not the sole factor in determining individual ability to cope with stress, but the interacting combinations of all these factors.

The interactional model appears to encapsulate much of the research on stress and coping. That is, factors such as personality traits and ability to cope with stress have been studied extensively (Noor, 1996, Amatea, Fong, 1991 and Burke, Brief, George, 1993). Also, individual perceptions and their impact on stress and coping have been well-documented (Golding, 1989) Lastly, environmental factors, termed as stressors, are addressed in the literature related to stress. Personality traits, individual coping abilities and environmental factors are all examined in this document. It should be noted that much of the research often does not examine these factors as they are interrelated as a means of explaining stress. It appears that the relationships between physical and psychological makeup in the individual and the environment in which the individual lives, are extremely important factors when examining the management of stress.

RELEVANCE OF ROLES IN STRESS & COPING

Women generally hold numerous roles throughout their lives and are placed in certain roles by ascription, meaning they have been placed in these roles simply by being born into them. For example, women do not have choices regarding their race or cultural background. However, there is a degree of choice for women regarding whether they will be mothers

and/or employed outside the home. Degree of choice regarding type and amount of roles is often dependent upon women's access to resources, specifically, economic resources (Lindsey, 1994). For the purposes of this practicum, women's roles which include that of wife, mother, employed worker and household manager are all examined. It is assumed that this practicum will be read with the understanding that there are disparities between women in their psychological strengths and their individual coping abilities. Also, environmental factors are significant when examining women's roles and the stress they experience within these roles.

Role scarcity hypothesis has been researched extensively in understanding the impact of environmental stress. (Golding, 1989) This hypothesis suggests that women occupying a multiplicity of roles are most likely to experience stress at dangerously high levels, which can impact physical and/or mental health. Conflicting demands for one's energy and time is thought to deplete coping resources and cause excessive stress. In fact, this hypothesis is refuted in most of the literature reviewed. Researchers appear to favour the role expansion hypothesis which suggests that greater numbers of roles offer individuals the opportunity for greater satisfaction. (Noor, 1996).

In a 1989 study conducted on 1,332 Caucasian male and female respondents, researchers learned that occupancy in numerous roles was associated with lower levels of depression. Also, what occurs within roles was relevant in predicting symptoms of depression. That is, when individuals felt satisfied and supported within marital roles, they were less likely to feel depressed than those who were either unmarried or in unsatisfying marriages. Researchers

did not distinguish between those subjects who chose not to be married and those who remained single only because they had not found a mate. The significant issue appears to be the fact that if one is married, one's opportunity for support is increased in this primary relationship. Other relationships cannot replicate the positive support that a good marital relationship can provide. Low job satisfaction appeared to be less significant in predicting stress than low marital satisfaction. Overall, those respondents who were employed reported less depressive symptoms than the unemployed. The researchers hypothesized that occupancy in a greater number of roles allows for the increased possibility of social support (Golding, 1989).

It is noteworthy to mention that the previously mentioned study demonstrates that personality traits alone cannot explain individual depressive symptoms. It appears environmental factors do play a role in determining individual ability to cope with stress.

A study conducted exclusively with women also supported the concept that women within a multitude of roles exhibited less depressive symptoms compared to women in fewer roles (Kandel, Davies, Raveis, 1985). Roles included marriage, parenthood and paid employment. Women in the most complex of role configurations reported the least depressive symptoms. Overall, the group of women reported to be unemployed, unmarried and childless exhibited the highest levels of depression. Authors are quick to point out the fact that the marital role seems most significant in determining degree of satisfaction. However, women tend to report being dissatisfied in marital relationships as the single most important contributor to stress and depression. Women dissatisfied in employment roles tend to be less affected by this than

before problems in marital relationships. Satisfaction within one role can serve the purpose to minimize the effects of stress in another.

Amatea and Fong (1991) studied 117 professional women in the field of academia. Role stressors represented a small amount of the strain experienced by the subjects of this study and the fewer roles occupied, the greater the strain. When personal resources were taken into consideration, this explained variance between women regarding role strain. Personal resources were defined and measured as personal control, career commitment, active coping and social support. Personal control referred to the amount of perceived control respondents had over their circumstances. Researchers measured respondent's commitment to career by administering the Life Role Salience Scales. Active coping refers to the level of instrumental support which respondents tended to access when dealing with problems. Those with active coping styles were considered to have more effective coping resources. Those respondents with perceived higher levels of social support tended to experience less stress. The amount of actual social support was less significant than the respondents' perception of social support.

In her review of recent studies regarding the health and status of women, Facione (1994) examined the effects of the demands of multiple roles on women's health. Women employed outside the home were considered to have better health than their unemployed counterparts. In this article, health was determined by risk for heart disease and level of anxiety. She also points out that satisfaction within individual roles is crucial. Employed women who tend to adhere to traditional values were less satisfied with their multiple roles than their less

traditional counterparts. This appears to bring into play the issue of perceptions as it relates to stress. How women perceive their roles appears to be an important variable in how they cope within roles.

Although, in many studies, results have suggested that multiple roles offer women greater opportunity for satisfaction, and thus, less stress, other studies have different results. In a study conducted with 454 married mothers and 398 single mothers, Ali and Avison (1994) found that employment transition caused significant psychological distress for single mothers which was not the case for married mothers. The authors provided many possibilities for this phenomenon, including the fact that single mothers have fewer choices and larger financial burdens. The fact remains that multiple roles, in and of themselves, cannot ensure greater satisfaction.

It appears that a clear understanding of those variables which cause women's' stress is relevant to providing effective clinical intervention. Williams, Sulls, Alliger, Learner and Wan (1991) found, in a study conducted with 20 employed mothers, that subjects reported their highest source of stress as inter-role conflict. Inter-role conflict refers to the demands of one role impinging on the demands of a second role. For example, when women received phone calls at work regarding their children or, experienced child care difficulties, they became distressed. These interruptions required the use of different skills than those employed in conducting employment related functions. This cognitive shift was reported to cause stress.

INDIVIDUAL PERSONALITY TRAITS & STYLES

This review of the circumstances of women and their roles has identified some of the factors which cause stress and those that increase satisfaction. However, numerous researchers also identify that individual personality styles and traits contribute to ability to cope with stress. This would be in keeping with the interactional model of stress (Magnusson, 1982).

Burke, Brief and George, (1993) conducted research to determine the impact of "negative affect" on individual's self-reports of stress. They describe individuals with negative affect as those who "view the world and oneself through a negative lens". Thus, when those individuals are asked to report on their perception of stressors, they tend to emphasize the negative aspects of their experience or interpret experience in a negative fashion. The authors argue that this influenced scores on self reports of stress and they cautioned that this negative affect should be taken into consideration when interpreting data regarding stress. It appears that certain individuals tend to emphasize the negative aspects of their experiences. However, if a factor of understanding the impact of stress includes individual perception of stressors, this would be of no less significance than other variables in understanding stress. Reality can be considered perceptual and as a result, there are multiple subjective realities. Berger and Luckman (1967) argue that human beings create their own realities at a cultural level. This is achieved through ongoing socialization, use of language and interaction with others and the environment. Those people with negative affect simply experience reality from a pessimistic viewpoint. Although the literature suggests that negative affect remains quite stable over time, researchers do not address the issue of clinical intervention. It appears that

it is possible to assist others in changing their viewpoints and the impact that stress has on their lives.

Researchers have worked to pinpoint various coping styles in dealing with stress. In their study, Livneh, Livneh, Maron and Kaplin (1996) have identified 3 basic dimensions of coping styles which include:

- "a.) planning/seeking support versus denial/escape...
- b.) interpersonal social support versus religious comfort
- c.) cognitive/instrumental engagement versus affective/spiritual engagement"

Several authors, Livneh, et al (1996) and Amatea and Fong (1991) suggest an instrumental coping style has greater benefits in dealing with stress. One caution outlined in the literature is that many individuals are initially instrumental in their efforts to cope, but when these efforts prove ineffective in relieving stress, certain people may become passive in their coping styles. That is, they suggest that stress coping is a dynamic process, not strictly static. This information speaks to the potential benefits of clinical intervention with people experiencing stress.

That is, input of new information and alternative perceptions may assist those people who have become passive, to again become active in their coping styles.

SOCIAL SUPPORT

Much of the literature reviewed for this paper contains extensive information regarding the significance of social support in coping with stress and reducing its negative impact (Uehara, 1990, Sarason, Sarason and Shearin, 1986). There is some evidence to suggest that individual personality styles and ways of interacting with others can impact the quality and amount of social support provided. In their study, Palfai and Hart (1997) determined there was a negative correlation between holding anger in and the amount of social support provided by others. They provide several hypotheses to answer why those people who suppress their anger receive less social support. These include the suggestion that people who suppress their anger may need to withdraw from social situations where anger is present, since their coping style with anger is to avoid its expression. This withdrawal may lead to a perceived lack of support from others. These perceptions may actually influence the secretly angry individual to lose her desire for support from others, causing further withdrawal.

A 1986 study conducted with 76 university freshmen (40 male and 36 female) determined that those people with few social supports were also deficient in social skills. More specifically, individuals lacking in confidence in social situations tended to be reluctant to use learned social skills. Many of these individuals had sufficient knowledge of social skills, but did not have the confidence to use these skills (Sarason, Sarason, and Shearin, 1986).

It seems useful to examine those variables which ameliorate the negative impact of stress. Social support from others has been identified as significant in effective coping (Uehara,

1990). However, simple social support is not always helpful and, at times, can be harmful. The type of social support provided and the manner in which it is provided must be examined to ascertain what is helpful in reducing the negative impacts of stress.

Jackson (1998), in a study of single mothers, examined the potential benefits of social supports. It was determined that the type of support provided may actually be interpreted as a stressor to some women. 188 African-American women, who were former welfare recipients, were the subjects of this particular study. Despite the fact that researchers conducted their study on African-American women only, they did not clearly explain the racial or cultural relevance of this. Many of these women received instrumental support from mothers, also living in their homes. Surprisingly, levels of depression and stress due to depression, were high for those women living with their mothers. Emotional support was considered helpful in reducing levels of stress, but instrumental support was not. It appears that this instrumental support was considered intrusive, in that, it interfered with the mother's rights and responsibilities to parent. Emotional support appeared not to interfere in this manner.

Krause (1995) investigated the effectiveness of social support on older adults. The distinct experience of men and women was not taken into consideration. Interestingly, the author begins his discussion of social support in general terms, but the most common method of support provided in this population was financial assistance from others in their support networks. Nevertheless, the findings suggest that, support up to a point assisted in reducing stress. However, there is a risk that significant others may become over involved and begin

to feel burdened, if the stressors persist for some time. High levels of support may reduce feelings of competence and self-esteem. Although this study was conducted on older adults and not exclusively with women the caution provided is noted.

RECIPROCITY IN SOCIAL SUPPORT

In conducting research with parents of terminal cancer patients, Williams (1995) identified the need for reciprocity when social support is provided. Social relationships can become strained because receiving support carries with it an emotional cost. If individuals are unable to reciprocate support, it lowers their status within relationships, can affect feelings of self esteem and sense of competence. It is identified that those people who are not expected to reciprocate are often those who are excused because of low status (children or the poor) or a handicap of some kind. These parents were able to maintain the benefits of support provided by others only if they were able to return support. This support does not necessarily have to be returned to those who provided it initially. The critical issue is that the recipient is able to return support to maintain status and self-esteem. It is noted that this study was conducted with a very specific group, but it may be possible to generalize these findings to women experiencing stress.

Reciprocity in social support is a major aspect of exchange theory (Uehara, 1990). This theory emphasizes the interdependency of human beings and the significance of support networks. Those social support systems that demonstrate some depth and intimacy tend to have fairly relaxed rules about giving support and when the support will be reciprocated by

the initial recipient. Networks in which relationships are more distant appear to rely on norms which are more restricted, in that, the expectation of reciprocity is likely to be clearly stated. Also, within more distant networks, the expectations of both donors and recipients is that support will be reciprocated fairly quickly. Time lines for reciprocity are quite flexible in more intimate support networks (Uehara, 1990).

In her study of 17 African-American women who lost their jobs just prior to the commencement of the research, Uehara (1990) obtained information which supported the outlined rules of reciprocity. That is, those women with large, intimate social support networks received "gifts" of money and material goods, as well as social support from relatives and friends. Relatives and friends may have expected the favour to be returned at some point in the future, but time lines were not specified. These gifts were provided, it seemed, on the assumption that the favour would some day be returned. A second subgroup of women with more moderate levels of intimacy within social networks were more likely to receive "loans" from others. These loans were negotiated between donor and recipient and pay back dates were generally specified. A third group of women identified as self helpers tended to access others' assistance as a last resort in coping. They were less trusting than the women in the other two identified groups and tended to meet with less success than the other women, in receiving support. That is, they were more likely to be turned down for loans and favours. Their support networks tended to be much smaller than for those women in the other two groups. Interestingly, there appeared to be no distinction between the significance of kinship and peer support. That is, one did not appear to be more important than the other.

Women were just as likely to receive support from either group. The amount of support provided was not significantly different between kin and peer support providers.

ECOLOGICAL/FEMINIST PERSPECTIVE

It is noteworthy to mention that, given the findings of the above-noted study, social work intervention can provide the catalyst for social support in a formalized setting. A group can provide the membership with the opportunity to develop a social support system in a safe and guided atmosphere.

The studies discussed to this point demonstrate the significance that social support can play in the management of stress. However, it is clear, from the information contained in the literature, that there are many rules and conditions to social support. Also, professionals cannot simply assume that, if an individual has social support and a large, close, support network, this will be beneficial. This point is exemplified by El-Bassel, Chen and Cooper (1998) who studied 151 women in methadone programs throughout New York's Harlem. Much of their research findings are similar to that which has already been summarized in this paper. For example, it was identified that the type of social support offered is important, who offers social support is significant and reciprocity is also relevant. However, it seems noteworthy to mention that members of social networks tend to adhere to similar values and engage in similar activities. In the case of women in methadone programs, they were likely to receive positive support from friends, sexual partners and relatives. However, many of

these same associates supported, assisted and encouraged continued illicit drug use. One could conclude that certain aspects of social support can actually be dangerous.

Thus far, literature has been examined related to stress and coping, most of which has consisted of sociological and psychological studies. Many of these studies have been conducted on specific populations, not all of which were exclusively women. However, this provides a basis for the understanding of the impact of stress on women. The stress relieving function of social support has been examined and, specifically, the types of social support that are most beneficial to relieving stress. Finally, literature was reviewed which addressed the best circumstances under which support can be provided.

It is necessary to reshape this information into social work theory prior to discussing specific interventions. Historically, social work theory and practice have relied heavily on an ecological perspective in understanding human behaviour and needs. This perspective is based on the notion that human beings are influenced by all components of their environments, including other human beings. Just as human beings are influenced by their environments, they provide behavioural input into the environment and are "influencers" as well. Therefore, to examine human behaviour without examining the broader social context in which behaviour occurs, is to miss important aspects of the human condition (McMain Park, 1996).

In viewing individual situations in their environmental contexts, social workers tend to view human beings from a strengths perspective (McMain Park, 1996). That is, rather than

assuming that people experience social or personal problems based strictly on personal limitations, ecological social work considers the strengths of individuals living within oppressive environments. Thus environmental conditions can be perceived as barriers to people meeting their full potential. This is contrary to a strict psychological notion which assumes individuals experience problems solely because of identifiable personal deficits (Gilgun, 1996).

Stress and coping can be viewed appropriately from an ecological perspective. Magnusson's (1986) interactional model of stress is a case in point. Although this theory does not ignore individual uniqueness which contributes to stress and its possible relievers, it does not focus exclusively on the individual's psychological make up to explain stress and stress responses. However, as with most psychological theories, environmental factors may be acknowledged and specifically identified, but they are neither addressed or examined. It appears that social work, operating from a ecological perspective, works with the individual who is affected by her environment, to build on strengths to cope with the environment. But, the environment, as a source of stress, is not ignored. Stressors such as poverty, inequality, discrimination, and lack of social support are also addressed.

Feminist theory embraces many of the aspects of ecological theory and thus the two theories are not necessarily in opposition. However, ecological theory does not appear to be sensitive to the issue of gender to the same extent as feminist theory. Also, it appears that feminist theory clearly addresses power inequalities of gender, and thus, is more appropriate to address women's stress than ecological theory alone.

Feminist theory, like ecological theory, promotes the concept of taking social context into consideration. For example, Land (1995), in speaking of the feminist perspective, refers to human experience as being "biopsychosocial". That is, the complete experiences of people are relevant and to separate the psychological and/or physical aspects of self from one's social and cultural environment provides an incomplete sense of people. Further, it is argued that more specifically, ignoring any these aspects of experience does not adequately address the issue of stress in women.

A common phrase used in feminism is that the "personal is political". This speaks to the issue that personal beliefs, biases and prejudices are embedded in political, economic and social structures. These structures are the very aspects of environmental context to which the writer has been referring. (Land, 1995, Bricker-Jenkins, 1991) For example, in the review of literature on stress and women, very little attention was given to the fact that women are expected to carry out multiple roles with relative ease, when the same does not seem to be expected of their male counterparts. Women's inability to cope with stress has far reaching consequences as they continue to be primarily responsible for providing care to others, most specifically, children (Lindsey, 1995). Research has shown that parents under stress tend to provide less effective parenting than when not experiencing stress (Telleen, Herzog, Kilbane, 1989).

As mentioned previously, ecological theory does not attend to the issue of gender inequality as completely as feminism. Not only does feminist theory attend to the issue that male and

female experience is unique, it also addresses the fact that women are disempowered within the culture in which they are expected to cope (Land, 1995, Russell, 1989). The opportunity to have this acknowledged and affirmed within a clinical environment can serve as valid information, which in itself can reduce stress.

Feminist theory and ecological theory both appear to adhere to the concept that the client's perception of reality is to be respected and attended to. In keeping with the feminist view that there are multiple realities, the client's perception of her own situation is considered to be relevant, significant and respected. Realities are socially constructed and people develop these realities through their involvement in culture (Berger and Luckman, 1967). Feminism works to examine these subjective realities and the impact they have had particularly on less fortunate groups. These less privileged groups most certainly include women (Land, 1995, Poovey, 1988).

Feminist theory and practice promotes the concept of empowerment. That is, in a therapeutic relationship, clinicians work with clients on a cooperative basis to develop goals. These goals generally involve empowerment to work toward change in the environment which contributes to problems and stressors. That is, the focus of intervention is not just simply to promote intra psychic changes but to empower the client to work toward change in the environment as well (Land, 1995, Russell, 1989).

Sensitivity and attentiveness to power dynamics in relationships is an important aspect of feminist practice. It seems that this component of feminist thought is connected to the

previously mentioned tenets. Inequality in power also occurs in the client/clinician relationship. Rather than ignoring this reality the clinician encourages the client to share her perspectives, meanings and analysis. This has been referred to as the partnership with clients (Land, 1995, Bricker-Jenkins, 1991).

The most optimal clinical intervention for women experiencing stress is a support group utilizing the tenets of a feminist perspective. In her article on feminist group work, Lewis (1992) argues that social work groups focus on specific symptoms or problems with clients and thus, attempt to "contain or "manage" group members. The psychotherapeutic group offered and is the subject of this program instead utilized feminist principles. Feminist principles such as empowerment, affirmation and partnership with members can ameliorate the possibility that members will be pathologized either by facilitators, other members, or themselves. Genuine and vigilant adherence to feminist principles can provide opportunity to develop:

1. A *common consciousness* of the embedded details of victimization
2. The systematic *de-construction* of negative and disadvantaging definitions of reality.
3. The process of *naming*, of identifying the consequences of established structures and patterns
4. Trust in the *processes within the group* to reconstruct a new reality and to provide the context within which to test and practice new language, behaviors, expectations and aspirations.
5. A belief in the *power of the group*, united to bring about desired changes in the context, however small these may be.
6. A *sense of community* through the experience of reaching out and discovering allies and " same-thinkers and doers" in the wider social context." (Lewis 1992, p. 273)

These previously mentioned concepts can meet the specific needs of women experiencing high stress levels. For example, social isolation is considered to increase one's experience of the negative effects of stress. Conversely, satisfying relationships with others can reduce the negative impact of stress (Sarason, Sarason, Shearin, 1986). Development of a common consciousness within the group setting can, increase members' sense of belonging and thus, support.

Glassman and Kates, (1990), assert that facilitators can heavily influence groups in developing cohesiveness or collective consciousness. This is achieved through the encouragement of norms which value individual contributions by members, those individuals less inclined to speak and share about themselves are encouraged by facilitators to contribute in a comparable fashion to those who assert themselves with ease. It is necessary for facilitators to create the space for this to occur. In this way, no one member is considered to be more valuable than another.

According to Toseland and Rivas (1995), cohesive groups meet the needs that first brought individual members to the group. These needs can include the desire for relationships with others. In fact, groups can be quite effective in meeting the needs of the socially isolated. Members within cohesive groups can also influence one another heavily, and they tend to work together to achieve common goals. Cohesive groups have a positive effect on member satisfaction and personal adjustment.

Toseland and Rivas (1995) point out that human beings function within groups in many aspects of their daily lives. They also assert that functioning within groups teaches acceptable social behaviour, provides the opportunity to develop satisfying personal relationships and assists in the identification of personal goals. The group conducted for the purpose of this practicum provided members with all of these opportunities and met the intended function of social work groups in doing so.

The action of "deconstructing" reality or the widely held beliefs of dominant culture can serve to provide alternative perceptions of reality to group members. According to Woods (1987), women's development is such that they move toward caring for, and attachment to, others. However, there are also costs in stress levels for women providing this caring (Woods, 1987, Belle, 1982). The writer argues that the group may be an ideal forum for women to begin to examine and question their motivations for providing care to others. It may be possible that women experiencing the stress of providing care for others have never considered behaving in alternate fashions because they have simply accepted the stereotypical expectations of dominant culture.

The process of "naming" issues, can validate women's experience of stress. For example, providing nurturing to others is considered a major function of the female role, but requires the use of energy. It appears that women are expected to provide caring to others and to do so without complaint. There is, it appears, also an underlying assumption that women do not become tired and emotionally depleted. Within an accepting and supportive group, members can openly discuss their feelings associated with the stress of caring for others.

The "*process within the group*"(Lewis, 1992) can, provide the membership with a subculture comprised entirely of women to examine assumptions about sex roles promoted by dominant culture. According to Lewis (1992), people require affirmation and support of a subculture to adopt alternative beliefs than that of dominant culture. Also, groups conducting this sort of function also require the expertise of professionals to carry out this work.

Group leaders in a feminist support group can promote feelings of safety and affirmation. This supports the concept that the group members have their own personal power. This power is both individual and collective. This reinforces the sense of connection which can be helpful for women experiencing stress. Gottlieb, Burden, McCormick and Nicarthy (1983) point to the fact that feminist groups can assist the membership in overcoming some of the negative aspects of sex role socialization. They indicate that this is, in part, achieved by reducing the sense of isolation from one another. These authors further support Lewis' position that the feminist group can provide a forum in which women can explore the social and political factors impacting their day to day lives. It is comparable to the naming which Lewis described. It appears that, if the feminist group is successful, members will have confidence in the power of the group and the sense of community may also follow.

In a review of social work support groups being provided to various client populations, Schopler and Galinsky (1993) define the support group as a facilitator led group which falls between self- help and treatment groups. The major functions of support groups include self-help, mutual aid and peer support. The writer notes that these are all necessary components

of stress reduction. Facilitators within support groups have the opportunity to invite discussion of topics related to stress from a feminist perspective and thus offer women alternate means of understanding their present circumstances.

Researchers have studied parent support groups and parenting education groups to ascertain whether parenting stress was reduced and social support was increased. They determined that parenting stress was reduced in both groups and the sense of being supported increased for both groups. However, the sense of increased support was greater for members within the parent support group. This, the writer observes, speaks to the power of the support group in meeting the need of receiving social support (Telleen, Herzog, Kilbane, 1989).

In providing a social work support group to deal with stress in the workplace, Wegener (1992) discussed practical and realistic obstacles to providing such a group. Conducting a group can introduce factors in the environment which may impede individual and professional efforts to reduce stress. That is, professionals providing support group services in workplace settings must be extremely sensitive to avoid feelings of stigmatization by the membership. However, if one operates from a strengths perspective, this stigma can be minimized. Workers can be encouraged to influence their work environments in positive ways, not simply remain influenced by their work environments. Feminism can play a useful role in assisting female workers to understand that their desire to seek out support in the form of a group is not a sign of weakness, but rather a strength. That is, women accessing a group for support and validation can be empowered to influence workplace changes which may actually reduce their levels of stress. For example, flexible work hours may be helpful in

assisting women carry out their multiple roles which includes caring for children. Workplace daycares may also ease the stress of child care.

Much of the sociological and psychological research regarding stress and social support can be utilized in providing support groups to women using a feminist perspective. It is accepted that some of this research was gathered without respect to gender roles and much was likely gathered with little attention to context. However, clinical work must begin in a framework of understanding the basic notions of stress and coping.

In considering the concept of women and stress, it is noteworthy that stress research has given little consideration to the fact that the inequalities and inequities that women face day to day are, in and of themselves, sources of stress. The lack of acknowledgment of this context, ignores the reality that women have multiple and conflicting responsibilities. Research has demonstrated that men do not take on equal responsibility for child care and household management, even in families where women are employed outside the home (Lindsey, 1994).

Feminist group for women experiencing stress in their various roles, can be helpful in making stress more manageable. Also, this type of group can actually provide the necessary elements for women to influence their environments and to reduce the level of stress in their lives. A feminist group could potentially provide the support, validation, affirmation, empowerment and connectedness individual members require to affect positive changes in their lives. For those people who feel alienated and isolated from others, group members and

facilitators could provide education on alternative methods of interaction. Acceptance of individuality and diversity may provide women with opportunities for successful social relationships. All these factors can provide necessary support and contribute to stress reduction.

THE BENEFITS OF GROUP WORK

Groups are the structure upon which larger society is built. They are the means through which relationships with significant others are conducted (Toseland and Rivas, 1995). The group completed for women experiencing stress, transition and social isolation was intended to provide members an opportunity to develop supportive relationships. Facilitators planned to guide the group in an effort to allow the membership to practice interaction with others in an emotionally safe setting.

Berman and Weinberg (1998), assert that, in its more advanced stages, members of groups can become more experienced in collaboration, sharing and acceptance. Members are also able to cope with social anxieties effectively and hear unpleasant messages. A group experience has the capacity to provide its membership with the opportunity to become more socially connected and to broaden social skills. This can lead to greater intimacy and authenticity in members' personal relationships. Since this group was offered to socially isolated women, it appears to be an appropriate intervention.

Gottlieb, et al, (1983) indicates that feminist groups can reduce women's isolation from one another and attend to the political factors in women's lives. Facilitators planned to provide a group in which the interactional components of stress (Magnusson, 1986) could be examined and understood. Also, a major goal for facilitators in conducting this group was to reduce the level of social isolation amongst the membership.

METHODOLOGY

SETTING

Group sessions at a large social service agency in Winnipeg. The Family Centre of Winnipeg was established in 1937, receives provincial and private funding to provide supportive services to families and has a broad based counselling department. This agency is centrally located in order to meet the needs of the urban community and the writer was of the opinion that this location would also be convenient for the members of the group. Family Centre is known to support students in meeting the academic and clinical requirements for their degrees. Students are invited and encouraged to meet degree requirements in the agency's counselling department with close monitoring and supervision.

After speaking with academic advisors, it was determined that academic requirements for the practicum could be satisfied at the Family Centre of Winnipeg. That is, a member of the clinical staff is a practicing social worker with a post-graduate degree. Hence, she met the requirements to sit on the writer's practicum committee. The Family Centre has group room space on site which is comfortable and is intended for group therapeutic use. Also, group room space is connected to videotape rooms where sessions can be unobtrusively

videotaped. The writer was required by academic advisors, to videotape all group sessions. Videotapes of sessions also served a practical utility, because, videotapes could be reviewed in order to closely examine group process.

LENGTH OF GROUP

This was a long-term group which consisted of 30 sessions. The rationale for this decision involved the writer's professional experience which had demonstrated that deeper levels of intimacy within the group setting are achieved in longer term groups. Also, Yalom (1985) indicates that extended lengths of time for group members within a group has been shown to increase members' faith in the curative power of the group. According to Yalom (1985), a longer term group strengthens cohesiveness, self-understanding and interpersonal learning. These are all essential components of effective group therapy.

Roth and Ross (1988) posit that long-term groups provide members with a social environment where patterns of behavior and interaction are reflective of the larger social context. This affords the memberships the opportunity to examine and correct ineffective and destructive behavior. Roth and Ross (1988) also suggest that long-term groups provides the opportunity for deeper levels of trust to develop amongst members. They indicate that longer term groups are more adaptive than shorter term groups. Specifically, the members can develop greater tolerance and respect for diversity. They also argue that long-term groups enhance the opportunity for both the group as a whole and individuals to develop maturity.

Since it was intended to achieve an atmosphere in which individual members could both give and receive support, it was determined that a long-term group would more likely serve the needs of the client population identified. This group was intended to reduce the level of social isolation experienced by the membership and provide the opportunity to experience satisfying personal relationships. This was more likely to be achieved within a long-term group.

SCREENING PROCESS

The writer conducted two screening interviews with each potential group member. It was necessary to conduct a total of two interviews since potential members required the opportunity to explain their circumstances, the writer required background information and goal attainment scaling was to be completed. These screening interviews were used to assess client ability to share with others, client level of functioning and overall suitability to the group. Mennen and Meadow (1992) indicate that this is an important aspect of carrying out the group screening process.

It was intended to use screening as a means of providing members with an understanding of the group structure and process. In this way, clients were empowered with information so that they could make informed decisions regarding their interest in the group. The writer also attempted to establish a positive rapport and begin to build trust with each potential group member. According to Mennen and Meadow (1992), the group screening process can be used as a vehicle to establish confidence in the leader. It is also important to impart information

regarding one's philosophy, educational and experiential background and orientation to treatment. The writer made every effort to carry this out.

In carrying out these screening interviews, the writer worked with individual members to address feelings of ambivalence regarding the group. These feelings of ambivalence related to members' perceptions regarding the process of the group, expectations of the facilitators and fear of rejection and/or negative judgement by both members and facilitators. This provided the opportunity to address these issues as they emerged in the screening interviews.

As a means of balancing the rapport and relationship building which occurred between the writer and the group members, the co-facilitator was invited to one screening session for each group member. It was intended to provide individual members with the opportunity to establish some degree of familiarity with the group co-facilitator. It was also intended to minimize the imbalance between the two facilitators in relationship building with the group members. It should be noted, however, that the writer was exclusively responsible for developing goal attainment scalings with each client.

Prior to beginning the group therapy process, all members were required to sign a document of consent, which verified that they agreed to be videotaped. (Appendix #1) This was to ensure that all ethical requirements were met.

PLANNING PROCESS

Group structure was developed which would capture the rationale for this intervention. It was intended to promote the development of effective coping and stress management skills within an atmosphere of acceptance, inclusiveness and reciprocity. This group was held on Tuesday evenings from 7 to 9 p.m. The writer decided upon conducting group sessions in the evening in order to accommodate those women in the paid labour force.

The actual start date and termination date of the group was determined prior to the commencement of the actual sessions. This was to ensure that members could make informed decisions regarding the time commitment that they were making to the group. It was planned that, if possible, these 30 sessions would run successively. However, since the group continued over the summer months, the co-facilitators polled the group regarding their summer holiday plans. It was agreed that since several group members had holiday plans which overlapped, one group session would be canceled. This cancellation occurred on July 25, 2000, and consequently, the group was extended an additional week. The actual commencement date of the group was February 22, 2000 and the termination date was moved forward to September 19, 2000.

During screening sessions, potential group members were polled to determine what evening was most convenient for the membership. Ultimately, facilitators were required to conduct the group on Tuesday evenings because there was available space within the setting only during this time. Facilitators opted to commence group sessions at 7 p.m. This was intended to meet both the needs of the co-facilitators and the membership at large. Specifically, this

would allow women to attend to mealtime and childcare responsibilities prior to their arrival at group. It appeared counterproductive to add to the stressors of these women's lives.

Group co-facilitators elected to lead 2 hour sessions with a 15 minute break at the mid-point of each session. The rationale for this was primarily based on previous group work experience. 2 hour sessions allow the membership sufficient time to share and process thoughts and feelings as well as to deepen relationships and connections. The 15 minute break served several useful functions. First, this short break reduces the level of interruption within formal session time since members can use the break to make necessary telephone calls, use washroom facilities and move about without distraction from the group. This also provided the membership with the opportunity to distance themselves from the highly emotionally charged content of the actual session. Third, members utilized this break time to learn about different dimensions of their personalities and other aspects of their lifestyles. The relaxed atmosphere within the group room during this break seemed to facilitate an exploration of humorous aspects of the membership's lifestyles and personalities.

Group co-facilitators have learned from past experience, that there are several clinical benefits of taking a short break at the mid-point of each group session. The opportunity to provide feedback and share observations related to group process allowed co-facilitators to deal with matters in an allied fashion during the final portion of each group session. There were, in fact, situations in which one facilitator made observations that had eluded the other facilitator. It has also been the writer's experience, that after approximately one hour in session, facilitators often require a break from the emotional intensity of the group.

PRACTICUM COMMITTEE

A combination of faculty advisors and a social worker employed in the social work community comprised the membership of the practicum committee . Professor Kathy Levine was the primary advisor within the Faculty of Social Work. Prof. Esther Blum was the secondary advisor on this committee, chosen for her expertise in the area of group work.. Ms. Jane Markesteyn, MSW, agreed to function as the third member of the Practicum Committee. She had been selected because of her extensive social work experience as well as the fact that she is employed by Family Centre of Winnipeg. Ms. Markesteyn provided ongoing clinical supervision in carrying out the actual group work.

THERAPISTS

This group was co-led by two female facilitators, the writer and a colleague who together have had several years of group work experience. It should be noted that both facilitators have a social work background and similar theoretical and experiential perspectives. The Co-facilitators have worked providing group therapy for more than five years. The therapists received clinical supervision throughout this time and have worked through problems in individual clinical styles, as they have occurred.

Levine & Dang (1979-80) explain that the relationship between co-facilitators can be explained as a group itself. Conflict can emerge between facilitators and, if not addressed or

resolved appropriately, can have a negative influence on the group. This therapy was conducted from a feminist perspective, thus there was a professional commitment and a degree of comfort with this working style.

Division of labour in providing this group was determined prior to the commencement of the group. It was agreed that the writer would take primary responsibility for the group as this is a requirement for the completion of the degree for a Masters in Social Work. This primary responsibility included advertising for potential members, conducting individual screening interviews and completing all necessary follow-up work prior to and between sessions.

Since it was planned that this group would use a feminist treatment perspective, it was important for the therapist to join and make connections with women bearing in mind sex role commonalities (Bricker-Jenkins, 1991). The writer's co-facilitator agreed to attend a final screening interview with potential members. The purpose of this introduction was to provide the membership with the opportunity to experience the co-facilitator as a professional woman who is sensitive to their needs as women. That is, it was anticipated that this would begin the process of rapport building and trust. Additionally, it was intended that, in sharing this task, it would reduce the members' perception that there was marked differences in power between facilitators.

Group co-facilitators planned for the structure and process of each group session together. Wherever possible, group co-facilitators worked to ensure that there was an equal balance of power between them within group sessions. Group members were, however, aware of the

fact that the writer had additional responsibilities in providing for this group as it provided the basis for this practicum report. Co-facilitators engaged in formal debriefing following each session and met together with the clinical supervisor on a bi-weekly basis. The co-facilitator met, on occasion, with the Practicum Committee and academic members of the committee, in order to provide feedback and obtain additional clinical and theoretical information regarding the leadership of the group.

It is acknowledged that co-facilitator involvement for this practicum is somewhat unique, in that, the writer's co-facilitator took a very active role in all aspects of the process and structure of the group. This is due to the fact that, in establishing group goals, the writer identified developing improved co-therapy relationships as a specific goal. (Appendix #11) It was considered necessary to maintain this active involvement in order to achieve this end.

According to (McGee & Schuman, 1970), co-therapy can offer the respective therapists a valuable learning opportunity regarding their clinical strengths and areas requiring growth. Since it was the writer's intention to strengthen clinical skills, the co-therapy arrangement provided the opportunity for this. In the debriefing process, co-facilitators shared observations made and provided each other with constructive feedback. This served to broaden the understanding of the group process and to further develop clinical skills.

Literature suggests that co-facilitation is not clearly advantageous over a single facilitator, but that it can be useful in some situations (Toseland and Rivas, 1995). These authors have outlined several circumstances where co-facilitation may be the optimum choice for working

with groups. Co-facilitators must not be in regular conflict and must be able to work well together. It is important that one facilitator is not clearly more experienced than the other. The benefits of a co-facilitation situation include the fact facilitators can be supportive of one another and can model positive relationships for the membership (Toseland and Rivas, 1995).

In conducting group work, a major benefit of co-facilitation involves variability in the analysis and perceptions of the group process. One facilitator may clearly observe interaction, body language or non-verbal communication that the other neglects to see. Also, one facilitator may bring clinical strengths that the other lacks. This position is supported by Davis & Lohr (1971).

Since this group was conducted utilizing a feminist perspective, two female facilitators have the opportunity to model cooperation as opposed to competition among women, respect for differences and connectedness. In **Feminist Groupwork**, (Butler & Wintram, 1991), identify these issues as extremely important in meeting women's needs. Women have been encouraged to interact in a divisive manner, by cultural cues. Facilitators can model how to interact in a cooperative, respectful fashion. This respect includes a respect for diversity. Davis & Lohr (1971) identify this as a positive aspect of co-facilitation.

INTERVENTION

SUBJECTS & CRITERIA FOR MEMBERSHIP

Recruitment of the group's membership was accessed through several sources. Family Centre Counselling Department staff had advised that it would be unlikely that sufficient referrals would be generated from their agency alone. Therefore, the writer advertised within the agency and a large company, which provided an EAP service for the agency. The writer also accessed and utilized professional affiliations with colleagues employed in various other social agencies as a means of securing an adequate referral base. (Appendix #2&3)

Counsellors making referrals were not required to provide any written information regarding their clients. Referrals were made either in person or by telephone, to provide specific information related to each client from the individual making the referral. It should be noted that some potential group members actually made direct contact, as they did not have a long-term relationship with an individual counsellor. Many of these potential members had accessed EAP services on a one-time only basis.

Potential group members identified themselves as experiencing a great deal of stress. Additionally, they were required to be undergoing some form of life transition. Transitions considered significant included women whose marital status, employment status, and/or family structure had recently changed. This also included women who were experiencing a life cycle transition. The specific transitions which women experienced often left them with a dearth of roles. That is, women who recently experienced a marital separation had lost their role as wife. Women who had lost their employment had also lost their role as employee.

A consideration in obtaining referrals for possible candidates for group included a sense of social isolation experienced by these women. This was strictly a perception, in that, social isolation was identified by members as a problem in their lives. This was not based on the amount or quality of their personal relationships but rather their perception of their social isolation. The significance of this particular criterion was identified within the literature as a primary consideration in individual ability to manage stress.

Clinical assessment guidelines were utilized (Toseland & Rivas, 1995) in determining group suitability of individual women. This group could be considered to have considerable heterogeneity, in that, members had markedly different socioeconomic backgrounds. Members were brought together based on the criteria of being under stress, in transition and socially isolated. Because of the mode of intervention, verbal communication skills were considered an important characteristic of potential members. If, in the writer's opinion, certain women lacked basic English skills, they would not be considered suitable candidates for the group.

Based on past group experience, it was determined that those women with obvious or diagnosed severe mental health problems, would be excluded from this group process. In determining mental health, there was some reliance upon individual therapists who made referrals to the group. These therapists were asked for their assessments of the mental health of their clients. Although several group members were identified as clinically depressed, no one was referred who could be considered psychotic in any way. Lethality assessments were conducted during screening interviews. Since social connectedness was such an important aspect of this group process, it would not be useful for individual members or the group as a whole, to include women who were unable to develop or sustain relationships.

When advertising for referrals for the group, it was clearly outlined that voluntary clients were being sought. It should be noted that there were no referrals made where it was determined that clients were referred against their wishes.

DEMOGRAPHIC CHARACTERISTICS OF MEMBERSHIP

The women who initially made up the membership of the group ranged in age from 26 years to 61 years of age. Six of eight of the original group members were over 35 years of age. The writer was initially reluctant to accept a younger member to the group as it was anticipated that a strong sense of connectedness may be difficult to establish, given disparity in life cycle stages. Fortunately, a second group member in her twenties was also referred to the group. Both women in their twenties were accepted to the group and appeared to relate as peers.

Members of the group were experiencing transitions related to marital, parental and employment status. Three group members had recently separated from their spouses. Two of these women had been married more than twenty five years, which seemed to make transition particularly difficult. The third woman who had recently separated, had left her adolescent children in the care of their father. She had also become involved in a lesbian relationship. A fourth group member had recently been widowed. One group member had made a decision to adopt her granddaughter, just prior to the commencement of the group. The remaining group members were in the process of making career changes and were in the process of coming to terms with unresolved childhood issues, such as physical and sexual abuse.

All group members identified themselves as socially isolated. All were estranged from most or all of their relatives in their families of origin. It appeared that this was often necessary for many of the women to protect themselves, since they had endured significant abuse within their families of origin. These women also identified problems in making and keeping friendships. Group members described their friendships as lacking in genuine intimacy and emotional support. Many women expressed anxiety and apprehension in allowing themselves to be vulnerable enough to risk intimacy in their personal relationships.

Many of the group members experienced significant financial stress, in part, due to the transitions they were undergoing at the commencement of the group. However, most had

specific training and/or university educations. All members appeared to possess the cognitive ability to benefit from the therapeutic process.

GROUP PROCESS

In keeping with the feminist perspective and group work practice, facilitators attempted to assist in the empowerment of the group members by providing them with the freedom and flexibility to determine some aspects of group structure. For example, co-facilitators posed a question to the group at the end of the first session. This question was provided to the membership to evoke thought about stress and its management between sessions. Following this initial session, the membership provided positive feedback about the question that had been posed and informed the co-facilitators that this had, in fact, been thought provoking. Several members explained that pondering this question throughout the week had enhanced their awareness of stress and its management in their lives. Also, several members took it upon themselves to journal their thoughts related to the question and referred to their journal entries in the subsequent session. This created the establishment of a norm within group in which members began the process of personal journaling and sharing their thoughts and feelings related to the questions in subsequent sessions.

After only a few sessions, the group was restructured. One hour of session time was devoted to group members processing of the questions posed at the end of the previous week's session.

Co-facilitators chose to identify and address practical issues related to the group at the beginning of each session. These practical issues referred to such items as the use of the space and facilities within the Family Centre of Winnipeg. For example, group members were made aware that other counselling groups were being conducted within the agency and issues related to confidentiality and security were addressed. Group members were made aware of the locations of washrooms and telephones intended for public use. Once facilitators had clearly established this structure, members volunteered practical information to the general membership at this point of the session.

As co-facilitators provided a framework for the structure within group sessions, the group membership began to expand upon this. Over time, the structure of the group took form as the membership provided feedback regarding their comfort and satisfaction with the salient aspects of group. Eventually, group structure included a brief update at the beginning of each session regarding practical issues. This was followed by a discussion of the previous week's question. Following break, facilitators led the membership in discussions related to stress and its management and the impact of women's issues as it related to emerging themes. Facilitators closed each session with a question to be answered over the subsequent week.

Co-facilitators took responsibility in the establishment of clear boundaries regarding the start and end time for each session. It was recognized that members could become so absorbed in processing salient topics that they would lose track of time. This had the potential to create boundary problems, sub-groupings and resentments. Therefore, facilitators quickly established the norm that group ended promptly at 9 p.m.

Careful consideration was given to the termination process, so members could emotionally prepare for the loss of the group as a source of support. Toseland and Rivas (1995) identified the fact that group members often experience a sense of loss related to the termination of group.

GROUP STRUCTURE

Facilitators planned, prior to the commencement of the group, that some elements of the actual group structure could be defined by the membership. Toseland and Rivas, (1995) indicate that groups with an element of structure can provide an efficient means by which members can achieve their goals. Therefore, it was desirable to have structure, but it was intended to provide members with a sense of ownership for the group in providing them with the opportunity to develop some of this structure.

It was necessary for facilitators to direct the structure exclusively during the first two sessions. This was due to the fact the members required information regarding the facility in which group was conducted. It was essential to lead the members in an exercise whereby they would become somewhat familiar with one another. There were certain non-negotiable rules for the group. These two rules were respect and confidentiality. They were discussed within the group session at some length. Finally, members were led in a discussion regarding the group goals which were placed on the group goal attainment scales. (See Appendix # 11)

During these first two sessions, facilitators addressed specific tasks by completing one task prior to the fifteen minute break, then attending to a second task.. Just prior to the end of the first session, facilitators posed a question to the members to consider throughout the following week. This was intended to assist the members on becoming focused on the group and the work they were undertaking. This was a very useful exercise, in fact, in the following session, members reported that they gave this a great deal of consideration throughout the week. They discussed their thoughts about this at some length in the second session.

Facilitators did not provide the members with a question at the end of session #3. Several members expressed disappointment about this. They informed facilitators that, not only had they been giving these questions a great deal of thoughtful consideration throughout the week, several had actually been writing their thoughts in journals.

During the fourth session, facilitators reintroduced the weekly question or “Thought for the Week.” Members appeared to establish journal writing as a group norm and actually began to bring their journals to group sessions to share the contents during discussions.

Addressing the previous week’s question comprised one hour of the structure of subsequent group sessions. The weekly question provided facilitators with the opportunity to work with the membership on emerging themes. These questions became more sophisticated as the

group progressed. However, facilitators regularly asked members if they comprehended the weekly questions. Based on their answers, it appeared that they did so.

The final established structure of the group consisted of a weekly “check-in” which provided individual members with the opportunity to report and explore personal events in their lives. Then, facilitators led discussions regarding the weekly questions. This allowed facilitators to impart information about stress management issues to the membership on a rather informal basis.

There was some variation to this structure in that occasionally the session time allotted for “check-in” and addressing the weekly question was reduced. This was to allow time for additional exercises, such as the family of origin exercise which is discussed in further detail later in this document.

Members were given power in establishing the structure of the group. They accepted this power, and successfully developed a structure which had therapeutic value.

MEASURES AND CLIENT PROFILES

MEASURES

Goal Attainment Scales (Sheafor et al, 1997) were utilized as a means of determining the benefit of this intervention. The rationale for using this measure, involves the fact that goals are established both by individual clients and the social worker. This is respectful of individuality and diversity among group members. The clients thus, have some degree of input and, in the writer's opinion, are empowered through this process.

Goals selected by the client and social worker comprise the goal attainment scales. The "Goal Attainment Follow-up Guide" in this case, has a total of five identified goals which are divided into a succession of scales. Each scale identifies a potential client outcome and there are five scales for each identified goal. There are three steps in completing the guide which include:

1. *Identify the major areas of functioning in which intervention is expected to have an impact.*
2. *Assign a number to each goal area to indicate its importance in comparison with other goal areas.*

3. *Specify five levels of possible outcome in relation to each goal area.*" (Sheafor et al, 1997) (Appendix #4-11)

All individual goal attainment scales were completed prior to the initial session of the group. The group goal attainment scales was completed by the membership during the first session. Because of the lengthy duration of the group, progress of each individual group member and the group as a whole was evaluated on session #15. That is, individual members were asked to mark their progress on their individual goal attainment scales at that time.. Also, members were asked to come to a consensus decision regarding the scoring of the group goal attainment scales. Finally, the writer completed an evaluation of her learning goals using the goals-attainment scales which was developed for this purpose, at this time. (Appendix #11)

Members marked their progress on the group goal attainment scales during session #29. It was determined that this was the most appropriate time to measure the group goal attainment scaling, since the final session was intended to be strictly a celebration of the completion of the group. Individual goal attainment scales were completed by the members in the presence of the writer during exit interviews. It should be noted that all exit interviews were completed within a week of the termination of the group. The writer completed her final goal attainment scales immediately following the last session of the group.

CLIENT PROFILES

Screening interviews were completed with nine women who comprised the initial membership of the group. All nine women attended the initial group session. During this first session, one woman informed the group that she was scheduled to have surgery the following week. It was planned that she would miss two to three sessions following this, but would return to the group. However, she never returned and did not make any contact to indicate her intentions. Several attempts were made to contact this member, but telephone messages were not returned.

Eight women comprised the complete group membership for several sessions following session one. One member stopped attending following the eighth session. She later indicated that she had been quite physically ill and had not been able to carry out her day to day duties.

The group continued for several sessions with an active membership of seven. At session 12, another member stopped attending. She contacted the writer and several group members to advise that she had contracted mononucleosis and would be unable to attend the group for an indefinite period of time, although she expressed her desire to return.

The members profiled were members accepted into the group.

MEMBER A

Member A is a twice divorced, professional woman in her late thirties. She had been in individual counselling for several years. Her counsellor described her as very personable and intelligent, but lacking in self esteem. Member A's counsellor advised that member A was recently fired from her last employment position. She has recently decided that she wishes to make a career change. This has placed member A in transition.

Member A met with the writer on two separate occasions for the purpose of group screening. She discussed her circumstances at some length. She informed the writer that she grew up in England and emigrated to Canada as a young adult. She explained that she was brought up in a nuclear intact family with many siblings. Thus, she lacked nurturing and attention. She described her mother as an extremely angry, distant and sometimes, abusive woman. She also informed the writer that she did not have the opportunity to build lasting relationships as a child, since her parents constantly moved. This necessitated many school changes.

Member A informed the writer that she moved to Canada after she married her first husband. He too, emigrated from England. She explained that, shortly after her arrival in Canada, their relationship began to deteriorate and eventually led to their separation.

Just following her separation, member A became involved with a Canadian man. This relationship was initially quite satisfying and the couple married very soon after meeting. Once married, member A moved with her husband to his family farm. She found this move to be rather isolating and experienced some culture shock since this lifestyle was very unfamiliar to her. She found that her husband was rather cold and distant to her and more

involved with his extended family than with her. She indicated that she was, however, reluctant to end this relationship since it would have been her second failed marriage.

Member A indicated that she had two children with her second husband prior to separating from him. He now has custody of the children and she sees her children, but infrequently. The end of this marriage apparently contributed to significant financial and emotional problems for member A. She questioned her ability to establish and maintain personal relationships.

Member A spoke about her career change as a necessary move. She explained that her previous career created so much stress that she could no longer continue in this line of work. She indicated that she was not sure that she will find her new career choice satisfying. She simply did not have enough information yet to make a decision in this regard.

After receiving initial information about the group, A expressed a strong interest in becoming a group member. She appeared enthusiastic about attending the group. (Appendix #4) She attended the group regularly and completed the thirty session commitment.

MEMBER B

Member B was referred to the writer by an individual counsellor, who informed me that she had seen member B on only a few occasions. She stated that member B is quite socially isolated, but has many responsibilities and demands on her time. She is primarily responsible for her aging mother who recently had a stroke. She has very little status with members of her family of origin as males are much more highly valued than females. Member B is the only female in her sibling group.

According to her individual counsellor, member B is experiencing stress and transition due to the fact that she is in the process of adopting her six year old granddaughter. This granddaughter was apparently placed with member B after having been severely physically abused by her daughter's boyfriend. This has caused considerable strain between member B and her daughter and they no longer speak.

Member B attended two separate screening interviews for the purpose of group screening and establishment of goals. She informed me that she is 52 years old, has been married twice and is divorced. She is unemployed, and is receiving social assistance. She identified several stressors in her life at present and explained that she is quite socially isolated.

Member B indicated that her mother presently demands a great deal of her time. This is due to the fact that her mother recently had a stroke and requires assistance in carrying out her activities.

In identifying additional stressors, member B stated that she is a polio survivor and thus has numerous health problems as a result.

Member B discussed the fact that she has great difficulty in trusting herself and others in personal relationships. She shared her opinion that she tends to sabotage her personal friendships and relationships by becoming very needy and seeking out a great deal of emotional support. She intimated that she is concerned that she would not be accepted by others in a group situation and that, she will have difficulty trusting others.

In spite of member B's hectic schedule and fears about the group process, she became rather eager about the possibility of attending and affirmed her commitment to becoming a member of the group. (Appendix #5) Member B attended and completed the thirty session group.

MEMBER C

Member C was referred by her EAP counsellor, who she had been seeing on an individual basis. This counsellor indicated that member C was in her early sixties and is presently on stress leave from her clerical position with a church. She was somewhat anxious and depressed at the time the referral was made. The counsellor stated that this was precipitated by the fact that she and her husband have recently separated after 32 years of marriage.

Member C attended two screening appointments with the writer and explained that she was feeling quite depressed. She stated that, although she was experiencing a major transition as a result of her marital separation, although she was not grieving the loss of relationship with

her husband. This was due to the fact that she was very unhappily married. She stated that she had isolated herself from support from others due to the stigma of separation.

In discussion, member C advised that she was on stress leave due to the fact that she had somewhat of an emotional breakdown at work. She apparently became quite frustrated with two staff members to whom she had provided clerical support. She became intensely angry and explosive at work. This precipitated her stress leave.

Member C explained that she had taken virtually no action regarding a legal separation or divorce. She mentioned that she is very frightened to do so, in part, because she is fearful of her husband. She had been pressured by friends and relatives to take action and considered this very stressful.

Member C was very eager about attending the group. She explained that she was looking forward to broadening her social network and to learning more about stress management.
(Appendix #6)

Member C attended the group regularly and was an action participant within the group. She completed the thirty group sessions.

MEMBER D

Member D was referred by her EAP counsellor. This counsellor explained that member D is in her late fifties and recently separated from her husband. She did not initiate the separation and was very saddened by the end of her marriage. Also, member D ran a family

daycare in her home, which was her only source of income. She was not be able to continue with this employment as she had to sell the marital home.

Member D attended interviews on two separate occasions for the purpose of group screening. She appeared quite distraught about her present circumstances. She stated that she was under the impression that she and her husband had a rather happy marriage until he requested a separation.

Member D advised that she has friends here but now felt somewhat displaced because she was no longer living with her husband. She commented on the fact that she was in transition with her changed marital status, the fact that she was forced to sell her home and would lose her source of income. She also mentioned that she was uncertain as to whether she should continue living here or whether she should return to her home town.

Member D was very enthusiastic about the prospect of attending the group. She indicated that she was hopeful that it would reduce her feelings of isolation and might assist her in coping with her feelings. She explained that she had many friends but felt isolated from them as they were all married and she was now single. She expressed a desire to develop social connections with women experiencing similar stressors and transitions to herself. Member D completed the group as a regularly attending member. (Appendix #7)

MEMBER E

Member E was referred by her EAP counsellor. This counsellor indicated that member E is a very intelligent woman in her early fifties, who has been recently widowed. The counsellor explained that this woman is a professional and, as a result, may tend to intellectualize her circumstances, rather than discussing her more vulnerable emotions. Member E is apparently very much in transition since she has not completed the transition process on either a practical or emotional level. Member E has very uncertain financial circumstances and is generally uncertain about her future. She apparently had concern about how her personal relationships will change as a result of her change in marital status.

Member E attended two screening appointments. She expressed some ambivalence about attending the group as she is very busy and lives out of town. She explained that she takes her commitments seriously and did not, initially, want to commit to the group if she was unsure it would be helpful to her. After some discussion, member E was able to acknowledge more vulnerable feelings, which included an intense feeling of loneliness. She also admitted that she has not been attending to her needs lately because of becoming complacent about life. She admitted that it is very important to her to live life with purpose, but she finds it difficult now that she does not have her partner to share with.

After what seemed to be serious consideration on member E's part, she agreed to attend the group. Although she missed several sessions, due to work commitments, member E completed the group. (Appendix #8)

MEMBER F

Member F was referred by her EAP counsellor. She contacted the writer directly and therefore, no information was provided by the counsellor. This EAP counsellor is actually her partner's therapist. Member F requested that both she and her partner be considered for membership to the group. She was informed that this plan would not likely be beneficial to the group or to the couple's relationship. Therefore, it was agreed that both member F and her partner would attend a screening interview, at which point we would come to some consensus as to who would likely benefit most from the group.

When interviewed it was apparent that Member F was under more stress than her partner and was most certainly in transition. It was quickly determined and agreed that member F would be considered the candidate for group.

Member F attended a total of three screening interviews. She is in her late thirties and recently separated from her husband. She was in the process of finding her own apartment in the city as these interviews were being conducted. She explained that she had struggled with depression for years and attributed the ending of her marriage to this problem.

Member F advised that she would very much like to attend the group because she has poor coping skills. She explained that she becomes stressed rather easily and tends to either become quite needy and clingy to others, or to withdraw. She expressed feelings of shame

regarding her own needs and indicated she has difficulty trusting others. She added that she was experiencing stress about the fact that she had not shared with her children that she was involved in a new relationship.

Member F was on sick leave from work at the time that screening interviews were conducted. It was clear that member F was experiencing stress, transition and some social isolation when the screening interviews were conducted. However, this writer was concerned about the severity of her problems. Member F was very interested in attending the group, so the writer agreed to her membership in the group, if she also attended individual counselling in conjunction with attending the group. Member F agreed to this condition and it was relatively easy for her to make these arrangements. She already had a relationship with an individual counsellor, who she had seen for several years previously. Member F simply resumed her work with this counsellor. After having releases of information signed, the writer contacted this counsellor and informed her of member F's involvement in the group. She was supportive of member F's plan to attend. Member F attended the group almost to its completion, then terminated with the group only a few sessions prior to termination. (Appendix #9)

MEMBER G

Member G is a woman in her late twenties, who was referred by her EAP counsellor. Member G contacted the writer directly, so no direct information was received from this counsellor. Two screening interviews were conducted with member G and learned that she

had only seen her EAP counsellor on one occasion, but planned to continue. Member G explained that she had been traumatized as a child, but had chosen to deal with this by repressing thoughts and feelings. She began to experience difficulty when she found she could no longer use this as an effective coping mechanism. She expressed a strong desire to make some significant life changes.

Member G admitted that she has no close personal friendships with women and is estranged from her family. She expressed a strong interest in making female friendships. She described herself as quite closed with others and lacks abilities in making close personal friendships. She was very eager to attend the group in order to broaden her social network, enhance her social skills and to give and receive support.

It was initially of some concern that member G may feel like an outsider in the group as all of the members who had been accepted to the group were significantly older than member G. They were in a different stage in the life cycle. However, another member close in age to member G had also been referred to the group just prior to its commencement. It was speculated that , if this member was accepted to the group, member G would likely feel more comfortable in the group.

Member G attended the group regularly until the twelfth session. She was no longer able to attend as she contracted mononucleosis. She planned to return if she became well in the near future. However, she never did.

MEMBER H

Member H is a single mother in her mid-twenties, who was referred to the writer by a private counsellor who had learned about the group through an EAP program. There was very little referral information provided regarding Member H, so this was gathered through screening sessions.

Member H indicated that she is originally from another province and has few friends and relatives upon whom she can rely. She was therefore, socially isolated. Member H explained that she was now unsure about continuing her present common-law relationship. Also, member H had been having health problems which had yet to be diagnosed. As a result, she was lacking physical energy and was unable to make significant life changes because she did not have the energy to do so.

Member H indicated that her doctor suggested that her lack of energy may be stress related. She explained that she has never had the opportunity to learn good stress management skills.

Member H expressed interest in the group, but was concerned that her lack of energy might affect her ability to attend. It should be noted that member H did become ill after attending several group sessions and did not complete the group.

MEMBER J

Member J was referred by her EAP counsellor. She is in her fifties, married, and is working in a professional position. She planned to separate from her husband and make a career change in the near future. This counsellor indicated that member J had worked very hard at her own personal growth and would likely be a very involved group member.

Two screening interviews were conducted with Member J. She stated that she emigrated to Canada from Spain as a young adult. She and her first husband separated a few years later. She married her second husband shortly after this and they brought up their children together. Member J has a total of four children and three stepchildren, all of whom are now adults.

Member J stated she would like to change her career as well, but did not know what career path she would like to pursue. She explained that she was limited by the fact that although she speaks English well, her writing skills, in English, are poor. This limited her career options.

In discussion, member J informed me about all the stress management activities in which she was engaged. She was very involved in new age religion and activities. In spite of the comfort this provided member J, she expressed a strong interest in the group, as she hoped to become more connected to women, who she could consider peers.

Member J was accepted to the group but attended only the first session. She had previously informed me that she would not be present for the second session as she was undergoing minor surgery. She did not return to the group and did not contact the writer. She did not respond to the writer's efforts to make contact with her.

EMERGING THEMES

CONTEXT OF EMERGING THEMES

This group began with individual women experiencing stress, transition and social isolation. That is, these were the elements of obvious commonality amongst the group members. Most members reported they had never had a group experience prior to attending this group. During the first three sessions, members did not interact as a cohesive group, but rather as individuals who were unsure of group norms and expectations. This is understandable since facilitators were in the process of clarifying boundaries and norms for the group at that point.

It became apparent that members were interacting with one another in a manner which could be described as competitive. Facilitators worked at establishing norms of inclusivity and reciprocity in support. Once these were in the process of being established, the group became cohesive, members began sharing personal information about themselves and their feelings and specific themes began to emerge.

COMMUNICATION

At the onset of group sessions, it was apparent that many of the women lacked connectedness to others and were significantly isolated. Many identified intense needs for attention and to feel nurtured by others. However, this writer, independently and in discussion with the group co-facilitator, came to the conclusion that group members appeared to have an indirect style of communicating and expressing their needs. For example, it was observed that individual group members tended to deny their need for attention but engage in attention seeking behaviour within the group. They would do so by talking loudly and at great length despite the fact that they had been made aware that group discussion time was to be shared amongst the membership.

It became apparent to the writer that the indirect style of communication as well as an unwillingness or inability to express needs directly, may be related to a stereotypic female style of communication. In response, facilitators asked the members to explore how they communicate their needs and why they use this manner of communication. Initially, group members had difficulty acknowledging that they had unmet needs in this regard. However, with the assistance of the facilitators, members were eventually able to recognize that they did have needs and intense desires to express these needs to others. Several members admitted that they made attempts to have their needs met by others through feigning illness or injury. Also, they discussed their use of more manipulative styles of expressing needs.

Facilitators and members discussed the socialization process in which women are taught to be nurturers of others, not self-nurturers or recipients of nurturing. With some exploration, the members were able to challenge this stereotype and begin to express needs more directly.

Women's issues were a constant theme within every session, but were particularly important in the area of communication. It is, the writer believes, worthy of mention, that one member, in particular, stated that her husband did not allow her to have feelings. She later retracted this statement and informed the group that she had reconsidered this. She was able to acknowledge that she experiences a broad range of feelings, both positive and negative, and that she always had these feelings. She redefined this as her husband's lack of respect or discomfort with her feelings of expression.

Overall, the group members appeared to have a non-assertive style of relating to others and acknowledged that they were reluctant to relate to others in an assertive fashion because of female stereotyping which negatively sanctions assertive behaviour for women. Facilitators assisted in this process by directing discussion about the expectations of women, competition between women and how competition between women serves to maintain the status quo. Many of these discussions were quite animated and although many of these members acknowledged that they had discussed this very little in the past, they seemed keenly aware of the oppression that women experience on a day to day basis.

FAMILY OF ORIGIN

Group co-facilitators introduced a family of origin exercise within the group, once they were sufficiently confident that the group was cohesive. Facilitators had led previous groups in which members engaged in this exercise and found it to be a useful vehicle in heightening self-awareness amongst group members. This exercise was relatively simple and group members were instructed to draw a picture of their family of origin. Facilitators instructed group members to simply recall a life event or situation in which they engaged in with their family of origin that would reflect their involvement in this family. Members were provided with a large piece of paper and coloured markers to complete their pictures. They were encouraged to focus on the information that they would gather and share with the group, rather than on their artistic ability. Facilitators clarified that the quality of the pictures was far less important than the emotion and thought that it was intended to provoke.

The facilitators chose to lead the group in this exercise for several reasons. Firstly, it was apparent that members had formulated self-perceptions, values and beliefs which appeared to be impacting upon their present functioning. For example, members acknowledged that they were uncomfortable with the concept of engaging in a self-care activity, which was strictly for their own benefit. Although they did not articulate their feelings clearly, the writer was left with the impression that members experienced feelings of guilt and possibly shame when considering these self-care activities. This exercise also proved useful in the members' ability to experience, acknowledge and identify feelings. This is a function that facilitators had previously recognized was underdeveloped in the membership.

The facilitators intended to lead the membership in an examination of their socialization processes and socio-cultural factors which were present in their formative years. The cognitive schemata which the membership had been accessing appeared to negatively impact their ability to cope with stress. There is a wealth of research to suggest that individual cognitive schemata influences perception of experiences and influences behaviour. (Hammen, et al, 1985, Mangraim & Zuroff, 1994)

Once members had completed their pictures, they shared the meaning of these pictures with the membership. This was a rather lengthy process and took a total of four sessions to complete. A total of seven members engaged in this process. It should be noted that other group tasks were carried out during this period of time as well.

This exercise appeared useful, in that, members identified several past life events which influenced their present ability to cope with stress. For example, one group member identified the fact that her sibling's acting out behaviour caused her a great deal of anxiety. She explained that she experienced this anxiety since she was often blamed for her sister's misbehaviour. This member recognized that she had generalized this anxiety, almost continually experiencing the physiological effects of this anxiety. This afforded her the opportunity to consider that she did not have to maintain a sense of responsibility for others' behaviour. She also recognized how this habitual response was impacting her ability to cope with stress. It was following this exercise that this member began to focus more specifically on her own thoughts, feelings and behaviour.

LOCUS OF CONTROL

Completing the family of origin exercise supported the writer's hypothesis that members' perceptions involved on external locus of control. Locus of control is defined as:

"...a generalized expectancy that one's outcomes are more under personal control (internal) or more under the control of external forces such as luck, fate or powerful others (external)." (Deherty, 1983)

In the case of the group members', "powerful others" appeared to constitute parents and, often times, siblings within their families of origin. It had been suggested by members, in prior group sessions, that negative self-perception had been supported and reinforced by family members. This became clearer to the facilitators and to the members themselves, when they discussed their childhood experiences. Many members identified that many of the "myths" they had carried about themselves were actually imposed upon them by parents and siblings. When the members shared distorted self-perceptions within the group, they received useful information and feedback from other members. That is, the membership at large would assert their disapproval of the criticism and negative reinforcement which an individual member may have endured within her family of origin.

Research has demonstrated that those individuals with an external locus of control tend to have less effective coping abilities than those with an internal locus of control (Doherty, 1983). Therefore, the process of disempowering these negative but powerful others seemed significant.

There is research to suggest that, following a negative life event, such as divorce, individuals tend to shift in perception and locus of control is more externalized for a time. For example, Doherty (1983) completed a longitudinal study, over an eight year period, with women who had become divorced. Findings in this study were that, for up to a three year period following divorce, women's locus of control was more externalized than prior to divorce. Following this three year period, locus of control scores gradually returned to their original rate. The writer believes this research had significance for this group, as all women had experienced a highly stressful life event, and were in transition following this event. Therefore, it is understandable that the women in the group made comments which suggested an external locus of control. Facilitators led the members in several discussions to examine these perceptions and the family of origin exercise elicited comments and discussion which appeared to invite this.

In research involving locus of control, Sanger and Alk (1972) indicate that oppressed groups are more likely to have a perception of an external locus of control than their less oppressed counterparts. It is explained that this is often due to accurate perceptions, by oppressed individuals, that they do have little control over their own oppression. Women can be included in this oppressed group. Facilitators attempted to lead the group in the acknowledgment and examination of the socio cultural factors, which cause stress in their lives. It became apparent that many of the members' values and beliefs regarding themselves as women were formulated in childhood. For example, several members shared that, within their families or origin, they were given more responsibility, less attention, less nurturing and

less positive regard than their male siblings. Although they expressed some feelings of resentment regarding this, many did not perceive this as a cultural issue. However, it became more apparent as individual members shared family background information that this devaluing was a common childhood experience amongst them. They were able to connect with one another regarding this and facilitators led them in an exploration of the values of dominant culture. This appeared successful, in that, members came to recognize that they did not have to devalue themselves any longer, just to perpetuate cultural and familial themes.

FEELINGS IDENTIFICATION

In the initial sessions of the group, most members expressed intense emotion, through their behaviours. The writer observed that most members were quite tearful in the sessions, and sometimes, wept openly. Body language and intonation in voice suggested feelings of anger experienced by many group members. However, during a debriefing session following group, facilitators recognized that members were not using words to describe their feelings, and the repertoire of feeling words used was quite limited. The most commonly identified feelings were anger and sadness. Facilitators eventually recognized that they were actually providing members with the words to identify their emotions. This occurred on a trial and error basis, by simply asking members if they were feeling a specific way.

Because members were identifying anger as a primary emotion experienced, the writer and co-facilitator opted to devote one group session to the discussion of anger. The intended

purposes of this examination of anger included the exploration of sex role stereotyping and how it impacts upon female expression of anger. As discussed in The Invisible Web:

"...women have been told that the expression of anger is destructive to themselves and to those around them who depend on them, they are given the message that the image of a caretaking person is incompatible with an angry person."
(Walters, et al, 1988)

The writer suspected that time devoted to a free expression of anger might release additional underlying emotions that members had not previously recognized, acknowledged or expressed.

This session, in the writer's opinion, proved to be extremely useful. One member expressed her anger at both her mother and her father, however, it became apparent that she had previously directed her expressions of anger toward her father. She then shared angry feelings related to her mother regarding her inability to assert herself and to meet her own needs. This inability appeared to have a direct impact on this group member and her siblings, because her mother did not advocate for or protect her children.

This discussion had a direct impact on another group member who identified very closely with the description of this member's mother. She shared feelings of shame and anger toward herself in remaining in an emotionally abusive marriage for many years. She explained that she recently recognized that, because of her decision to remain in this marriage, her children were adversely affected.

The writer led this member in an exploration of the reasons why she would have remained in this marriage. Again, this brought several women's issues to the forefront for discussion by group members. This member identified the fact that she would not have had any financial means of support, aside from social assistance, if she had left the marriage. She also mentioned the fact that she had shared her marital problems with her mother and had asked if she and her sons could move into her parents' home. She stated that her mother refused and she believed her only reasonable alternative was to remain in the marriage. This exploration provided the member who had been angry with her mother, with a new perspective. She was able to recognize that there may have been many socio cultural reasons that her mother chose not to assert herself, over which she had little control. This discussion appeared to increase the level of depth in emotional intimacy for these group members and the membership as a whole.

It is noteworthy to mention that, during the subsequent session, the member who had denied previously that she had feelings of anger toward others, had experienced a catharsis during the previous week. She recanted her original comments and explained that she has angry feelings about many things and toward several people. She was able to articulate feelings of anger quite succinctly.

Generally speaking, the session which focused on anger seemed to release members' previously suppressed or repressed feelings. Also, over time, it served to assist the membership in becoming more specific about angry feelings and to direct and focus this anger into making positive changes. For example, members began to make conscious choices

regarding what values and beliefs they wished to retain and those they wished to reject. This direction of their anger seemed to be related to the examination of the beliefs, values and perceptions promoted by dominant culture, which serves to keep women oppressed.

SELF CARE

As outlined in the Interactional model of stress (Magnusson, 1986), factors which influence one's ability to cope with stress include one's perception of stressful situations. Also, individual physiology plays a role in the amount of stress experienced, given a specific stressful event. Perception and relaxation become important aspects of stress management when considered from this point of view.

Group facilitators planned to assist members in managing stress more effectively using various methods of intervention. It quickly became apparent that all group members were reluctant to engage in self-nurturing activities. As outlined by Domar (2000), women often do not take the time to nurture themselves, as they have been socialized to believe this is selfish.

Group facilitators spent considerable time assisting members in examining their own perceptions regarding self-care. The feminist perspective was very useful in this regard, since facilitators could make connections to the cultural expectations of women to be selfless, in deference to the care of others. This was only one aspect of the cognitive restructuring that facilitators utilized in the group, to assist members in perceiving situations differently.

It is of note that the reluctance of group members to engage in self-nurturing activities, continued throughout several sessions. Facilitators revisited the issue of providing ourselves permission to engage in self-care activities. Many members commented on the fact that they viewed attendance at the group as a means of self-care. They continued, however, to experience difficulty in incorporating daily self-care activities onto their lifestyles.

In later sessions, group members identified the fact that engaging in self-caring activities was difficult as much energy was expended in making successful transitions. Co-facilitators spent a considerable amount of time in the group focusing on cognitive restructuring. As Magnusson (1986) points out, perceptions of events are extremely significant in the management of stress. Personal histories appeared to play a significant role in the members' perception of their circumstances. Through the use of the family of origin exercise, facilitators focused on these perceptions and provided alternatives. It is the writer's opinion that this was a very useful tool in the group process.

Facilitators encouraged the members to increase their level of insight and self-awareness, through the use of journaling. There is considerable significance in reducing stress through the resolution of inner conflict (Epstein, 1986). The questions posed weekly by facilitators in order to provide members with the opportunity to become introspective served as the basis for much of the members' journaling. Members reported that this was very useful in deepening self-awareness and in emotional catharsis.

Group members identified several self-nurturing activities that they wished to become involved with, as part of their individual goals. Many of these self-care activities were intended to occur between group sessions. These goals included such activities as exercising daily, going for walks and starting new social activities. In retrospect, these goals in self-nurturing may have been, at least initially, too lofty for many of the group members. That is, many of the members had only begun to engage in these activities as the group was coming to a close. The membership may have been better served by the facilitators guiding them in relatively simple and brief relaxation exercises that the membership could have engaged in outside of group sessions. Specifically, the writer is referring to relaxation techniques pointed out by Domar (2000). These include meditation and progressive body relaxation techniques.

STAGES OF GROUP DEVELOPMENT

There are numerous models of group development which the writer has accessed, Glassman & Kates (1990) review the Boston and T models of group stages of development. Schiller (1997) posits that the stages of women's groups might, in fact, take a different form than children's or men's group. That is, women need less guidance and direction in developing relationships and empathy than in dealing with issues of anger and conflict. It was the writer's experience that this was most certainly true within this group.

Co-facilitators introduced the topic of group rules and norms during the first group session. The facilitators emphasized the fact that the group itself belonged to the membership. They encouraged the individual members to identify important rules and norms to develop an

atmosphere of emotional safety. Facilitators anticipated that the concepts of mutual respect and confidentiality would be identified by the membership. If these concepts were not brought forward by the members, it was planned that facilitators would suggest them. Fortunately, facilitator intervention was not required and members quickly identified these as desired group rules.

In this pre-affiliation phase (Glassman & Kates, 1990), the facilitators were attempting to guide the members in their investment in the group. Facilitators were keenly aware of the fact that the members were looking for cues from them regarding sanctioned and desirable behaviours within the group. Facilitators also directed discussion related to the common reasons why women had chosen to become members of the group. This was intended to promote a sense of connectedness and commonality among the membership and to promote affiliation.

The writer observed that in this initial phase of the group some members were quite emotive and had difficulty modulating intense emotion. They provided the membership with a great deal of factual information about their situations and were quite tearful and animated in doing so. Other members shared feelings of apprehension in expressing feelings of vulnerability. Facilitators addressed this by assisting those members who were quite emotive, in bringing their comments to closure. This was purposeful on the part of facilitators. That is, there was a need, in the writer's opinion, to avoid flooding. (Toseland & Rivas, 1995) Facilitators also emphasized that members had power to choose what specific personal information they wished to share with the group. This was qualified by statements that

facilitators would assist and support members in taking some degree of risk in sharing as well.

Schiller (1997) points out that the function of facilitators in the initial stages of groups include:

"...lending a vision

...a demand for work

...providing access to (herself)" (Schiller, 1997, pg. 9)

The writer believes that facilitators successfully engaged in these practices. Facilitators guided the group in a discussion about its goals in the initial session. This was required for the Goal Attainment Scaling and, it appeared, to evoke a great deal of thought regarding shared purpose. This exercise also created a demand for work by the facilitators and initiated the norm that the group members would be involved in various tasks throughout the life of the group.

Facilitators provided access to themselves by sharing their experiences of stress as women with multiple roles and various experiences. This was initiated by facilitators engaging in the group exercise of introducing someone else. Facilitators introduced each other and shared various aspects of their personal experiences with group members. This sharing, when relevant, continued throughout the group sessions.

It is the writer's opinion that this group moved to its second phase in session #4. There are various group theories to describe this stage. For example, Glassman and Kates (1990) refer to the Boston Model of group development and suggest that this stage is demonstrated by arguing among the membership and the exercising of individual will to set the agenda. Schiller (1997) refers to stage two as the establishment of a relational base. She suggests that women tend to develop strong connections and work toward the development of a sense of safety within the group. Schiller contrasts this stage with the Garland, Jones and Kolodny (1965) model which suggests that when conflict is high, there is a jockeying for power and status, and boundaries are being tested.

The writer believes that this particular group did not follow any of these stage descriptions in a complete manner, but rather, there were several components of the previously described stage models at play within this group. For instance, it appeared to the writer, that conflict could not be described as "high" between the members but, rather, was present at a low level of intensity. Boundaries were certainly discussed and tested by one particular group member. Facilitators were challenged more by the membership than were any individual members. Specifically, facilitators were challenged regarding their roles. One member pointed out the fact that facilitators had emphasized that the group belonged to the membership. She expressed displeasure with the fact that, during each session, all individual members were invited to share in discussion. This member expressed her opinion that if a particular individual was quite distraught during a specific session she should be allowed to use the complete session to process these feelings.

This challenge brought to the forefront the fact that facilitators spent considerable time focusing on the roles of the members of the group, but facilitator function had not been examined as closely as necessary. This required that facilitators provide the group with a very specific definition of their roles. The facilitators also determined, with the assistance of clinical supervision, that a discussion was required which identified different types of groups. This was intended to be a psycho-therapeutic group in which facilitators played a specific role in guiding the membership. It was not strictly a support group in which all women, including the facilitators, had an equal amount of power and responsibility.

As feminist theory discusses, (Land, 1995), individuals can be empowered through the therapeutic process with therapists who acknowledge inequity in power and a respect for the power differentials within the therapeutic relationship. Facilitators did, in fact, acknowledge these power dynamics and discuss them within the group setting.

Most members readily accepted the clear delineation of boundaries set by the facilitators.

Schiller (1997) described the third stage of women's groups as "incorporating elements of both intimacy and differentiation". Glassman and Kates, (1990) discuss the Boston and T models of group stages as the intimacy stage and enchantment - flight stage respectfully. This stage is referred to by Glassman and Kates as demonstrating strong affective bonds. They also mention the fact that there are often familial type transference issues at this juncture. It is the writer's opinion that this group entered this phase when the family of origin exercise served as a catalyst to develop intimacy. Group members were able to identify those aspects

of their childhood experiences which they had in common. The writer believes it is worthy of mention that many of these issues related to the promotion of beliefs held within dominant culture. For example, male children were often more highly valued than female children in members' families.

Not only did the family of origin exercise provide the group members with valuable information that deepened intimacy, it appeared to also provide the basis for which the members began to identify differences in their experiences. This offered group members with the opportunity to learn about each other at a deeper level. There were also several circumstances, in which members resolved internal conflicts by learning about the different perspectives. For example, one member's self-esteem had been negatively impacted when she had been treated as a burden by her family of origin. This was due to the fact that she had suffered a major childhood illness. Another member had suffered the same childhood illness, but had been encouraged to believe that she was exceptional and could accomplish anything she attempted. Thus, one group member had the opportunity to re-examine her self-definition of being a burden.

Schiller (1997) indicates that the facilitators may find that themes related to authority tend to emerge in the fourth stage of group, which she titles "challenge and change". The writer believes that this can be compared to the Boston model stage of differentiation or the T model of disenchantment - flight (Glassman & Kates, 1990). Schiller explained that women are often intensely uncomfortable in expressing feelings related to conflict for fear that they will be considered "not nice". This is, of course, based on patterns of female socialization.

This description seems to best describe what occurred in this women's group. Unlike the Boston and T models, in which it is suggested that group members begin to question the effectiveness of the group, conflict and anger was expressed between individual members of the group.

Interestingly, this challenge and change stage seemed to occur at the point that facilitators led a discussion regarding the eventual termination of the group. This discussion was initiated at Session #22. The writer recognizes this was a rather early introduction, since the group was comprised of 30 sessions. However, it was decided to introduce this topic at session #22 for some practical reasons. These included the fact that the writer's co-facilitator was taking some planned vacation time and would miss two sessions following session #22. Facilitators agreed that it was important to have both facilitators present when discussing such a salient issue. Secondly, one group member was taking a planned vacation and would be away for the two sessions following session #22. It was determined that this topic needed to be introduced prior to these brief changes in group membership.

It is the writer's opinion that group members allowed themselves to be very vulnerable when discussing the issue of termination. Members shared how they prepared for and dealt with past endings in their life experiences. Most members identified feelings of sadness and expressed a sense of loss in considering the termination of the group. However, they also identified the fact that they had begun to contact one another between group sessions, to give and receive support. They had also indicated that they had shared some social experiences.

Members pointed out the fact that these informal experiences could continue, once the group ended.

Following session #22, members appeared to distance themselves from the emotionally charged content of group, by using humor and sarcasm. Facilitators posed the following questions to the group:

"How do you get the attention that you need in positive ways? What are the positive ways."

Facilitators had planned to pose these questions in a group planning session. This was in response to observations that several members seemed to be using sarcasm and humor to digress from group content. Members continued in this vein in responding to these questions. Their responses included:

"Bring a cake to group."

"Maim yourself, get pity."

"Fall off your chair."

Facilitators observed that there appeared to be a significant amount of tension between group members, but many members were so involved in this sort of humor, it was very difficult to ascertain what the tension had arisen from. Eventually, several members made reference to the fact that they had engaged in numerous social activities with each other outside the group. It was evident, after only a brief period of time, that not all members had been invited to engage in these social activities. In fact, one member, in particular, had been purposefully,

excluded. The writer acknowledges that the co-facilitators were initially uncomfortable about this and not entirely certain about how to deal with this issue at the group level.

As Schiller (1997) suggests co-facilitators did not skirt the issues of tension and conflict within the group setting. Facilitators made every attempt to deal with conflict directly and with authenticity. However, it should be noted that there was a delay in dealing with this tension and conflict. That is, facilitators were aware of some covert tension in the two prior sessions, but this tension was somewhat nebulous and was not fully understood by facilitators. Secondly, it was only during debriefing, that facilitators identified this undercurrent of tension. Finally, until facilitators received clinical supervision they were somewhat unsure about how to deal with this tension and potential conflict.

After receiving clinical direction, facilitators led members in a discussion regarding this issue in session #25. With some guidance from the facilitators, one member was able to acknowledge how she felt about being excluded from the larger group in their social activities. This also opened the discussion for the membership as a whole to admit there had been some tension and conflict amongst them. Several members shared that they had not purposely intended to exclude anyone from social activities outside the group and felt hurt and angry that it had been assumed by the excluded member that they were doing so.

The excluded member appeared to have been uninvited to certain social activities for two reasons related to her personal circumstances. One involved the fact that she had limited financial means in which to engage in costly activities. The second involved the fact that she

had a young, dependent child. She correctly pointed out to the group that, had other members been genuinely interested in including her, social activities could have been arranged to accommodate her. This provided the facilitators with a rich opportunity to discuss respect for diversity. This had been an identified group rule.

One member had a rather strong reaction to this discussion. She indicated that she had always been displeased with the power which the facilitators had exerted over the members of group. She shared her opinion that outside of the group setting group members should be allowed to foster relationships in any manner which they chose. Facilitators reminded this member that members had been cautioned about developing "cliques" or subgroups which could impact upon the effectiveness of the group. This member indicated that she was unconcerned about how this behaviour impacted upon the group and became quite verbally aggressive, particularly toward the writer.

The writer attempted to share her experience of being spoken to in a verbally aggressive fashion. This member shared that she was unconcerned about how the writer, or anyone else was affected by her anger. She shared her belief that she could behave in this manner because this was her style of asserting herself. The writer's co-facilitator intervened at this point in an effort to de-escalate the tension within the group. The writer's co-facilitator suggested that the group take a short break and resume discussion following the break.

The facilitators worked feverishly during this session break to formulate a plan in dealing with this matter. It should be noted that the writer was concerned that the disgruntled group

member may have had the support of the remaining group members. Facilitators were aware that the group could not function well if no boundaries or parameters were maintained. Facilitators also agreed that they could not and would not, facilitate a group in the manner promoted by this member. Facilitators agreed that they would reassert the boundaries and rules of the group. We would indicate to the membership that this would be the manner under which we would continue as facilitators of the group. It was also agreed between facilitators that the writer's co-facilitator would take the leadership role in this discussion, since it had been determined that the majority of the group member's anger had been directed at the writer.

The writer's co-facilitator followed through on the plan discussed during the break. The members of the group asserted that they very much wanted to continue with the group, respecting the parameters and boundaries identified by the facilitators.

The disgruntled member asserted that she had decided that she no longer wished to continue with the group. She explained that she simply found it too difficult to manage the stress of the group experience with other stressors in her life. The writer's co-facilitator discussed the issue of closure with this member. The member indicated that she was prepared to terminate her involvement with the group immediately and did so.

The remaining members of the group expressed feelings of sadness regarding this group member's decision. However, they also respected the member's decision and did not strongly encourage her to reconsider.

It should be noted that, in the session following F's departure from group, members appeared to require time to process thoughts and feelings related to this ending. This was also helpful for facilitators to acquire an understanding of the members' positions regarding this issue. Members strongly asserted that they believed that the departed member had been verbally aggressive and disrespectful in her interactions. When asked why they did not state this, several members explained that they were concerned that this would have worsened matters. That is, the conflict may have escalated further. According to Schiller (1997), women at this stage within group require skill development in the area of dealing with conflict without losing connectedness.

The writer has some ambivalent feelings regarding this stage of group. That is, facilitators made every effort, to the best of their joint abilities, to deal with tension and conflict directly. However, there was a delay in dealing with this because the facilitators were initially unaware of the content of the conflict. In debriefing and clinical supervision, the facilitators were also able to acknowledge that, they too, were experiencing discomfort in dealing with this directly and avoided the issue for a brief period of time. The writer believes it is possible that members may have asserted themselves if this had been practiced and modeled by facilitators more directly in previous sessions.

Glassman and Kates (1990) suggest that, following this stage of high conflict, the group tends to be strengthened and members tend to challenge and encourage each other at a more intimate level, than in prior stages. This was indeed the case in this group. For example, one

member of the group, who reported that she had practiced submissiveness and passivity throughout her adult life, began to openly, but respectfully, disagree with other members' opinions. She began to openly challenge the negative self-talk which other members shared.

It is also worthy of note that members became quite assertive in disagreeing with co-facilitators at this time. These assertions were strong, but respectful. Also, members began to request more of facilitators in the area of self-disclosure. The facilitators were comfortable in sharing in this manner, and did not burden the membership with any problems of role reversal.

As the group moved toward the last session, members focused much of their energy within sessions on planning for a pot luck dinner for the final group meeting. Members were able to demonstrate their competencies by taking responsibility for planning this event. Members exemplified their ability to share authentically with one another. One member intimated to the group, that due to her fixed income, she was unable to bear the expense of bringing food for the pot luck. She indicated to the membership that, although she would like to attend the final session of the group, she would not feel comfortable if she could not bring a food item.

Members dealt with this issue by sharing how they would find it unacceptable that one member could not attend the final session for this reason. Members brain stormed and considered celebrating in another fashion. Then, one member shared that she had an abundance of food because she had her own vegetable garden. However, she was also extremely pressed for time. Therefore, she suggested that she would provide the other

member with food items, if she would do the work of preparing something with this. This, in the writer's opinion, exemplified a respect for diversity and cooperation among the membership which is often evident in the final stages of groups (Glassman & Kates, 1990)

It is worthy of mention, that the member who informed the group of her financial situation, had been previously excluded and scapegoated by the members. This move toward inclusiveness appeared to be very powerful and positive for this member and the group in general.

The writer believes facilitators handled their role in the termination process very well. Glassman and Kates (1990) indicate that the role of the social worker in the termination stage is to identify the gains members have made and express confidence in members' abilities to take their new competencies into new experiences. Facilitators were comfortable and capable in carrying this out. Facilitators did not experience a desire to continue the group beyond its 30 sessions. In fact, during planning sessions, facilitators shared with one another that they were experiencing relief and a desire to move on to other projects as the group drew to a close. Glassman and Kates (1990) caution that a desire by facilitators to maintain the group may impede the process of termination. This did not pose a problem for this group. Facilitators were able to clearly affirm members by identifying areas in which they observed growth in the membership.

Within the group setting facilitators were able to openly and enthusiastically share their feelings about having conducted the group. They were able to provide all members with

feedback regarding the personal meaning in developing relationships with each group member. Facilitators also shared, in an open and animated fashion their plans for future professional projects. Glassman and Kates (1990) note that these are necessary facilitator functions during the ending phase of groups.

In previous group experiences, the writer learned that groups do not always flow from stage to stage in a compartmentalized fashion. The writer's experience in this group was similar with regard to stage progression. The writer admits being unprepared for the tension and conflict which emerged at session #22 within the group. In retrospect, the writer can identify that, within the intimacy state (Glassman & Kates, 1990) or the mutuality and interpersonal empathy stage (Schiller, 1997), the facilitators may have become somewhat complacent. This was due to the fact that, in this stage, the members seemed to be doing much of the work within the group. The writer observed that, members exhibited mutual respect, mutual appreciation, respect for diversity and challenged one another to grow.

Facilitators believed that the issue of challenging the structure and parameters of the group had been resolved. It is possible that issues that appear to be resolved can reemerge at a much later stage of group. Also, it appears that Schiller's theory regarding the stages of development within women's groups more closely resembled that which occurred within this group.

Surprising it was not difficult to identify issues which impeding members' success in improving personal relationships and receiving social and emotional support. These issues

became clearly evident to facilitators very quickly within the group process. Therefore it was possible to address these issues within the group process and provide the members the opportunity to practice alternate ways of relating within a safe setting.

Members has less difficulty with identifying stressors than making adaptional changes to cope with stress more effectively. This appeared to be related to issued of entitlement as discussed previously.

In identifying the stages of group, the facilitators were able to anticipate and plan for the needs of the group. It was useful in preparing for group sessions and facilitators could assist by advising them that certain aspects of group dynamics could be expected.

RESULTS

ANALYSIS OF GOAL ATTAINMENT SCALES

As mentioned previously in a description of the measures, the writer accessed goal attainment scalings as a method of identifying goals for each individual group member. These goals were developed collaboratively between the writer and group members within the screening interviews. (Appendix #4-9) A group goal attainment scaling was completed during the initial session of the group. (Appendix #10) It should be noted that the writer also developed professional learning goals in the completion of this practicum which were formulated in this same manner. (Appendix #11)

The writer completed the tasks of developing goal attainment scaling (Sheafor et al, 1997) by, firstly, identifying specific goals in screening interviews with potential group members. All goals were related to the improvement of stress management skills and reducing stressors in women's lives. The writer developed the scales independently then presented this finished copy to individual group members for their approval. At this point, group members indicated whether the scales were developed in such a way as to capture the original intent of their

goals. Once these were approved, they became the actual measures for each individual group member. (Appendix #4-9)

Once group sessions commenced, the group as a whole, identified five group goals by consensus which the writer again developed scales independently for later approval by the group. (Appendix #10) The guide was provided to the group for approval during the second session. Although there was a rather animated discussion about the guide, no revisions were necessary. It is, however, of significance to note, that following the mid-session evaluation of the goals, several group members questioned the validity and significance of the goals which they had originally developed.

This writer also developed a Goal Attainment Scaling Guide which outlined learning goals for this practicum. (Appendix #11) This guide was developed prior to the commencement of group.

Baselines for each of the guides were developed and identified on each scale as having a numerical value of -2. This is the lowest possible score on each of the five scales in each guide. In hindsight, the writer recognized that this compilation did not allow for deterioration of functioning by group members, the group as a whole or the social worker. That is, the measures do not allow for a decrease in functioning once group has commenced. This is a limitation with these guides and, should this be replicated in future, the writer recommends that guides be developed in such a manner to measure deterioration as well. This may have

been an oversight as the writer intended to focus on strengths and growth as opposed to more negative aspects of functioning.

It should be noted that, on the individual, group and personal scales, ratings were developed using the terms, “occasionally” and “consistently”, to denote the frequency in which a certain behaviour or activity is carried out. For the purposes of these scales, “occasionally” was intended to refer to those activities and behaviours which occurred less than once a week. “Consistently”, refers to those activities and behaviours which would occur once per week or more frequently. Group members were informed of this designation when the scales were designed.

At session #15 of the group, when members were evaluated on an individual and group basis using the scales, individual members could attain a score of between -10 and +10. This score is calculated by adding the numerical results of each goal on the scale. The same potential results were possible in scoring the group goal attainment scaling, as well as for the writer's goal attainment scaling. (Appendix #11)

INDIVIDUAL RESULTS

Mid-Group

As mentioned previously, the writer made an oversight by not completing pre-group baselines which would allow for possible deterioration following entry into the group.

However, this did not pose a problem in collation of the data, since all group members reported improvement on the scales. Improvement on the individual scales increased from -10 in all group members to an average score of -2, by the 15th session of the group. The writer obtained the score of -2 by averaging the total of the individual scores of all group members on the individual goal attainment scaling. Although this is a marked improvement, it suggests that the average improvement was at the point which could be considered less than expected treatment success. The writer was, however, not discouraged by these results since group members had a significant amount of time to continue working toward the achievement of their goals. Also, facilitators had ample time to continue to assist the members in the achievement of these goals.

The process of measuring individual achievement on the goal attainment scalings served the purpose of re-focussing the members on their original goals. No group members expressed any dissatisfaction with the progress they had achieved up to the mid-point of group. Also, it is the writer's opinion that it was not necessary to reformulate goals after this mid-point testing since all members' goals appeared to remain relevant at that time. The writer invited members to formulate additional goals, but none elected to do so.

Post-Group

The writer received final goal attainment results from all group members during exit interviews. All group members had rated themselves upon the scales, following the final group session and prior to exit interviews. However, all exit interviews were conducted by the writer within a week of the termination of the group. The final average results at post-

group totalled +5.4. (Appendix #4-9 & #13) This is most certainly a marked improvement over mid-group scores. The writer has several hypotheses regarding variables which may have impacted the final outcome.

In reviewing both group and individual results, it appears that the group, as a whole, made marked improvements in growth much more quickly than individual group members. The writer attributes this to the possibility that the group, firstly developed cohesiveness, became a genuine source of support for the members and then, individual members began to make personal gains. Also, several group members reported that the energy required to attend to making successful transitions, detracted from their ability to attend to other stress reducing goals. For example, several group members indicated that it was extremely difficult to make lifestyle changes which included time for physical fitness and expanding their social networks, when they had more basic issues to address. For some group members, this included establishing a secure source of income and new living accommodations.

It is the writer's opinion that group members may have developed rather lofty goals in the screening interviews, prior to the onset of the group. This is with the exception of individual group members' identifying goals related to giving and receiving support within the group setting. This particular goal seemed to be easily achieved for all group members. However, the self-care activities which individual members identified, often required rather large blocks of time and involved activities to which they had no previous exposure. Although the writer believes that these goals were achievable and many group members had begun working on these goals at the conclusion of group, they may have been better served in

selecting less sophisticated self-care activities. For example, the writer may have suggested relaxation and meditative exercises as a means of reducing stress for all group members. These activities involve no monetary expenditure and can be carried out in one's own home.

It should be noted that, post-group individual results involved the scales of only five group members. This was due to the fact that a sixth group member elected to terminate her involvement in the group at the 26th session. The writer can only speculate that her results may have reduced the overall average of the post-group goal attainment scales. Although this group member's mid-group results were quite high, compared to other members, she left the group with a great deal of expressed dissatisfaction with the process. This dissatisfaction may have been reflected in her post-group data.

Clearly, each member made the most significant progress in their goals in the area of reduced social isolation. In screening interviews, members expressed a great deal of anxiety and apprehension about the possibility that they would be sharing highly sensitive, personal information with others who were yet unknown to them. The writer attempted to reassure members that they would have ultimate control regarding the pace at which they shared personal information, however, the writer also informed them that facilitators would encourage members to share. It appears that this anxiety was quickly allayed when they became familiar with the atmosphere and process of the group. Not only were members able to give and receive support within the group, they began to maintain contact between group sessions.

At the termination point of the group, several members informed the writer of their intention to maintain friendships with other group members. During the final sessions of the group, members discussed their desire to meet periodically to keep each other informed of their ongoing progress. They had been made aware of the fact that this second stage type group would likely have a significantly different atmosphere than the formal group sessions provided. All group members acknowledged that they were aware that this was likely but simply wished to maintain contact as a group. In this regard, it appears that the group met the goal of reducing social isolation for the membership.

Overall, it appears that the group process provided the membership with a useful vehicle to reduce social isolation and the degree to which stress was experienced. Not only did the membership make significant changes regarding their perceptions of stress and self-perceptions, they had begun to engage in new, positive stress management behaviours.

GROUP RESULTS

Mid-Group

It appears that the group made gains rather quickly in the area of their identified goal. (Appendix #10 & #12) This may be as a result of the fact that it appeared that the group developed a high level of cohesiveness rather quickly. The writer observed that there was an atmosphere of emotional safety, in the early stages of the group. This was exemplified by the fact that the members were able to share rather highly emotionally charged information with

one another. Also, facilitators prioritized guiding the members in acknowledging, identifying and sharing authentic emotion within the group. The writer believes it is also noteworthy that, initially, the greatest gains were made in the area of goal attainment within the group itself. This is in comparison to the achievement of individual goals. This may have been, partly, due to the fact that members received professional guidance within the group setting but were required to carry out their individual goals independently.

Facilitators took a very active role within the group regarding consciousness raising related to the shared identity of women. This was achieved through the use of various therapeutic tools. Firstly, facilitators took every obvious and available opportunity to provide a social and cultural context to many of the issues raised by group members. For example, group members discussed having feelings of inadequacy related to their emotional expressiveness. Facilitators were able to point out that those behaviours considered characteristically female were often devalued and even criticized within dominant culture. This afforded the facilitators the opportunity to assist the women in redefining themselves.

Facilitators assisted the membership in becoming supportive to one another within the group setting. It appeared that, initially, group members were reluctant to receive support from others within the group. This may have been due to their experience of vulnerable feelings with which they had not yet become comfortable. Facilitators engaged in several discussions with the membership related to barriers to receiving support. The content of these discussions included the social context in which women are expected to nurture others.

Within the group setting, facilitators made every effort to develop a non-hierarchical relationship with group members. This was achieved through the use of facilitator self-disclosure, acknowledgements and demonstrations of vulnerability. This personal self-disclosure was often related to the facilitators' experiences as women in a patriarchal society. Also, it is the writer's opinion that co-facilitators presented with markedly different personalities and professional styles. Several group members commented on this, as well. In spite of these apparent differences, facilitators consistently engaged in respectful interchange with one another in the group setting. This was, in the writer's opinion, an obvious demonstration of the respect for diversity.

Facilitators agreed that the introduction of a telephone number exchange between group members should only occur once group norms were firmly established. Although the members had formulated their group goals in the initial session of the group, facilitators had not yet determined if it would be beneficial to introduce a telephone number exchange amongst the group members. Firstly, group members were clearly not at a point at which they could have possibly experienced trust between one another. Also, group norms, including respect for boundaries and diversity had not yet been well established. From past group work experience, facilitators had learned that contact between members outside of the group is not helpful and can even detract from a positive therapeutic experience. Therefore, extreme caution was exercised in this exchange.

Facilitators initiated a conversation regarding telephone number exchange, just prior to the mid-point of the group. Group members thus, did not have the opportunity to develop

complex social relationships much before the 15th session of the group. Facilitators were cautious to check in with the members regarding their contact outside of the group, in order to provide necessary input related to respect of boundaries and maintaining beneficial relationships. The fact that members had just begun to explore relationships with one another outside group sessions, at the mid-point of group, it would not have been possible to expect that complex friendships and support outside of the group could have occurred.

Generally speaking, it appears that group members made significant gains in the group goal attainment scaling at the mid-point of group. It should be noted that group members were invited to make additions to the group goals at this time. However, the members elected not to pursue this. They indicated that they preferred to use session time to resolve personal issues, and attend to goals already identified.

Post-Group

Post-group results on the goal attainment showed limited improvement over the mid-group outcome.(Appendix #10, #12 & #13) It appeared that it was necessary for the group as a whole, to make gains in the attainment of group goals in order for members to realize the individual benefits of the group. That is, it seems that the members may have acquired strength from the group in order to attend to their personal goals. The writer makes this hypothesis based on the fact that the realization of the achievement of individual goals occurred much later than the achievement of the group goals. It is also appears that these

results reflect the power of the group process in reducing social isolation and increasing stress management.

Although several of the group members commented on the fact that the group may have provided them with a vehicle to engage in social action related to their circumstances, they were not yet prepared to pursue any specific social action. This is, of course, with the exception of becoming more assertive in the areas of their personal and business relationships.

Members engaged in a discussion about the fact that they had become much more aware of women's issues in their daily lives and how they are impacted by sexism. However, they explained that they believed that they demonstrated this awareness via alternate avenues to social action. This awareness was demonstrated through their interactions at an individual level. That is, several members became much more assertive and most members were able to consistently identify and articulate their needs to others. Ultimately, group members shared that the scaling of this goal did not accurately reflect or encapsulate the changes that they had made related to awareness of women's issues. Specifically, the group had no intention of carrying out any specific group social action.

In completing the final group goal attainment scaling, the members expressed feelings of entitlement related to receiving respect from others and having their thoughts and feelings valued. This, in the writer's opinion, captures the essence of the work completed related to perceptual changes and self-awareness. Members began to have expectations of positive

outcomes in their interactions with others. Several members admitted that they did not always assert themselves in social situations nor did they always put new coping strategies into practice. Despite this, they were able to recognize the significant gains they had made in this area.

RESULTS OF PERSONAL LEARNING GOALS

Mid-Group

The writer developed the learning goals for the goal attainment scaling with the intention of expanding upon clinical experience and theory related to group work with women. (Appendix #11) Of course, this was intended to include increased knowledge related to multiple roles, transition and stress in women. As with all other scales, these scales were developed by the writer at the onset of the group.

The writer made gains on the goal attainment scale at the mid-point of group. (Appendix #12) There are various reasons for these gains which include the fact that the writer engaged in theoretical research throughout the group process. The writer then began to put into practice the theoretical knowledge which was gained. This practice, however, was initially somewhat tentative. That is, the writer was initially apprehensive as this was a new type of group in which the writer had no experience. Perhaps, not dissimilar from the group members, several sessions within the group had passed before the writer began to feel a degree of comfort and confidence in the role of facilitator.

As mentioned previously, the writer had worked with her co-facilitator conducting group therapy for several years on a professional basis, prior to facilitating this group. However, the facilitators had not led a group together for more than two years prior to embarking on this group. Although the writer could recall general working styles and complimentary working habits, these recollections had become somewhat vague. It took some time for the writer to become reacquainted in this co-facilitation relationship. Research suggests (Toseland & Rivas, 1995) that open and honest working relationships between facilitators are most effective in ensuring that professional conflicts will not be left unresolved and not have a negative impact upon the group. It however, took some time for any conflicts to arise which required attention.

The writer began to apply theoretical knowledge gathered regarding co-facilitator relationships by modelling respectful interchange related to an appreciation for diversity. The writer's co-facilitator has a markedly different personal presentation and professional style than the writer. The writer and her co-facilitator were able to identify and articulate these differences with relative comfort in the group setting. The facilitators attempted to broaden their professional styles by making a conscious effort to expand on role flexibility. That is, the writer was more inclined than her co-facilitator to establish structure and set limits and boundaries. Conversely, the writer's co-facilitator tended to adopt a nurturing, listening and accepting role. The writer, in conjunction with her co-facilitator, agreed in group planning sessions to practice less comfortable roles. This proved successful and in debriefing sessions, facilitators shared that they were beginning to experience some comfort in practising new

roles within the group. Facilitators were also able to model a degree of role flexibility for the group members.

By the 15th session, group co-facilitators had become refamiliarized with each other's therapeutic style. There was a high degree of comfort and interchange related to their roles. As a result, facilitators were able to begin to challenge one another respectfully to broaden clinical skill. This was carried out in debriefing, planning and clinical supervision sessions.

It appears that the members expressed feelings and behaviour supported by research tenets regarding the multiplicity of roles. Kandel and Raveis (1985) suggest that women in multiple roles reported fewer depressive symptoms, compared to women with a dearth of roles. Amatea and Fong (1981), as well as Facione (1994) conducted research related to the lack of roles and role multiplicity in women. Their findings also suggest that, generally speaking, women in a multiplicity of roles experience better health and less overall strain, than their counterparts who have few roles.

Once it became clear that members' lack of roles were causing stress for them, facilitators encouraged members to take risks in the area of adopting additional roles. The writer was able to identify, however, that most members had several tasks to complete in order to pass through transition, prior to becoming available to add new roles. For example, two group members needed to attend to property and asset settlements related to divorce. A third group member was also involved in property settlement matters. Two additional group members had to attend to matters related to employment. For example, one group member was

considering a career change and was employed only on a temporary basis. Another group member was attending to the issue of balance within her role as care provider to others, so that she could establish free time to seek employment.

The writer spent considerable time in group sessions assisting the members in identifying the specific tasks that needed to be prioritized. In order to pass through transition, many members were able to identify most aspects of their lives that required attention, but prioritization seemed difficult for most group members. Facilitators assisted the membership, in this regard, by leading discussions on strategies related to formulating priorities. In this way, members provided not only emotional but also practical support to one another.

It became clear that a major factor for the group members in making positive changes in stress management was a discomfort in taking risks. New behaviors and activities, it seemed, were considered very risky by group members. It quickly became apparent that members often knew exactly what they wanted or needed to do in order to effect positive changes in their lives. However, the barriers to taking action to effect change involved discomfort, apprehension and fear. Facilitators identified this as a perceptual issue. That is, women within the group had cognitive interpretations and predictions related to this. This is exemplary of what Magnusson (1986) referred to when discussing the interactive model of stress.

Facilitators agreed that, in order to learn how members' perceptions were impacting their ability to take action to make changes, it was necessary to gather information regarding the

cognitive appraisals that individual members were engaged in. This involved work on consciousness raising within the group setting.

Facilitators worked on conscious raising within the group setting in several ways. Firstly, each week, facilitators posed a question for members of the group to ponder. Members quickly adopted the habit of taking notes in journals regarding their thoughts and feelings about the questions. Questions included such matters as:

How do you presently cope with stress?

What are your unmet needs?

How do you ask for these needs to be met?

How have you been taught about coping with stress?

This is not an exhaustive list, but is intended to demonstrate how facilitators attempted to encourage self-awareness, so members could make necessary changes in perception to allow them to engage in more self-caring and self-protective behaviour. It was also intended to assist members in taking risks that would be beneficial to them.

Members were able to identify that, prior to having these questions posed, they had not been consciously aware of their perceptions on any given issue. Also, they could not identify, with any certainty, when they had developed their perceptions. However, in group discussions, all members made reference to their families of origin. It was at this point, that facilitators introduced a family of origin exercise, which is discussed in greater detail in Chapter 7 of this document.

The family of origin exercise took several weeks of session time to complete. At session #15, members had only begun to develop a familiarity with the fact that their childhood experiences had greatly impacted their adult perceptions. At session #15, the writer and her co-facilitator had also just begun to encourage the members to consider perceptual alternatives to those they had previously taken for granted.

It appeared that, in part, because of consciousness-raising, members were experiencing some strong emotions related to past experience and how this impeded their own willingness to manage stress. The writer learned that it was necessary to assist the members in both the identification and articulation of emotions. In debriefing sessions, facilitators shared their observations that group members did not articulate emotions in such a way that would suggest that they possessed the knowledge and awareness to articulate a broad repertoire of emotions. The writer learned that, in order to modify stress management skills and develop new skills in the area of stress management, members first needed to identify how they were feeling.

The writer believes it is noteworthy to mention that some group members experienced severe anxiety regarding experiencing certain emotions. Although this was not surprising, it was new information for the writer to learn that feminist practice could play a significant role in changing perceptions related to the experience of certain emotion. Several members shared feelings of shame and/or guilt regarding the experience of anger. Facilitators discussed cultural messages that we as women receive regarding women assertively expressing anger. This appeared to be powerful for the members.

Facilitators utilized a partnering stance with the group membership. (Land, 1995) This proved to be quite effective, in that, members were very receptive to facilitators' comments and demonstrated this by becoming very animated in discussions of this nature. This also served to assist the writer in taking greater clinical risks and becoming more vulnerable in clinical relationships. Facilitators' comments which served to validate and affirm the members' experience appeared to promote greater openness and discussion within the group. It is the writer's opinion that comfort and safety within the group setting was enhanced through the use of this approach.

Post-Group

The writer made learning gains between sessions 15 and 30 within the group. (Appendix #11, #12 & #13) Specifically in this particular group, description of the stages of women's groups appeared to be more applicable to this group than the more traditional descriptions. The writer speculates that Schiller (1997) correctly identified that women tend to avoid conflict and, it is only when they begin to feel more comfortable and are invited to assert themselves, that conflicts can emerge. The writer was not aware of this until the group had reached close to the termination point. This suggests to the writer that one's learning can progress only as fast as the group progresses.

The writer believes that her learning goal of improving knowledge in the areas of multiple roles, transitions and stress in women was reached. For example, the writer learned that the women within this group tended to function more effectively when afforded the opportunity

of engaging in multiple roles. Facilitators made every attempt to encourage members to acquire additional roles outside of the group and at the termination point of group, several members had worked toward this end.

Facilitation of this group taught the writer that members tended to use copious amounts of energy in successfully making transitions and stabilizing their lifestyles. As a result, members had difficulty with lifestyle changes which required a great deal of energy. The membership was better served when facilitators were able to guide the membership in adopting new roles and new activities which did not sap valuable energy for dealing with the transitions. For example, members were encouraged to engage in relaxing home-based activities such as reading and bathing. This was as opposed to becoming involved in fitness programs with a large time commitment.

As discussed previously, facilitators attended to issues related to women's perceptions in carrying out good stress management practices. The second half of group was more closely devoted to assisting the membership in continuing to remove barriers to good self-care practices and implementing new self-care practices. This included encouragement and education in the area of assertiveness and directly expressing personal need. For example, several group members had begun to interact with others in their lives setting in a very assertive manner. This assisted them in, not only their personal relationships, but their business relationships as well. Therefore, several members were able to successfully attend to property settlement, divorce and employment issues. As mentioned previously, these were points of transition which members needed to address to restabilise their lives.

The writer learned a great deal about members coping styles within the group which involved their internal loci of control. This is discussed in more detail in the Emerging Themes section of this paper. Facilitators accessed the use of consciousness raising and feminist practice in order to assist the members in respecting and validating their own senses of reality. Facilitators also utilized a feminist perspective in encouraging members to value themselves, thus permitting them to engage in necessary self-care practices.

As mentioned previously, facilitators became more comfortable in their roles with each other and within the group as time progressed. Therefore, they were able to practice a deeper level of appropriate self-disclosure than in the prior stages of the group. This, in the writer's opinion, assisted not only in the partnering stance, but also in modelling assertive self-expression and inviting greater openness and risk taking amongst group members.

Co-facilitators learned that the identification and naming of conflict, when it initially occurs within the group setting, is critical for good group functioning. Facilitators sensed a tension and covert conflict between several group members in the latter stages of the group. The co-facilitators were able to identify and admit that they did not initially know how to respond to this tension and conflict, as it was very covert. After receiving clinical supervision, facilitators were much more confident about addressing this conflict directly and did so in future sessions, very quickly and decisively. This proved to be quite effective.

Facilitators gained confidence in the area of their own clinical capabilities, as well as in the area of their professional working relationship. Disagreements did arise between facilitators, but because of this confidence level, they were able to assertively identify and address these with one another. The facilitators successfully addressed disagreements with one another quickly and decisively so that the group process was not negatively impacted. Disagreements between facilitators were resolved both in group planning sessions and debriefing sessions. It should be noted that this increase in confidence appeared to contribute to the facilitators ability to respectfully but assertively disagree with one another in the group setting.

In debriefing, planning and clinical supervision sessions, the writer and her co-facilitator recognized that their discomfort with conflict was not dissimilar to the group membership. Facilitators were able to identify that they had been influenced by cultural messages prescribing female behaviour as well. Facilitators shared this information with the members in the group setting.

OUTCOME OF EXIT INTERVIEWS

The writer posed several questions to each group member during individual exit interviews. The purpose of this process was to obtain specific feedback related to perceptions of the group structure and process. Each member was asked to comment on a pre-determined set of 10 questions. (Appendix #14)

Each member was asked to comment at some length about their perceptions as well as any additional issues which they believed to be significant. The purpose of conducting face-to-face interviews was to obtain in-depth information which otherwise may not have been attained via a paper and pencil questionnaire.

The results of these individual exit interviews were as follows:

MEMBER A

Member A indicated that she was comfortable with the facility in which the group was conducted and had no complaints about this.

Member A reported that she was completely satisfied with the Tuesday evening session times. She explained that she had no commitments on Tuesday evenings prior to the commencement of group and thus, was not required to rearrange her schedule in any way. When asked about the session times of 7 to 9 p.m., member A explained that she would have preferred sessions to be held from 6 to 8 p.m. She informed me that she found the group highly stimulating and was often exhausted when she returned home after each session. Then, because she had been highly stimulated, she found it difficult to relax and sleep. She added that she was satisfied with the two hour length of each session with a break at the mid-point of group.

When asked about her satisfaction with the 30 session length of group, member A initiated a conversation about the conflict which arose within the group. She used words such as, "petty, stupid and infantile" to describe her perception of the conflicts which occurred. She

shared her opinion that 30 weeks would have been sufficient, had this conflict not occurred. She indicated that she would have liked to have learned more and that this conflict detracted from her learning.

Member A asserted that she liked the fact that co-facilitators posed a question to be answered by group members in the subsequent session. She also stated that she found the group discussions very helpful. However, she also discussed the fact that she would have personally preferred more formal education to have been provided by group facilitators. For example, she stated that she would have preferred a structure in which individuals shared their thoughts and feelings related to the questions posed, then it would have been appropriate to have taken a break at this point. Following this break, member A believed it would have been helpful to her if facilitators would have provided educational information related to the topic of the specific question being posed for the following week. She also mentioned that she would have preferred more specific and direct advice by group facilitators.

Member A informed me that she was generally satisfied with the content of the group with the exception of the fact that much time was taken up with processing interpersonal issues between group members. When asked about her satisfaction with facilitators, member A indicated that she believes facilitators were competent in their leadership of the group. She shared that it was her impression that some members were not clear regarding the specific role of the facilitators, specifically that they would be responsible for guiding process and ensuring safety. She added that she believed more time needed to have been spent on

educating the membership on the type of group which was being provided and how it would be facilitated.

Overall, member A stated that she found the group atmosphere comfortable and that she was able to relax to a level which was sufficient to talk about her feelings. She found that the group atmosphere was such that she was able to express her emotions openly. In concluding our interview, member A stated that she found the group quite helpful and made some positive changes in her life as a result.

MEMBER B

Member B expressed no complaints about the facility in which the group was conducted. She stated that she was very satisfied with the fact that the group was conducted in the evenings because this was a time in which it was easiest for her to locate child care personnel. She explained that, although the writer assisted her in obtaining child care from The Family Centre of Winnipeg Family Support Program, she believed that it would have been most likely easier to obtain weekly evening care than child care during the daytime hours.

In discussion, member B shared that the session length of two hours was satisfactory to her, but she added that she observed that members did not always complete all work related to specific topics of discussion. She indicated that she especially liked having the 15 minute break in each session. She explained that she found this useful in diffusing the emotional intensity of the group, at times. For example, she discussed the fact that this was useful at

one point, when a member struggled with her dissatisfaction with the group and ultimately, made a decision to leave the group, during one such break.

When asked about the 30 week duration of the group, member B stated that she believed it to be a significant commitment and it seemed somewhat long for her.

Member B made several positive comments about the structure of the group and stated that she appreciated the fact that the membership had input to the structure of the group. She stated that she appreciated the questions which were formulated for each session. Overall, she stated that she found the content of the group to be useful.

In responding to the question posed regarding the role of the facilitators, member B shared that she felt "pushed" to discuss difficult issues at times. She admitted that there were times when she would have rather ignored her thoughts and feelings, but facilitators asked her specific questions related to this. She qualified these statements by indicating that she recognized that she learned about herself through this process and that "cushioning" and "hiding" does not solve anything.

Member B stated that she, initially, had some difficulty with the group process. She stated that she was unsure what would be expected of her or other members of the group. She stated that, once it was explained, she was able to accept the boundaries which were established by the facilitators. She found the process much safer once she understood what the process was to be. She stated that she is disappointed that she was unable to make close friendships

within the group. She admitted that she had made some connections with members outside the group, but would define none of these as close friendships. She shared her impression that, although she does have some contact with members outside the group sessions, she senses that she is invited along with others, and is not considered a close friend to any one group member.

Overall, member B stated that she is appreciative of the fact that she was a member within this group. She stated that it is her opinion that few changes are required if the group is offered to others in the future. She identified the fact that each group will likely be very different, as individual personalities are likely to alter the group process a great deal.

MEMBER C

Member C commented on the group facility as being adequate. She mentioned the fact that the group room was very hot and physically uncomfortable at times but afforded the group the privacy required to explore issues. When asked, she stated that Tuesday was a satisfactory day for her to attend group but any day would have been acceptable to her since she has no commitments outside of her home.

Member C discussed the fact that, initially, she was reluctant to attend an evening group since she does not drive and was somewhat apprehensive about taking public transportation. However, she reframed her initial perception by indicating that this was a very healthy risk for her to take. She shared that since she learned that she could rely upon a safety plan, her fears related to this were likely initially amplified beyond a realistic level.

Member C shared that she believed that the 30 session length of the group was not too long to meet her needs. In fact, she indicated that she is now feeling a sense of loss that this group is over. She stated that she has done well in her personal goals and she knows she has benefited from the group structure and process. As a result, she speculated that, if the group was longer, she would continue to benefit. She shared her wish that she would continue to have the group support to complete her personal goals. However, she shared that she will continue to receive support from group members by seeking them out at this point.

When asked about group structure, member C indicated that she appreciated the questions which were posed each week to be answered. However, she qualified this by stating that the questions became more difficult for her as the sessions progressed. She stated that she derived less enjoyment from the questions as they became more difficult. She commented on the fact that she appreciated the experiential work that was done in group and would have liked to engage in more of this kind of work. She spoke specifically about the drawings which members completed of their families of origin. She commented that she learned a great deal about herself in this process. She added that there were good and bad aspects to this exercise. That is, she enjoyed it as it was a different mode of self-expression than discussion, but added that it took a great deal of session time to complete.

Member C commented on the work of the facilitators within the group by expressing appreciation for the style of the writer's co-facilitator. She mentioned that Ms. Fraser had a

talent for asking salient and poignant questions. She also stated that the co-facilitators seemed to do things appropriately as she benefited from this group.

In discussing group process, member C mentioned that she was quite apprehensive about sharing her personal thoughts and feelings during the initial stages of group. However, she took a risk to share very personal information and enjoyed the support of the membership. This gave her the courage to share this information with family members as well. She explained that this process of sharing with the membership aided her in her self-acceptance.

Member C discussed the process of the group further by expressing satisfaction with the fact that co-facilitators appeared to have an awareness and sensitivity toward individual members in crisis. As a result, these matters with individual members were addressed without, in her opinion, detracting from the remaining members of the group.

MEMBER D

Member D had no specific complaints or comments about the facility in which this group was provided. She indicated that she had a high level of commitment for this group, therefore, the Tuesday evening time was not problematic to her as she was prepared to clear her schedule to attend the group. When discussing the 7 to 9 p.m. session time, member D stated that she sometimes found the two hour duration of group somewhat short to meet the needs of the membership. She stated that she would have preferred the group sessions to be 2 1/2 hours in duration without a break. She added that, given her work schedule, an evening session time was most convenient.

Member D explained that she would have liked the group to continue for longer than 30 sessions. She shared her feeling that she has many more issues to address and would have liked to continue with the process. She qualified these remarks by stating that she recognizes that the group can continue to meet more informally and perhaps, develop a second stage support group.

Member D stated that she appreciated the weekly questions posed by the facilitators because they kept her focussed on stress management and self-care issues throughout the week. She explained that she would ponder the questions throughout the week and change her perceptions many times before becoming satisfied with her answers. She recognized that, as a result of this process, many of her thoughts and feelings became integrated.

In discussing the content of the group, member D indicated that she appreciated the fact that the membership was prepared for the termination process. She admitted that she found the group's termination emotionally upsetting, it was reminiscent of other endings in which she had experienced. More generally, member D commented on the fact that she liked the informal and "human" touch in contrast to a more formal educational group. She stated that she believed that she had many issues to process and would not have appreciated the feeling of the atmosphere of "going to class".

According to member D, she found the facilitators to be sensitive to the needs of the group. She described what would be considered cognitive reframing as a style of facilitation used.

She found that, looking at situations from a different framework tended to bring different outcomes in her life. She stated that she felt guided by the facilitators but did not feel that she was being overruled. She added that the facilitators guided the process in such a way that relationships within the group appeared to gradually unfold but members were not forced to share or make connections with others.

Member D expanded on her discussion of group process as being a very unique experience for her. She stated that, it first seemed foreign to her to consider "bearing her soul" with a group of strangers. However, she eventually felt safe to share her feelings and observed other members sharing as well. As a result, she was able to see aspects of emotional pain from a different perspective. Again, she commented on the fact that she appreciated that she was not forced to share her feelings.

In conclusion, member D commented on the fact that she benefited from her involvement in individual therapy while she was attending group as well. She recognized that she was able to process her feelings more completely in individual therapy, however, she was able to identify and experience these feelings while attending group sessions. She suggested that members of future groups may find it helpful to be in group and individual therapy on a concurrent basis.

MEMBER E

Member E began her discussion in this exit interview by commenting on the group facility. She shared that she originally did not care for the facility as she found it dark and uninviting.

She also stated that she finds it uncomfortable when she is in an enclosure with no windows. She eventually became comfortable with the facilities and her decision to accept the facilities, was in part, based on the fact that it was easy to park. Member E indicated that, for her own convenience, she would have appreciated it if the group began at 6:30 p.m. However, she would have liked the actual sessions to be at least 2 1/2 hours in length. She also stated that she enjoyed the opportunity to connect with other members on a more informal basis during the break. She stated that she would have liked the break longer than 15 minutes.

In discussion about the length of the group itself, member E speculated that if the group was any shorter than 30 sessions members would not likely have developed depth in their relationships. She commented on her observation that it seemed that it took several sessions for group members to begin sharing on a deeply personal level. She admitted that she became impatient with the length of time required for members to become comfortable with one another.

Member E mentioned that she appreciated the fact that the membership themselves were responsible for a large aspect of designing the structure for the group. She also stated that she benefited from the questions and commentary associated with the questions each week. Member E mentioned that she liked the fact that facilitators attempted to educate the members on several salient issues. However, she did not always appreciate the means in which the facilitators used to convey this information. She explained that she recognized that the facilitators tended to capitalize on opportunities presented in members discussion to

impart information. However, she found this somewhat disjointed at times because it appeared to change the atmosphere from informal to formal and then back to informal again.

Member E shared that she would have preferred that facilitators would have led the group by using more diverse means of imparting information. She stated that it would have been helpful to her if the facilitators would have provided the members with notebooks at the initial session. This would have assisted her in being more organized in addressing the questions posed each week. She also stated that she would have liked to have been invited by the facilitators to write her thoughts on the flip chart. She shared her opinion that this would have assisted her in sorting out her thoughts and may have empowered both she and other group members.

Member E continued her discussion with me by commenting on the fact that it would have been useful for the facilitators to revisit formal group rules more regularly than they did. She stated that she believed that there was some classism within the group membership and facilitators may have been able to extinguish this by addressing it directly and referring to the group rule of respect. She informed the writer that attending the group assisted her in connecting with people that she would have been unlikely to meet in her day to day life. Although she initially resisted the concept of structuring her evenings to attend the group, she eventually found that she looked forward to the regular commitment and discussion each week. She stated that the facilitators may have enhanced the connectedness of group by scheduling a social activity at the mid point of the group.

In concluding her discussion, member E stated that she found the group met her needs more sufficiently as it became smaller in membership. She commented on her satisfaction with the fact that each member was invited to speak each week. She did not feel "cut off" by facilitators and respected the fact that each member was asked to share on a weekly basis. Member E also shared her impression that it may have been useful for group facilitators and individual therapists to speak regularly about group structure and process. She stated that there were times when she would have liked the opportunity to see one of the facilitators on an individual basis. Member E commented on the facilitators skill asking relevant questions of the membership and individual members within the group.

Exit interviews were conducted only with those members who completed the group. The writer had attempted to contact member J when she did not return to the group when she expected to do so. She did not respond to telephone messages. There were no further attempts made to contact her. Member G advised the writer she would make contact with the group and or the facilitators, by telephone, once she felt well enough to do so. She did not initiate any contact with the writer. The writer attempted to contact member H by telephone when she began to miss group sessions. She did not return these telephone messages.

Member F left the group rather abruptly in its termination phase. The dynamics of member F's behavior is outlined in greater detail in Emerging Themes. Member F contacted the writer after she left the group. She asserted, at that time, that she wanted no further involvement with the group process.

SUMMARY OF RESULTS

Overall, members reported that the group experience was helpful in coping with stress more effectively and reducing social isolation. During exit interviews, several members reported with enthusiasm the fact that they were taking action to move through their transitions.

Members appeared to deepen their level of self-awareness and assert themselves regarding their specific needs at the termination point of the group. Members shared specific examples of how they were able to identify their needs and make assertions related to these needs in their personal relationships.

This group facilitation experience improved the writer's clinical skill in the areas identified as learning goals. (see Appendix #)

DISCUSSION

RELEVANCE OF PRACTICUM TO SOCIAL WORK PRACTICE

As discussed in the Literature Review, excessive stress in people's lives, can adversely affect the quality of life. The Social Work Code of Ethics (CASW, 1994) outlines the fact that the profession of social work is dedicated to the welfare of human beings. The writer's opinion is that the facilitators addressed the issue of sensitivity toward the welfare of the membership. Facilitators also established norms and group rules intended to promote the welfare of the membership.

Toseland and Rivas (1995) argue that group work can attend to the value base and ethical principals of the social work profession. This involves a deliberate use of intervention strategies which ensure that these standards are upheld. This group encapsulated the practical aspects of group work in a manner which met these standards.

As discussed previously, the group process provided members with a forum in which to develop a deeper level of self-awareness. This included the examination of the values and beliefs promoted by dominant culture. Facilitators were particularly attentive to the

patriarchal nature of our culture and how this impacts women in their daily lives. Members were also given the opportunity to examine how their cognitive schemas have been influenced by their families of origin. This examination expanded the women's level of consciousness. As a result, they were empowered to choose whether to accept or reject values and beliefs that had influenced their behaviours.

A deepened level of self-awareness led to the group members' movement toward self-realization. Social workers are also to be dedicated to the self-realization of individuals, as outlined in the social work Code of Ethics (CASW, 1994). This movement toward self-realization is exemplified by the members' goal attainment scalings. That is, all members made gains toward self-realization in reaching many of the goals identified.

By limiting this group to strictly a female membership, these clients were provided the opportunity to experience connectedness and likely, cohesion. That is, members examined how sex role stereotyping and sex role socialization, in general, had influenced their lifestyles, behaviours and decision-making processes. Within the group, there were indeed several emerging themes, which seemed quite exclusive to women. For example, facilitators found it necessary to assist women in becoming comfortable with attending to reducing their own stress, instead of firstly working at nurturing others.

Facilitators spent a considerable amount of time focusing on environmental factors which influence the amount of stress women experience. In doing so, the facilitators validated and affirmed women's experiences which provided a group work experience which encapsulated

social work from a feminist perspective (Land, 1995 & Russell, 1989). Also, the environmental component of the experience of stress was identified and addressed.

The group process afforded members the opportunity to examine their individual coping styles, which relate to their experience of stress. Members were able to identify coping styles which exacerbated their experience of stress. These included overeating, withdrawal and other self-destructive as well as impulsive behaviours. Facilitators were able to establish an atmosphere which provided sufficient emotional safety to acknowledge these coping styles. Once these were identified, members were able to develop a sense of mindfulness and replace these with coping behaviours which were more effective and self-respectful. This is in keeping with the intent of the social work profession to attend to the welfare of human beings.

RELEVANCE OF LITERATURE REVIEW TO PRACTICUM

Stress & the Multiplicity of Roles

As outlined in the review of the literature, Kandel, et al (1985), Amatea and Fong (1991) and Facione (1994) all indicate that women experience less stress with a multiplicity of roles. Golding (1989) points out that this may be, in part, due to the fact that women in many roles have increased opportunity for social support.

Group members' experiences seemed to support this concept that women were less stressed when in several roles. For example, one group member became quite distraught when a work related injury made it necessary for her to take a considerable amount of time off work. Despite the fact that she had been encouraged by medical professionals to remain off work, she returned to work while attending the group. She found, after only a few days, that she was unable to cope with the physical demands of work and was forced to continue to convalesce.

This group member was quite tearful in the session following her failed attempt to return to work. She informed the group, that she had sufficient financial resources to provide for her needs for a considerable period of time. Therefore, she was not experiencing intense stress due to financial concerns. In fact, this group member mentioned that she missed the purpose that being involved in the work force provided. She also mentioned that she missed the structure and routine that her employment had previously provided.

A second group member was forced to terminate her involvement in her home business, when she was required to sell her house, as part of a divorce settlement. She had mentioned in group sessions, on several occasions, that her interaction with the public, as a part of this work, as well as the structure of this work, were the only things that provided her with focus. This member was clinically depressed and indicated that had she not been required to conduct this work she would have likely done virtually nothing productive or functional throughout her days. Fortunately, by the time this member settled into new accommodations,

she was able to resume some of her work on a smaller scale. It was clear that this member too had a strong desire for multiple roles in her life.

This comprises only two examples of the members' desire to have a multiplicity of roles and their reduced stress levels, while in these roles. It is the writer's opinion that every group member worked toward acquiring a multiplicity of roles while in group. Also, members who had acquired these roles, reported reduced stress levels, thus supporting the literature on this topic.

Stress and Social Support

All group members reported a high degree of social isolation, prior to the commencement of group. Group and individual goals on the Goal Attainment Scaling (Appendix #4-10) all included the goal of "giving and receiving support". The writer previously mentioned, in the Review of the Literature, that there is significant research in the area of social support as a means of stress reduction. (Sarason, et al, 1986) (Uehara, 1990) (Jackson, 1998)

All group members reported, in exit interviews, that they benefitted from both giving and receiving support within the group. The most obvious benefit was the development of friendships and thus, ongoing social support amongst several members. It appeared that this social support also benefited several group members in several specific ways. For example, one group member had maintained a family secret for well over 30 years. She chose to share this secret with other group members. When she realized that she was met with tolerance, empathy and acceptance, she was able to share this secret with her adult children. During her

exit interview with the writer, this member reported that she found the support she received in group extremely powerful and helpful. She explained that she received the courage to reveal this secret from the group members.

A second group member reported that, as a result of her experience within the group, she has come to reevaluate the quality of many of her friendships. She indicated that she was beginning to question the depth of intimacy and honesty within these friendships. She articulated her strong desire to deepen the intimacy within her personal friendships, as she had experienced the value of this mutual support within the group setting.

Friendships were developed within the group, partly due to encouragement by the facilitators for members to contact one another between sessions. Facilitators cautioned the members regarding the development of subgroups and the possible negative effects of this on the group as a whole. Toseland & Rivas (1995) caution that subgroups can be beneficial in promoting group cohesiveness, but can also detract from the overall functioning of the group as a whole. In fact, at one point, one member was scapegoated and facilitators addressed this openly and honestly within the group. The benefits of encouraging members to contact one another outside of group sessions, outweighed the disadvantages.

This group process provided members with the opportunity to learn new social skills and to practice those which they possessed, but had not previously utilized. Sarason, et al (1986) indicated that individuals with poorly developed social skills tended to have few social

supports. Since it has also been asserted that social support reduces stress, the writer intended to provide members with the opportunity to gain social support.

Based on self-reports, many members indicated that they did acquire new social skills, which they developed and practiced within the group setting. These newly developed social skills served the members in relationships which they had developed and established outside the membership itself. For example, one member who had been very passive throughout most of her adult life, began to acknowledge, identify and assert her feelings within the group setting. She later indicated that she found that she had become more assertive in all her personal relationships.

In their contact between sessions, members reported in group that they had engaged in social activities together, outside the group. For several members this constituted their first opportunities to practice their new roles as single women. Several members had attributed their social isolation to the fact that much of their previous social activity had centered around social situations that involved primarily "couples". These new social activities appeared to promote familiarity and a feeling of comfort with members' new marital status. It also appeared to initiate feelings of mastery related to this new role. Overall, it is the writer's opinion that one of the strong positive outcomes of the group was the reduction of stress through increased social support.

Reciprocity of Social Support

Williams (1995) points out that social relationships can become strained when those who receive social support do not reciprocate. Because the writer had studied this and additional literature related to social support, prior to the onset of the group, members were encouraged to both receive and give social support.

A great deal of time and focus within the group involved giving and receiving support between members. In fact, facilitators led a discussion, during one session, regarding the provision of respectful support. In this discussion, facilitators attended to such issues as:

- being respectful of the limits set by the individual requesting support
- using active listening
- avoiding advice giving, unless this is the sort of support requested by the recipient
- maintaining focus in the discussion on the recipient of the support

Facilitators attempted to model this sort of support provision in their interactions with members as well.

Williams (1995) indicates that recipients of social support need not always reciprocate support to the person that initially supported them. That is, to maintain a sense of competence and self-esteem, individuals who have received support, simply need the opportunity to support others. The group setting provided ample opportunity for members to receive and reciprocate support.

The writer observed that most group members were initially reluctant to receive support from other members in the group. The writer hypothesizes that this is due to the fact that women tend to have difficulty accepting support, for that they will be considered selfish. However, facilitators found it useful to educate members about the need for reciprocity. This proved a useful tool in the members' receptivity to receiving support.

In the group setting, the writer observed that members often did not provide support to members from whom they had previously received support. Within the dynamics of the group setting, the writer observed a myriad of interactions involving the giving of and receipt of support.

Individual group members who experienced discomfort and/or were resistant regarding the receipt of social support experienced other difficulties as well. One member appeared to experience intense difficulty in acknowledging and expressing vulnerable emotions, although she did so several times in group. When other members verbalized their support for her, she indicated that she felt quite uncomfortable with this. She had a tendency to reframe their supportive comments which placed a negative slant on her thoughts, actions and beliefs. It is interesting to note that this member was later scapegoated by the membership. Initially facilitators, then other members discussed how this members' pessimism may be contributing to her problems. This discussion was conducted in a gentle and supportive fashion. After taking some time for reflection, this member was able to acknowledge that her thinking may have contributed to her own isolation.

A second group member appeared to become agitated and angry when faced with social support from the membership. When this member was unusually upset, it appeared that she could not tolerate the intimacy of the group, in providing her with support. She clearly articulated, at one point, that she did not want membership support and made several statements in the group, which the writer viewed as hostile. This member left the group, prior to its termination.

Use of the Ecological Perspective

The ecological perspective within social work practice adheres to the notion that human beings are both influenced by their environments and are influences within their environments. McMain Park (1996) posits that examining human behaviour without considering the broader human context means that many aspects of the human condition are not being acknowledged or recognized.

The writer argues that the group itself could be considered a self-contained "ecosystem" within the larger social system. This group offered the members the opportunity to interact with one another and develop emotionally intimate personal relationships. In doing so, they were provided with the opportunity to develop and practice social skills, within the safety of this therapeutic environment. Members could view how they influenced the environment of the group and were influenced by it. Of course, facilitators played an active role by sharing their observations, by providing feedback, validation, affirmation and support. Essentially, the group became a cultural microcosm.

Facilitators pointed out to the membership, as learning opportunities presented themselves, how they were influenced by culture. Members discussed how they could reject tenets of dominant culture in their personal lifestyles and take other sorts of action in order to influence their environments. Members were encouraged to examine, very specifically, how their personal values and belief systems influenced their experience of stress. This provided the members with the opportunity to develop increased self-awareness and to engage in cognitive restructuring.

Use of the Feminist Perspective

At the onset of the group, the writer formed the impression that group members interacted with each other in a way that suggested a degree of competition between them. This competitiveness was exhibited by members' desires to demonstrate their competencies in the nurturing role. Most members were quick to offer support to others without it being requested and/or invited. Recipients of support expressed discomfort in receiving it. Facilitators utilized this as an opportunity to begin to formulate the norm of both giving and receiving support. The writer believes that this was accomplished through several means. Firstly, facilitators named these observations. As Lewis (1992) points out, naming is the identifying of the consequences of the established structures and patterns. In this case, the writer believes the established structure and pattern of behaviour was that which allowed women to give to others, but not to receive. Facilitators reminded the membership that the purpose of their attendance at this group was to reduce their experience of being stressed, not to add to stressors by simply giving support and not receiving it.

The second way in which facilitators addressed members' inability or unwillingness to accept support from others involved a discussion related to the reasons why women may wish to compete with one another in this regard. Facilitators discussed the fact that there is a benefit within a patriarchal society for women to continue in their role as nurturers without identifying their own needs. This was an introduction of the concept that "personal is political" (Land, 1995). This provided the facilitators with a vehicle through which to introduce and begin to establish the norm of reciprocity in social support.

During the second session of the group, members engaged in a self-effacing discussion about weight and how their respective body weights and heights did not meet cultural standards. This provided the writer with the opportunity to engage the group in a discussion regarding the validation of the social context in which we live (Land, 1995). Land (1995) and Russell (1989), both discuss the value of self-disclosure by social workers in utilizing a feminist perspective. In this particular case, the writer was able to join with the membership by discussing how she too had been affected by cultural messages regarding weight and female presentation. This began an ongoing process in which facilitators joined with the membership in their common experience as women. This is referred to by Land (1995), as the "partnering stance".

Facilitators used self-disclosure as a means of developing a sense of connectedness between themselves and the members. Facilitators expressed feelings of vulnerability to the same stresses and conflicts which clients experience. This was qualified with the facilitators' attention to the power dynamics within the therapeutic relationship. That is, facilitators

acknowledged and named the reality that power was not equally balanced between facilitators and members. This having been acknowledged, facilitators discussed their intentions to maintain the therapeutic relationships within the group in an equitable fashion. Also, facilitators rejected the ascription of "expert" status within the group. Facilitators informed the membership of their beliefs that each individual member was the expert on her life.

As has been discussed at several points within this document, members of the group initially appeared very constrained in their emotional expression. Women within the group appeared to experience intense discomfort with the verbal expression of vulnerable emotions. Facilitators agreed that this issue must be addressed in order for the membership to fully experience and examine the emotional aspects of themselves. The facilitators confronted this issue directly with the membership on several occasions by challenging the myth that women are the weaker sex. Specifically, facilitators confronted the issue that women are often considered the weaker sex within dominant culture when they express and articulate emotion which evolves feelings of vulnerability. This led to the establishment of the norm of a positive evaluation of women. This is in keeping with both Russell (1989) and Land's (1995) concepts of positive evaluation of women and revaluing positions enacted by women.

Once the group had established a reasonable degree of comfort, members began to share their relevant life experiences with one another. One such experience was the role of motherhood within the membership. Two members within the group were not actively providing daily child care to their children. These members spoke about the shame and guilt that they

experience, particularly in sharing their specific experiences with others. An additional group member had elected not to have biological children. She shared that, although she believed she had made a decision which best met her personal needs, she experienced feelings of inadequacy when she informed others that she was not a mother. Finally, one group member advised the group that she had placed a child for adoption over 30 years ago. This member shared her feelings of stigmatization and the need for secrecy regarding this matter.

These experiences related to motherhood provided the facilitators with the opportunity to use this as a means of balancing members' perceptions of what is normal and what is deviant. As Land (1995) explains, what is perceived as deviant by society is often that behaviour which is engaged in by less privileged groups. Facilitators engaged the group in animated discussions regarding the need to adopt behaviour which best meets individual needs and not societal norms. It also provided the opportunity to introduce the concept that there are multiple realities. That is, individual members could choose for themselves, the reality which is most acceptable to them in the context of their own lives (Land, 1995 & Poovey, 1998).

Bricker-Jenkins (1991) points out that, diversity creates choices for all and is a source for strength, growth and health. Land (1995) discusses the feminist perspective as involving an inclusive stance which incorporates the re-examination of "Anglocentric" assumptions. These concepts encapsulate the notion that the feminist perspective embraces respect for diversity. Facilitators capitalized on opportunities to, not only enhance group cohesiveness by pointing out common aspects in experiences, but members experiences which were also unique. This

included the fact that some members experienced financial freedom and comfort, while others could scarcely meet their basic needs.

During the termination phase of the group, one financially secure member bartered with another member who experienced financial difficulties to share aspects related to the termination celebration. Specifically, the financially secure group member could not afford the time to bring a prepared food item to the celebration. Conversely, the member experiencing financial difficulty could not afford the cost of bringing a food item to the celebration. They agreed to share their resources and the financially secure member provided ingredients for the impoverished member to prepare. The facilitators agreed that this was a respectful and mutually gratifying interchange which did not compromise the dignity of either member. This is an example of how members achieved mutual aid on a practical level within the group.

Bricker-Jenkins (1991) indicates that an assumption of social work practice includes the belief that people are inherently healthy. As mentioned previously, Russell (1989) discusses the value of recognizing the strength of women and emphasizing the positive aspects of stereotypically female traits. In the writer's opinion, both of these assumptions underscore the importance of taking a strengths perspective in social work practice with women. Facilitators tended to paraphrase and reframe members comments which were initially self-deprecating and negative. Rather, the focus was upon women's strengths in coping and their ability to have managed various aspects of their lives, albeit under stressful circumstances.

It appears that this became an accepted norm within the group process as members began to provide each with support and feedback in this fashion as the group progressed.

In the initial stages of the group, facilitators became aware of the fact that members neither acknowledged nor assertively expressed their needs. In fact, in a discussion led by the facilitators, the members had difficulty admitting to the fact that they had needs. However, several members engaged in attention seeking behaviour which could have potentially alienated them from others within the group. Facilitators learned that members had difficulty acknowledging and asserting their needs as they did not consider it feminine to do so. This afforded the facilitators the occasion to encourage "total development". Russell (1989) describes total development as involving the adoption of behaviour, which may not be considered appropriate for one's ascribed sex role, but necessary for personal effectiveness.

The encouragement of total development within the structure of the group continued throughout its duration. In fact, the writer found that this particular concept was necessary in providing the membership with alternative coping methods in dealing with stress. Several group members demonstrated their ability to assert themselves with their peers in the group. Several members also reported experiencing feelings of efficacy in this regard within their interactions outside of the group as well.

Land (1995) discusses the use of empowerment practice within the feminist perspective. Specifically, she emphasizes the importance of the development of therapeutic goals as a cooperative endeavor between therapist and client. Bricker-Jenkins (1991) discusses the

important of goal setting as a collaborative process between therapist and client with the intent to assist women to recover from the specific injuries of oppression, exploitation and domination. The writer believes that the process engaged in with group members to develop individual and group goal attainment scalings achieved this purpose. That is, all goals were developed in a collaborative process between therapist and clients. In fact, the group goal attainment scalings were developed through a process of consensus between the group members and the facilitators.

CRITICAL ELEMENTS IN THIS GROUP WORK INTERVENTION

Facilitators found that addressing sociocultural issues regarding competition amongst women to be extremely useful in establishing cohesion within the group. The Partnering Stance (Land, 1995) alluded to earlier was particularly useful in this regard. Facilitators shared their experiences as women and discussed how they had been encouraged in many social settings to compete. This was contrasted with the experience of working cooperatively and sharing authentic relationships with each other and other women.

In working with this group of isolated individuals, facilitators found that it was extremely important to understand that members lacked the knowledge about how to appropriately seek support from others. In this way, the group experience can provide individuals with an atmosphere to develop and practice new skills. Facilitators found it necessary to guide members in such fundamental issues as naming feelings and broadening the repertoire of feeling words used by the membership.

It was quite useful within this group to educate the membership about the power of perception in managing stress. Following this, facilitators were able to guide members in an examination of their cognitive schemas and how cognitive distortions comprised much of the negative reasoning that members become engaged in. This examination of cognitive schemas included questioning of assumptions held by dominant culture which subordinates and oppressed women greater insight appear to lead to greater freedom in stress coping responses for the members.

Women were competent in quickly identifying what behaviours they could adopt which would reduce the level of stress which they experienced. Facilitators spend less time focusing on this issue than addressing the fact that members did not feel entitled to attend to their needs in this regard. This was addressed through the use of cognitive restructuring by facilitators. Facilitators challenged the myths of dominant culture which included that women are to be selfless and tireless in their care of others. They guided the group in various discussions about how this myth departs from the reality of humanness. This distortion was replaced with an alternative concept which involves the notion that we can care for other most efficiently when we firstly care for ourselves.

In attempting to strengthen group cohesiveness and the benefits of mutual aid, facilitators focused on educating members about the necessary components of social support. For example, facilitators discussed the fact that addressing and resolving conflict can actually deepen the level of intimacy within personal relationships. This was not simply mentioned

as a useful concept, but rather was discussed at length within the group setting. Also, facilitators discussed the elements of helpful support to others. This included leading members in an exercise in which they identified those aspects of social support which were useful. Members also identified those invasive and negative behaviours which are not helpful, but sometimes used by individuals in an effort to be supportive. This includes unsolicited advice giving.

Facilitators found that their effectiveness increased when they were able to maintain a great deal of role flexibility. Both facilitators were required, on numerous occasions, to be assertive with limit setting and boundaries as well as warm and responsive in a nurturing role. It appeared that members felt most secure when facilitators addressed subtle tensions within the group quickly and assertively.

Social work professionals conducting future groups of this nature may wish to consider these useful aspects which became apparent in this group.

SUGGESTIONS FOR FUTURE SOCIAL WORK PRACTICE

Overall, the writer believes that providing a therapeutic group was helpful in assisting women experiencing stress, transition and social isolation. The writer argues that future groups may also be effective in this regard. However, future group facilitators may wish to carry out additional tasks which would be helpful for both assessment and therapeutic intervention.

In the group conducted by the writer, virtually all of the group members informed facilitators that they had been prescribed anti-depressants prior to the commencement of the group. It is not clear as to whom diagnosed these members with clinical depression, however, the writer believes it is reasonable to assume that these individuals were identified as depressed by their family physicians. The writer argues that it would be useful to administer an evaluative tool to potential group members prior to the commencement of a future group. This may be useful in assisting clinical social workers in identifying the severity of depression experienced by members as well as those issues considered to be most problematic by group members. Finally, facilitators could use these evaluative tools to baseline member data, then again administer the tools to determine if there has been any positive change related to depression.

During the initial stages of the group, members were able to identify only that they were stressed. They appeared to lack a clear understanding of the specific sources of their energy drain. The writer now believes it would be useful to administer some form of stress testing at the initial stage of future groups to assist members in identifying the sources of energy drain that they experience. Although co-facilitators were able to assist members of this group in identifying the sources of their energy drain, this took many sessions to accomplish. The client population may have been better served if this had been more quickly identified.

The writer identified that, within the group conducted for the purpose of this practicum, members were reluctant to engage in self-care activity. It took some time for facilitators to

recognize that these barriers amounted to a discomfort by women to attend to their own needs. Effective change for future group members may be more quickly realized if this issue is identified and addressed more quickly by group facilitators.

Within the group conducted, facilitators did not guide the members in formal relaxation, meditation or guided imagery techniques. In part, this was due to the fact that members themselves identified social activities, physical fitness and restful activities as desirous self-care methods. This may be, in part, due to the members' lack of knowledge with regard to a repertoire of self-care activities. The writer would suggest that in future, it may be beneficial to introduce alternative self-care activities as the self-care goals identified by the membership proved to be rather lofty. In fact, members had only begun to engage in their identified activities by the termination point of the group. By incorporating these techniques as a part of the group process, members could have realized the benefits of reduced physiological and psychological stress much earlier. There are many relaxation and meditative techniques which are easily carried out, require no special equipment and take little time.

As this group evolved, it became apparent that there was some need to educate the membership and encourage a degree of comfort with assertive, open, direct styles of communication. In fact, this was an ongoing theme within the particular group conducted. The writer suggests that facilitators of future groups address this topic in the very early stages of the group. This can be accomplished through attention to women's issues as a means of enhancing members' comfort level in practicing assertive communication. Of course, this can

be carried out in conjunction with providing practical education related to assertive styles of communication.

It is the writer's opinion that it was useful and effective to encourage members to maintain contact with each other outside of group sessions. This is in spite of the fact that the writer had some apprehension about the possibility that negative sub-groupings could develop. As outlined previously, this did indeed occur within this group. It may be useful for facilitator in future groups to institute a formal reporting each week regarding contact outside of group sessions. If interpersonal problems did develop, this would provide facilitators with the opportunity to address matters quickly and decisively.

Facilitators of future groups may wish to consider the possibility of introducing the concept of a second stage support group to members prior to the point of termination. Members of the group conducted introduced this concept just prior to the point of termination. This did not allow facilitators sufficient time to educate the membership regarding a structured process of formulating a second stage support group. That is, facilitators of future groups could introduce information related to second stage groups when termination is introduced.

REFERENCES

Ali, Jennifer, & Avison, William R. (1997, December). Employment transitions and psychological distress: The contrasting experiences of single and married mothers. **Journal of Health and Social Behaviour**, **38**, 345-362.

Amaranto, Ernesto A. & Bender, Sheila S. (1990). Individual psychotherapy as an adjunct to group psychotherapy. **International Journal of Group Psychotherapy**, **40(1)**, 91-101.

Amatea, Ellen S., & Fong, Margaret L. (1991). The impact of role stressors and personal resources on the stress experience of professional women. **Psychology of Women Quarterly**, **15**, 419-430.

Berger, Peter L. & Luckman, Thomas. (1967). **The social construction of reality** Garden City, New York: Doubleday.

Berman, Avi & Weinberg, Haim. (1998). The advanced-stage therapy group. **International Journal of Group Psychotherapy**, **48(4)**, 499-517.

Bricker-Jenkins, Mary, Hooyman, Nancy R., & Gottlieb, Naomi. (1991) **Feminist Social Work Practice in Clinical Settings**, 271-302.

Burke, Michael J., Brief, Arthur P., & George, Jennifer M. (1993). The role of negative affect in understanding relations between self-reports of stressors and strains: A comment on the applied psychology literature. **Journal of Applied Psychology**, **78(3)**, 402-412.

Butler, Timothy & Fuhrman, Addie. (1983). Level of functioning and length of time in treatment variables influencing patients' therapeutic experience in group psychotherapy. **International Journal of Group Psychotherapy**, **3(4)**, 489-505.

CASW **Social Work Code of Ethics** (1994) Ottawa; author.

Chernomas, Wanda & Rainonen, Sheila. (1994). Research and therapy with women: A feminist perspective. **Canada's Mental Health**, **42(2)**, 2-6.

D'Augelli, A. R., Chinsky, J. M. & Getter, H. (1974). The effect of group composition and duration on sensitivity training. **Small Group Behavior**, **5**, 56-64.

Davis, Liane V. (1993). Feminism and constructivism: Teaching social work practice with women. **Journal of Teaching in Social Work**, **8(1/2)**, 147-163

deJong, Tanya L. & Gorey, Kevin M. (1996). Short-term versus long-term group work with female survivors of childhood sexual abuse: A brief meta-analytic review. **Social Work With Groups, 19(1), 19-27.**

Devault, Marjorie L. (1990, February). Talking and listening from women's standpoint: Feminist strategies for interviewing and analysis. **Social Problems, 37(1), 96-116.**

Doherty, William J. (1983). Impact of divorce on locus of control orientation in adult women: A longitudinal study. **Journal of Personality and Social Psychology, 44(4), 834-840.**

Drover, Glenn. (1998). Social work - Our roots, our future. **The Social Worker 66 (3), 79-91.**

Domar, Alice D. (2000). **Self-nurture: Learning to care for yourself as effectively as you care for everyone else.** New York, New York: Penguin Putnam Inc.

El-Bassel, Nabila, Chen, Duan-Rung & Cooper, Daniel. (1998, September). Social support and network profiles among women on methadone. **Social Service Review, 379-401.**

Facione, Noreen C., (1994). Role overload and health: The married mother in the waged labor force. **Health Care For Women International, 15, 157-167.**

Epstein, Seymour. (1986). Conflict and Stress. **Handbook of Stress: Theoretical and Clinical Aspects.** (pp. 49-68) Goldberger, Leo & Breznitz, Shlomo (eds.) New York, NY: The Free Press.

Facione, Noreen C. (1994). Role Overload and Health: The Married Mother in the Waged Labor Force. **Health Care for Women International, 1994, 15:157-167.**

Frank, Susan J., Towell, Patricia A. & Huyck, Margaret (1985). The effects of sex-role traits on three aspects of psychological well-being in a sample of middle-aged women. **Sex Roles, 12(9/10), 1073-1087.**

Gilgun, Jane F. (1996). Human development and adversity in ecological perspective, part 1: A conceptual framework. **Families in Society: The Journal of Contemporary Human Services, (7), 395-402.**

Glajchen, Myra & Magen, Randy (1995). Evaluating process, outcome, and satisfaction in community-based cancer support groups. **Social Work With Groups, 18(1), 27-40.**

Glass, Jennifer & Fujimoto, Tetsushi. (1994, June). Housework, paid work, and depression among husbands and wives. **Journal of Health and Social Behavior** **35**, 179-191.

Glass, David C. & Jerome E. Singer (1977). Environmental stress and the adaptive process. In **Monat, Alan and Lazarus, Richard (Eds.) Stress and coping: An anthology** (pp. 132-140). New York, NY: Columbia University Press.

Golding, Jacqueline M. (1989). Role occupancy and role-specific stress and social support as predictors of depression. **Basic and Applied Social Psychology** **10 (2)**, 173-195.

Gottlieb, Nancy, Burden, Dianne, McCormick, Ruth & Nicarity, Ginny. (1983) . The distinctive attributes of feminist groups. **Social Work with Groups**, **6 (3/4)**, 81-93.

Hammen, Constance, Marks, Terry, Mayol, Arlene, & deMayo, Robert. (1985). Depressive self-schemas, life stress, and vulnerability to depression. **Journal of Abnormal Psychology**, **94(3)**, 308-319.

Hickson, Joyce, & Phelps, Andrea. (1997). Women's spirituality: A proposed practice model . **Journal of Family Social Work**, **1 2(4)**, 43-57.

Hyde, Cheryl. (1994). Commitment to social change: Voices from the feminist movement. **Journal of Community Practice**, **11(2)**, 45-65.

Jackson, Aurora, P. (1998, September). The role of social-support in parenting for low-income, single, black mothers. **Social Service Review**, **365-377**.

Jordan, Cathleen, Cobb, Norman & McCully, Rex. (1989). Clinical issues of the dual-career couple. **Social Work**, **34 (1)**, 29-32.

Kacen, Lea. (1999). Anxiety levels, group characteristics, and members' behaviors in the termination stage of support groups for patients recovering from heart attacks. **Research on Social Work Practice**, **9(6)**, 656-672.

Kandel, Denise B., Davies Mark, & Raveis, Victoria H. (1985, March). The stressfulness of daily social roles for women: Marital, occupational and household roles. **Journal of Health and Social Behavior**, **26**, 64-78.

Krause, Neal. (1995). Assessing stress-buffering effects: A cautionary note. **Psychology and Aging**, **19(4)**, 518-526.

Land, Helen. (1995). Feminist clinical social work in the 21st century. **Nan Wan Den Berghe (Ed.) Feminist Practice in the 21st Century**. (pp. 3-19). Washington DC: NASW Press.

Lazerson, Judith. (1992). Feminist and group psychotherapy: An ethical responsibility. **International Journal of Group Psychotherapy**, 42(4), 523-546.

Le Riche, Pat & Rowlings, Chloe. (1990). Feminist group work with older women: emerging issues and future possibilities. **International Social Work**, 33, 121-136.

Lewis, Elizabeth (1992). Regaining promise: Feminist perspectives for group work practice. **Social Work with Groups**, 15 (2/3), 271-283.

Lindsey, Linda L. (1994). **Gender roles: A sociological perspective**. Prentice Hall, Inc.: Englewood Cliffs.

Livneh, Hanoch, Livneh, Cheryl L., Maron, Sheldon, & Kaplan, Joseph. (1996). A multidimensional approach to the study of the structure of coping with stress. **The Journal of Psychology**, 130(5), 501-512.

Loewenstein, Sophie Freud, Bloch, Natalie Ebin, Campion, Jennifer, Epstein, Jane Sproule, Gale, Peggy & Salvatore, Maggie. (1981). **Sex Roles, Vol. 7(11)**, 1127-1141.

Magnusson, David. (1986). Situational determinants of stress: An interactional perspective. **Goldberger, Leo & Breznitz, Shlomo (Eds.) Handbook of stress: Theoretical and clinical aspects**. (pp. 231-253). New York, NY: The Free Press.

Manor, Oded. (1986). The preliminary interview in social groupwork: Finding the spiral steps. **Social Work With Groups**, 9(2), 21-39.

Martikainen, Pekka. (1995). Women's employment, marriage, motherhood, and mortality: A test of the multiple role and role accumulation hypothesis. **Journal of Social Science and Medicine**, 40 (2), 199-212.

McMain Park, Katherine. (1996, May). The personal is ecological: Environmentalism of social work. **Social Work**, 41(3), 320-323.

Mennecke, Brian E., Hoffer, Jeffrey A. & Wynne, Bayard E. (1992). The implications of group development and history for group support system theory and practice. **Small Group Research**, 23(4), 524-572.

Mennen, Ferol E. & Meadow, Diane. (1992). Process to recovery: In support of long-term groups for sexual abuse survivors. **International Journal of Group Psychotherapy**, 42(4), 29-44.

Messeri, Peter, Silverstein, Merrill, & Litwak, Eugene. (1993, June). Choosing optimal support groups: A review and reformulation. **Journal of Health and Social Behaviour**, 34, 122-137.

Mongrain, Myriam & Zuroff, David C. (1994). Ambivalence over emotional expression and negative life events: Mediators of depressive symptoms in dependent and self-critical individuals. **Personality & Individual Differences, 16(3), 447-458.**

Morell, Carolyn. (1987, March). Cause is function: Toward a feminist model of integration for social work. **Social Service Review, 145-155.**

Noor, Biraubu M. (1996). Some demographic, personality, and role variables as correlates of women's well-being. **Sex Roles, 34(9/10), 603-620.**

Nowicki, Stephen Jr. (1978). Reported stressful events during developmental periods and their relation to locus of control orientation in college students. **Journal of Consulting and Clinical Psychology, 46(6), 1552-1553.**

Palfai, Tibor P., & Hart, Kenneth E. (1997). Anger coping styles and perceived social support. **The Journal of Social Psychology, 137(4), 405-411.**

Poovey, Mary (1988, Spring). Feminism and deconstruction. **Feminist Studies, 14(1), 51-65.**

Raikka, Juha. (1997, Spring). Foucault and the subject of feminism. **Social Theory and Practice, 23(1), 110-123.**

Reamer, Michele S. (1984). Gender differences in moral judgement: Implications for clinical practice. **Clinical Social Work Journal, 198- 207**

Rhodes, Margaret L. (1985, March-April). Gilligan's theory of moral development as applied to social work. **Social Work, 101-105.**

Roth, D. M. & Ross, D. R. (1988). Long-term cognitive-interpersonal group therapy for eating disorders. **International Journal of Group Psychotherapy, 38, 491-510.**

Russell, Mary. (1989). Feminist social work skills. **Canadian social work review, 6(1), 69-81.**

Rutan, J. Scott & Alonso, Anne. (1982). Group therapy, individual therapy, or both? **International Journal of Group Psychotherapy, 32(3), 267-282.**

Salient, Carel B. (1976, July). Time: An ecological variable in social work practice. **Social Casework, 419-426.**

Salient, Carel B. (1978, November). Space: An ecological variable in social work practice. **Social Casework, 515-522.**

Sands, Roberta G. & Nuccio, Kathleen. (1992). Postmodern feminist theory and social work. **Social Work, 37(6), 489-494.**

Sands, Roberta, G. (1996, Summer). The elusiveness of identity in social work practice with women: A postmodern feminist perspective. **Clinical Social Work Journal, 24(2), 167-186.**

Sanger, Susan Phipps & Alker, Henry A. (1972). Dimensions of internal-external locus of control and the women's liberation movement. **Journal Of Social Issues, 28(4), 115-129.**

Sarason, Irwin G., Sarason, Barabara, R., & Shearin, Edward N. (1986). Social support as an individual difference variable: Its stability, origins, and relational aspects. **Journal of Personality and Social Psychology, 50(4), 845-855.**

Schiller, Linda Yael. (1997). Rethinking stages of development in women's groups: implications for practice. **Social Work With Groups, 20(3), 3-19.**

Schopoler, Janice H. & Galinsky, Maeda J. (1993). Support groups as open systems: A model for practice and research. **Health & Social Work, 28(3), 195-207.**

Sheafor, B.W., Horejsi, C.R. & Horejsi, G.A. (1997). Evaluation and termination. **Techniques and Guidelines for Social Work Practice, 580-612.**

Stanfield, Jacqueline B. (1998). Couples coping with dual careers: A description of flexible and rigid coping styles. **The Social Science Journal, 35(1), 53-64.**

Swigonski, Mary E. (1993, Summer). Feminist standpoint theory and the questions of social work research. **AFFILIA, 8(2), 171-183.**

Swiller, Hillel I. (1988). Alexithymia: Treatment utilizing combined individual and group psychotherapy. **International Journal of Group Psychotherapy, 38(1), 47-61.**

Tanch, Roland H. & Robbins, Paul R. (1979). Assertiveness, locus of control and coping behaviors used to diminish tension. **Journal of Personality Assessment, 43(4), 396-400.**

Telleen, Sharon, Herzog, Allen, & Kilbane, Teresa L. (1989). Impact of a family support program on mothers' social support and parenting stress. **American Journal of Orthopsychiatry, 59(3), 410-419.**

Tinsley, Emiley G., Sullivan-Guest, Sandra & McGuire, John. (1984). Feminine sex role and depression in middle-aged women. **Sex Roles, 11(1/2), 25-32.**

Uehara, Edwina. (1990). Dual exchange theory, social networks, and informal social support. **American Journal of Sociology, 96(3), 521-527.**

Walters, Marianne, Carter, Betty, Papp, Peggy & Silverstein, Olga. (1988). **The invisible web: Gender patterns in family relationships.** New York: Guilford Press.

Wegener, Nina. (1992). Supportive group services in the workplace: The practice and the potential. **Social Work With Groups, 15(2/3), 207-222.**

Wells-Parker, Elisabeth, Miller, Duane I., & Topping, Jeff S. (1990). Development of control-of-outcome scales and self-efficacy scales for women in four life roles. **Journal of Personality Assessment, 54(3/4), 564-575.**

Williams, Holly Ann. (1995). There are no free gifts! Social support and the need for reciprocity. **Human Organization, 54(4), 401-409.**

Williams, Kevin J., Suls, Jerry, Alliger, George M., Learner, Susan M., & Wan, Choi K. (1991). Multiple role juggling and daily mood states in working mothers: An experience sampling study. **Journal of Applied Psychology, 76(5), 664-674.**

Windle, Michael & Demenci, Levent. (1997, August). Parental and occupational stress as predictors of depressive symptoms among dual-income couples: A multilevel modeling approach. **Journal of Marriage and the Family, 59, 625-634.**

Wood Wetzel, Janice. (1986, March). A feminist world view conceptual framework. **Social Casework: The Journal of Contemporary Social Work, 116-173.**

Woods, Nancy Fugate. (1987). Women's lives: Pressure and pleasure, conflict and support. **Healthcare For Women International, 109-118.**

Yalom, I.D. (1985). **The theory and practice of group psychotherapy.** New York: Basic Books.

APPENDIX #1

DOCUMENT OF CONSENT

I, _____, agree to become a member of the stress management group offered by Verna Sullivan and Tammy Fraser at the Family Centre of Winnipeg. I understand that these sessions are to be videotaped for use by Verna Sullivan in completing her Master's degree practicum. Professors Esther Blum and Kathy Levine, who are educational advisors to Verna Sullivan at the Faculty of Social Work (University of Manitoba), will also view these videotapes. Jane Markesteyn, who provides clinical supervision to Verna Sullivan will view these videotapes as well.

I provide consent to be videotaped during group sessions and have been advised that these tapes will be carefully stored to ensure privacy. I have also been advised that these tapes will be destroyed upon the completion of Verna Sullivan's practicum.

Signed: _____

Date: _____

Witness: _____

APPENDIX #2

Stressed?
Making Changes?
Feeling Lonely?

What: I am offering a group for women experiencing stress and changes in their lives.

Where: This group will be held at the Family Centre of Winnipeg, fourth floor, Portage Place Mall.

When: The group will begin on February 22, 2000 at 7:00 p.m. All sessions will run from 7:00 p.m. to 9:00 p.m.

Why: This group is intended to help women find healthy ways of coping with stress and to get to know other women who are experiencing similar things.

How to find out more about the group: You can contact Verna Sullivan at 257-0507, to get more information about this group. If you are interested in becoming a member, you will be required to meet with Verna privately at Family Centre of Winnipeg.

Cost: There is no fee for this group.

APPENDIX #3

Women's Stress Management Group

To: _____

From: Verna Sullivan

I am planning on conducting my Master's practicum at Family Centre on stress management for women. I am now accepting referrals for a thirty week group for women having stress management problems. This group will be co-facilitated with Tammy Fraser, BSW. We have conducted groups together in the past. Jane Markesteyn will be providing the on site supervision. I will be required to report regularly to Kathy Levine, my Faculty of Social Work advisor.

Group Focus:

This group will be conducted from a feminist perspective, so environmental factors which impact women's stress will be addressed. Facilitators will attend to the fact that there are certain experiences which are unique to women. The group is thirty weeks in duration since a specific goal of this group is to foster and encourage social connectedness amongst the membership. Facilitators will use a therapeutic, rather than educational format, so sessions will not have formalized topics, but facilitators will respond to topics initiated by the membership.

Membership Criteria:

Women considered most appropriate for membership are those in role transition. This includes women who may be leaving or returning to the work force, those whose marital status has recently changed or who are making other role changes which are causing stress.

Although the group will not focus primarily on issues of traumatic stress, those women who have experienced past trauma would not be excluded from membership. Facilitators will not ignore the fact that past trauma may influence individual ability to cope with daily stress.

It is important that women referred have no serious mental health problems which may affect their ability to initiate and form relationships within a group setting. For instance, those not able to function in most social situations could not likely build relationships within this group situation.

Referral Process:

I would like to speak with counsellors directly, in order to gather information. Therefore, please contact me at 257-0507 (home).

Thank you

APPENDIX #4

GROUP QUESTIONS

SESSION

1. How did you experience the first week of group? (positive and negative)
2. Think about your coping styles and those of other group members. What are your thoughts and feelings regarding your own coping style? What would you like to change?
3. No question provided.
4. Recognize times when you are utilizing destructive coping strategies. How are you feeling emotionally/physically? What unmet needs do you have?
5. What biases, prejudices, perceptions and distortions do you have which affects your interaction with others and thus causes stress?
6. What is the positive stress in your life? Do you have enough? What do you need to do?
7. How am I allowing my past to influence my present?
8. How have you been taught and what have you learned about coping with stress?
9. How much of your self worth is based on recognition and attention from outside sources?
How much is based on your feelings about yourself?
10. What is your reaction and how do you cope when things don't go the way you want them to?
11. What did you learn from your family about conflict? What skills did you learn from your family related to conflict resolution? Name them.

APPENDIX # 4 (CONTINUED)

12. Do you acknowledge your anger? How do you show others that you are angry? Why is it important for us to understand ourselves when we are angry?
13. Can you identify your feelings when you experience them? Can you express them? How do you express them? Under what circumstances and with whom do you express them?
14. Do you have any deeply personal relationships with adults? Who? Characterize these relationships-how close are these? How do you gauge closeness? How would you like your relationships to improve?
15. Do you believe close personal relationships help you in stress management? What aspects of these relationships are most helpful in effective stress management? What aspects of these relationships add to the stress you experience? What would you like to change can you change?
16. Are you self-protective in your personal relationships? If so, how? If not, what do you need to change?
17. Do you judge others harshly in relationships? Do you judge yourself harshly? Under what circumstances? What can you do to be more self-accepting and accepting of others?
18. Can we forgive ourselves for our limitations? Can we forgive others? How?
19. In what parts of your life do you focus most of your physical and emotional energy?
20. Session 19 question continued.
21. What process do you undergo in decision making? What are the steps?

APPENDIX# 4 (CONTINUED)

22. How have you been impacted by past endings? How have you reacted?
23. How do you get the attention you need in positive ways? What are positive ways?
24. After the group is over, what would you like your life to be like? What would you like to stay the same? What would you like to be different?
25. Session 24 question continued.
26. How do you handle conflict in your personal relationships? How would you like this to be different?
27. What have you learned about yourself as a result of your group experience? What would you like to have done differently in the group?
28. Imagine yourself in an new friendship, romantic or collegial relationship. What do you want to get out of these relationships? What do you want to give and what do you want to receive?
29. No question provided.

APPENDIX #5 - (A)

Scale Attainment Levels	Scale 1 Giving & receiving support with members	Scale 2 Initiating interaction with members	Scale 3 Making friendships with members	Scale 4 Making time for self-care (1 hour weekdays, 2 hours weekends)	Scale 5 Engaging in self-care activities each day
(-2) Most unfavorable treatment outcome thought likely	Neither gives nor receives support	Does not initiate interaction with members	Makes no friendships	Makes no time for self-care	Does not engage in self-care activities (Mid)
(-1) Less than expected success with treatment	Gives support but does not accept it	Occasionally initiates interaction with members in group (Mid)	Interacts with members in group but develops no friendships	Makes time for self-care once a week	Occasionally engages in self-care activities
(0) Expected level of treatment success	Occasionally gives & receives support in group (Mid)	Consistently initiates interactions with members in group	Develops one friendship in group (Mid)	Makes time for self-care three times per week	Consistently engages in self-care activities
(+1) More than expected success with treatment	Consistently gives & receives support in group	Consistently initiates interactions with members in group & occasionally out of group	Develops friendship with two group members	Makes time for self-care five times per week	Consistently engages in self-care activities & develops new self-care interests
(+2) Best anticipated success with treatment	Gives & receives support in & out of group (Post)	Consistently initiates interactions with members in and out of group (Post)	Develops friendship with more than two group members (Post)	Makes time for self-care every day (Mid) (Post)	Consistently engages in established & new self-care activities (Post)

APPENDIX #6 - (B)

Scale Attainment Levels	Scale 1 Initiates face to face interactions with members	Scale 2 Initiates topics of conversation with members	Scale 3 Shares personal feelings with group members	Scale 4 Gives & receiving support	Scale 5 Engages in self-care activity
(-2) Most unfavorable treatment outcome thought likely	Does not interact with group members	Does not initiate conversation with group members	Does not share personal feelings in group	Neither gives nor receives support	Does not engage in self-care activity
(-1) Less than expected success with treatment	Interacts with group members by telephone (Mid)	Occasionally initiates conversation with members in group (Mid)	Occasionally shares personal feelings in group	Gives support but does not accept it	Occasionally engages in self-care activity
(0) Expected level of treatment success	Occasionally interacts with members in group	Consistently initiates conversation with members in group	Consistently shares personal feelings in group	Occasionally gives & receives support in group (Mid)	Consistently engages in self-care activity (Mid)
(+1) More than expected success with treatment	Consistently interacts with members in group	Occasionally initiates conversation with members outside of group (Post)	Occasionally shares personal feelings with members outside of group (Mid) (Post)	Consistently gives & receives support in group	Consistently engages in self-care activities & develops new self-care interests
(+2) Best anticipated success with treatment	Occasionally interacts on a face to face basis with members outside of group (Post)	Consistently initiates conversation with members outside of group	Consistently shares personal feelings with members outside of group	Consistently gives & receives support & occasionally outside of group (Post)	Consistently engages in established & new self-care activities (Post)

APPENDIX #7 - (C)

Scale Attainment Levels	Scale 1 Give and receive support	Scale 2 Receive feedback and affirmation	Scale 3 Prepare house for sale	Scale 4 Balance work and self-care	Scale 5 Deal with separation issues
(-2) Most unfavorable treatment outcome thought likely	Neither gives nor receives support	Does not ask for feedback and affirmation	Does not prepare house for sale (Mid)	Makes no change in balancing work and self-care	Does not contact lawyer (Mid)
(-1) Less than expected success with treatment	Gives support but does not accept it	Asks for feedback and affirmation but does not accept it	Readies house for listing (Post)	Develops a plan for balance but does not carry it out	Contacts lawyer but does not follow through on instructions
(0) Expected level of treatment success	Occasionally gives & receives support in group (Mid)	Asks for feedback and affirmation and occasionally accepts it (Mid)	Readies house and contacts real estate agent	Occasionally carries out plan (Mid)	Begins to follow through with instructions (Post)
(+1) More than expected success with treatment	Consistently gives & receives support in group	Asks for feedback and affirmation and consistently accepts it	Lists house for sale	Carries out plan daily	Completes instructions
(+2) Best anticipated success with treatment	Consistently gives & receives support & occasionally outside of group (Post)	Makes life changes as a result of feedback and affirmation (Post)	Sells house	Carries out plan daily and develops new strategies (Post)	Completes separation agreement

APPENDIX #8 - (D)

Scale Attainment Levels	Scale 1 Make friendships with group members	Scale 2 Give and receive support	Scale 3 Engage in social activities on weekends	Scale 4 Develops and enacts self-care plan	Scale 5 Explore new career opportunities
(-2) Most unfavorable treatment outcome thought likely	Does not interact with group members and makes not friends	Neither gives nor receives support	Makes no change	Has no self-care plan	Does not make any change (Mid)
(-1) Less than expected success with treatment	Interacts with members in group but develops no friendships	Gives support but does not accept it	Develops strategies for weekend activity but does not carry them out	Develops self-care plan but does not engage in this	Explores new career options but does not act on them
(0) Expected level of treatment success	Develops one friendship in group	Occasionally gives & receives support in group	Develops strategies for weekend activity and occasionally carries this out (Mid)	Develops self-care plan and occasionally carries it out (Mid)	Applies for new employment opportunities
(+1) More than expected success with treatment	Develops friendships with two group members (Mid)	Consistently gives & receives support in group (Mid)	Develops strategies for weekend activity and consistently carries this out	Consistently engages in self-care plan	Attends interviews for new positions
(+2) Best anticipated success with treatment	Develops friendships with more than two group members	Consistently gives & receives support & occasionally outside of group	Consistently involved in weekend activity and expands on strategy	Consistently engages in plan & engages in new self-care activities	Attains alternate employment

APPENDIX #9 - (E)

Scale Attainment Levels	Scale 1 Involvement in social activities	Scale 2 Involvement in physical fitness	Scale 3 Share feelings in group	Scale 4 Deepen level of self- awareness	Scale 5 Develop greater purpose in life
(-2) Most unfavorable treatment outcome thought likely	Makes no change in social activities	No involvement in physical fitness	Does not share feelings in group	No change in level of self- awareness	Continues living life habitually
(-1) Less than expected success with treatment	Explores potential social activities	Explores potential physical fitness activities (Mid)(Post)	Occasionally shares feelings in group	Occasionally articulates new self- knowledge in group (Mid)	Gains awareness about purpose but not articulate in group (Mid)
(0) Expected level of treatment success	Occasionally engages in new social activity (Mid) (Post)	Occasionally engages in physical fitness activities	Consistently shares feelings in group (Mid)	Consistently articulates new self- knowledge in group	Gains awareness about purpose and occasionally articulates in group (Post)
(+1) More than expected success with treatment	Consistently engages in new social activity	Consistently engages in physical fitness activities	Occasionally shares feelings with members outside group (Post)	Occasionally applies new self- knowledge into behavior (Post)	Gains awareness about purpose and consistently articulates in group
(+2) Best anticipated success with treatment	Consistently engages in several new social activities	Physical activity becomes part of daily routine	Consistently shares feelings with members outside group	Consistently applies new self- knowledge into behavior	Applies new awareness in daily life

APPENDIX #10 - (F)

Scale Attainment Levels	Scale 1 Involvement in physical fitness	Scale 2 Receive support from members	Scale 3 Develop new stress management skills	Scale 4 Spends quality time alone	Scale 5 Reduce hassles in life
(-2) Most unfavorable treatment outcome thought likely	No involvement in physical fitness	Gives support but does not accept it	Makes no change	Spends no quality time alone	Makes no changes
(-1) Less than expected success with treatment	Explores potential physical fitness activities	Occasionally accepts support from members in group (Mid)	Learns stress management strategies but does not put into action	Occasionally spends 15 minutes of quality time with self (Mid)	Identifies hassles in life but does not make lifestyle changes
(0) Expected level of treatment success	Occasionally engages in physical fitness activities (Mid)	Consistently accepts support from members in group	Occasionally puts two new stress management skills into action (Mid)	15 minutes of quality time daily	Makes lifestyle change by eliminating one hassle
(+1) More than expected success with treatment	Consistently engages in physical fitness activities	Consistently accepts support in group & occasionally outside of group	Consistently puts two new stress management skills into action	Occasionally spends more than 15 minutes daily	Makes lifestyle change by eliminating two hassles (Mid)
(+2) Best anticipated success with treatment	Physical activity becomes part of daily routine	Consistently accepts support in & out of group	Consistently puts more than two stress management skills into action	Consistently spends more than 15 minutes daily	Makes lifestyle change by eliminating more than two hassles

APPENDIX #11

Scale Attainment Levels	Scale 1 Making Friendships	Scale 2 Respecting Shared Identity as Women	Scale 3 Group Emotional Intimacy	Scale 4 Group Strength Thru Shared Knowledge	Scale 5 Develop Ongoing Support Network
(-2) Most unfavorable treatment outcome thought likely	No friendships made amongst group members	Members learn nothing re: the impact of role of women	Members do not share vulnerable feelings in group	Group members do not share knowledge re: coping	Members do not provide support to one another
(-1) Less than expected success with treatment	1 to 3 friendships made amongst group members	Some learning re: role of women & occasional demonstrations in group	Members occasionally share vulnerable feelings in group	Members occasionally share knowledge re: coping	Members occasionally provide support to one another in group
(0) Expected level of treatment success	3 to 5 friendships made amongst group members	Consistently aware of women's issues in group (Mid) (Post)	Members consistently share vulnerable feelings in group	Members consistently share knowledge re: coping	Members consistently provide support to one another in group
(+1) More than expected success with treatment	5 to 7 friendships made amongst group members (Mid)	Group explores potential avenues for social action	Members occasionally share vulnerable feelings outside group (Mid) (Post)	Members occasionally put new coping strategies into practice (Mid) (Post)	Members occasionally provide support to one another outside group (Mid) (Post)
(+2) Best anticipated success with treatment	All group members develop a friendship with another member & socialize outside of group (Post)	Group demonstrates awareness through social action	Members consistently share vulnerable feelings outside group	Members consistently put new coping strategies into practice	Members consistently provide support to one another outside group

APPENDIX #12

Scale Attainment Levels	Scale 1 Practical & theoretical knowledge - phases & stages of group	Scale 2 Improvement of knowledge on multiple roles, transitions & stress in women	Scale 3 Creating context for group to take risks in discussing stress mgmt. issues	Scale 4 Improves skills in feminist group work practice	Scale 5 Develop improved co-therapy relationships
(-2) Most unfavorable treatment outcome thought likely	Makes no change (Mid)	Makes no change	Makes no change	Makes no change	Makes no change
(-1) Less than expected success with treatment	Improves theoretical knowledge - no application in group	Improves theoretical knowledge - no application in group	Develops theoretical knowledge - no application in group	Improves theoretical knowledge - no application in group	Improves theoretical knowledge - no application in group
(0) Expected level of treatment success	Occasionally applies knowledge within group (Post)	Occasionally applies knowledge within group (Mid)	Occasionally applies knowledge within group	Occasionally applies knowledge within group	Occasionally applies knowledge within group
(+1) More than expected success with treatment	Consistently applies knowledge within group	Consistently applies knowledge within group (Post)	Consistently applies knowledge within group (Mid)	Consistently applies knowledge within group (Mid)	Consistently applies knowledge within group (Mid)
(+2) Best anticipated success with treatment	Develops new practice methods as a result of applying knowledge gathered in the group process	Develops new practice methods from knowledge gathered in applying theory in the group process	Develops new clinical approaches as a result of applying this knowledge in creating this context (Post)	Develops new feminist group work approaches as a result of applying this knowledge (Post)	Develops new co-therapy approaches as a result of applied knowledge (Post)

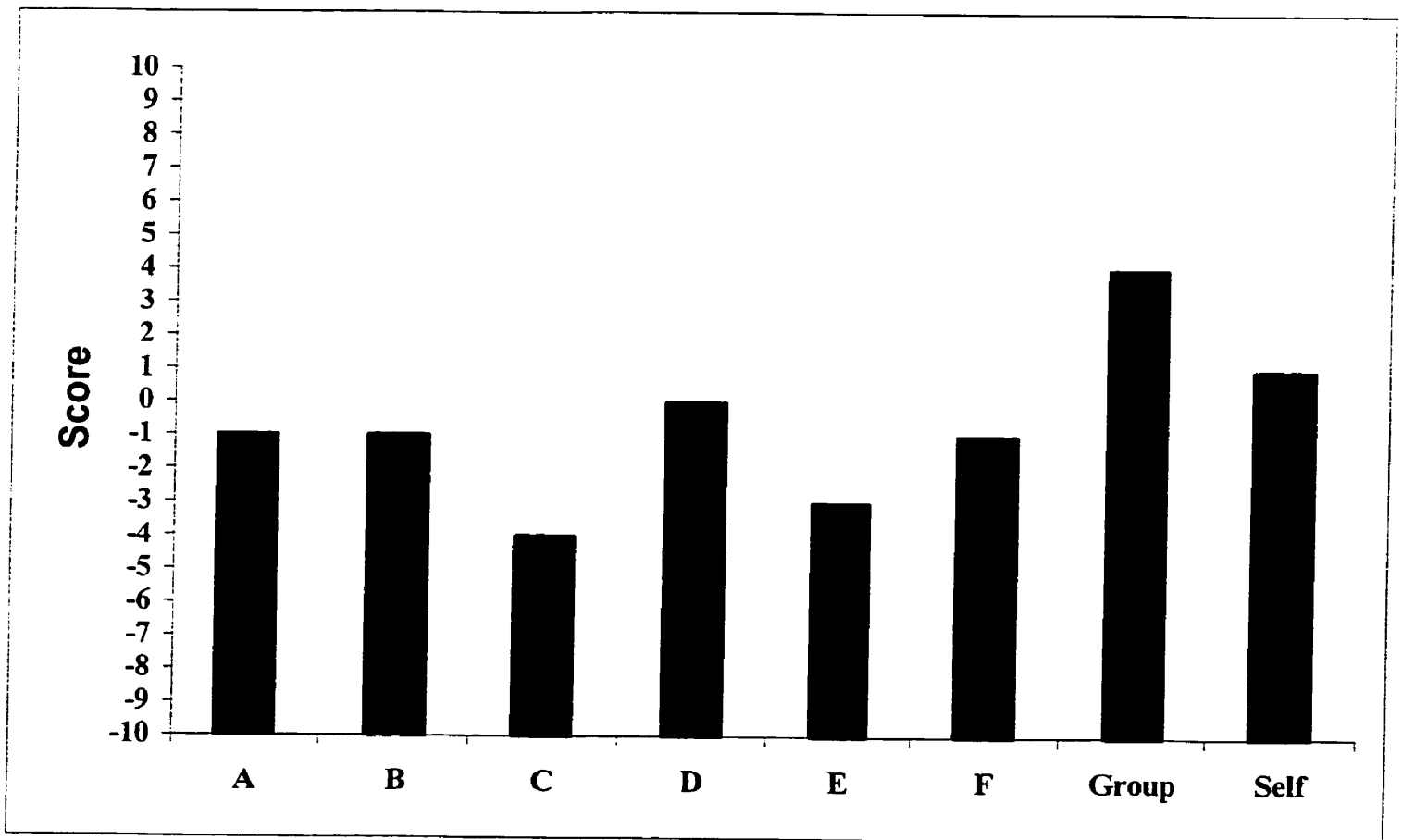
APPENDIX#13

Group Attainment Scaling

Mid-Group Results

Women In Stress Group

Score



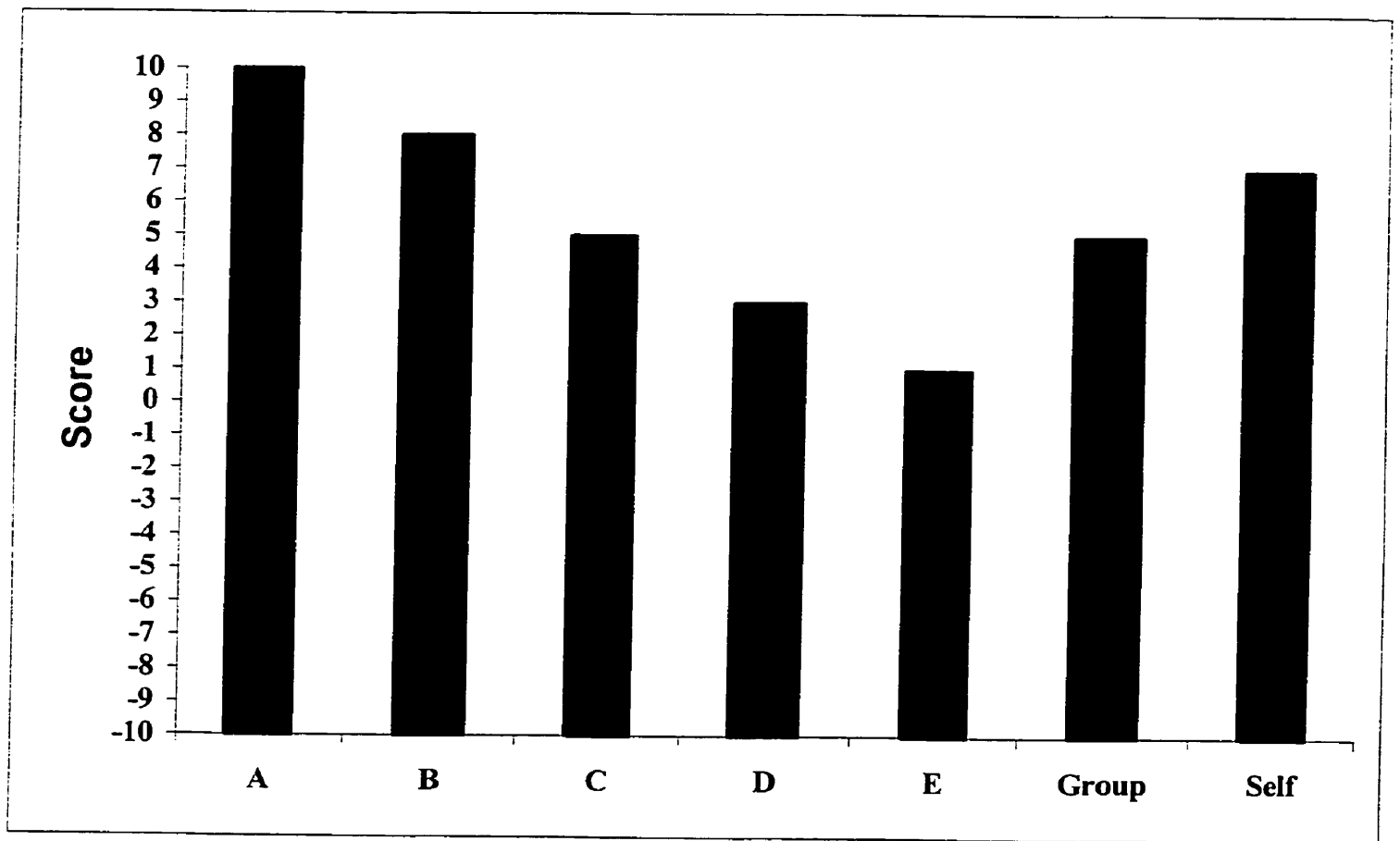
APPENDIX # 14

Group Attainment Scaling

Post-Group Results

Women In Stress Group

Score



APPENDIX #15

Exit Interview Questions:

1. Were you satisfied with the facility in which the group was conducted?
2. Were you satisfied with the weeknight evening chosen to conduct group?
3. Were you satisfied with the session time of 7 to 9 p.m.?
4. Were you satisfied with the two hour length of each session?
5. Were you satisfied with the fact that there was a 15 minute break during each session?
6. Was the length of 30 weeks satisfactory for you?
7. Did you like the fact that members themselves developed the structure of the group over time?
8. Were you satisfied with the content of the group?
9. Were you satisfied with the leadership & style of the co-facilitators?
10. Were you comfortable with the process of the group?