DOCUMENT RESUME

ED 195 923   CG 014 940

AUTHOR   Sparks, Dennis
TITLE   Helping Clients Manage Stress: A Practical
                Approach.
INSTITUTION   ERIC Clearinghouse on Counseling and Personnel
                Services, Ann Arbor, Mich.
SPONS AGENCY   National Inst. of Education (DHEW), Washington,
                D.C.
PUB DATE   81
CONTRACT   400-78-0005
NOTE   55p.
AVAILABLE FROM ERIC Counseling and Personnel Services Clearinghouse,
                2108 School of Education, University of Michigan, Ann
                Arbor, MI 48109 ($7.00).

EDRS PRICE   MF01/PC03 Plus Postage.
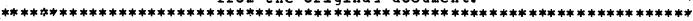DESCRIPTORS   Adjustment (to Environment): *Behavior Change:
                *Coping: *Counseling Techniques: Counselor Client
                Relationship: *Counselors: Crisis Intervention:
                Emotional Adjustment: Personality Traits: Program
                Descriptions: Psychological Patterns: *Relaxation
                Training: Role Models: State of the Art Reviews:
                *Stress Variables

ABSTRACT
                The pervasiveness of stress as a problem, with its
many harmful effects on people, makes it a matter of growing interest
for counselors and other personnel workers. This monograph provides
definitions of stress, distress, and eustress, and discusses numerous
causes of distress, as well as the benefits of stress to a healthy,
productive life. Several strategies are presented to assist clients
in identifying causes of their distress. A holistic view of stress is
encouraged as well as the examination of a number of life style
factors including: diet, exercise, life change events, and
personality traits. The role of cognitive processes in producing or
alleviating distress is elaborated. Three practical interpersonal
approaches to stress management are described including relaxing
techniques. (Author/KMF)

Helping Clients Manage Stress: A Practical Approach

by

Dennis Sparks

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ABOUT THE AUTHOR

Dennis Sparks is the Director of the Northwest Staff Development Center, a federally and state funded teacher center serving approximately 3,800 educators in seven school districts in northwest Wayne County, Michigan. Dr. Sparks taught Psychology and Minority Group Relations at the high school level, and for six years was the Co-Director and a counselor at ALPHA (Alternative Learning Program for the High School Age) in Livonia (Michigan) Public Schools. He completed his Ph.D. in Guidance and Counseling at The University of Michigan in 1976, and has taught counseling classes for both The University of Michigan and Eastern Michigan University.

Dr. Sparks has conducted stress-prevention and -management workshops for thousands of persons from coast to coast. He has published articles in numerous professional journals, including *Personnel and Guidance Journal, Today's Education,* and *Phi Delta Kappan.* In addition, he has participated in several radio and television programs, including the Public Broadcasting System's MacNeil/Lehrer Report.

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A PERSONAL PREFACE

During a period of his professional life when Carl Rogers was called upon to deliver a number of speeches, he observed that "The response to each of these talks has made me realize how hungry people are to know something of the person who is speaking to them or teaching them" (Kirschenbaum, 1979, p. 301). Therefore, I would like to tell you a few things about myself as they relate to the topic of stress.

I have experienced this phenomenon from two perspectives: I have devoted a major portion of my work to learning about stress and to developing processes to help others experience its benefits and avoid its negative consequences; I have also been its victim and suffered its ill effects. Before I became professionally interested in this topic, I had the misfortune to live through some of the stressors that the literature would later tell me were critical variables. During a period of approximately one year I was employed full-time, was working toward a doctoral degree in guidance and counseling, was separated from my wife after a marriage of five years, changed residences twice, and was finally divorced. As I look back on these experiences, I am not surprised that during this time I was hospitalized for several days with a kidney stone, and later confined to bed for two weeks with mononucleosis. I had learned first hand the relationships between life events and a person's mental and physical health.

During the 1970's I worked as a counselor in a public alternative high school. I had the opportunity to observe and meet with teachers in the regular high schools from which my students came. As the decade progressed I noticed that teachers complained more often of fatigue, apathy, and the general state of education and their students. Some teachers even observed that their health was being affected by their jobs. The popular term for this phenomenon today is "burnout."

As a result of my concern and interest in this problem, in 1977 I began offering "Stress and the Classroom Teacher" workshops. Participants had an opportunity to talk with one another about their feelings, identify stressors, and learn several stress management techniques. As the demand for these workshops grew, I found myself reading everything I could find on stress-related topics and listening carefully to what people were saying about the effects of stress on their lives and health.

It became impossible to continue presenting workshops cn this topic without looking closely at my own life style. The incongruities between what I was saying and what I was actually doing became increasingly obvious. Changes in how I lived my life occurred slowly, but they have stuc'.. I now monitor my diet more carefully, I meditate daily, and for the last tnree years I have jogged several days a week.

I have also found that my life is most satisfying when I have a support network of people who can offer comfort, caring, and encouragement. The release I have experienced when I have felt really listened to and understood has not only relieved tension but also contributed to my personal growth. Because I ncw know more than ever that boredom and stagnation can be significant stressurs for me, I have utilized the goal setting processes discussed in a later portion of this paper to help me establish priorities and to provide a sense of movement and direction in my life.

In telling you these things I have not meant to say, "Look how well I have done!" Rather, I want you to know from a personal perspective that change is possible for you and your clients, and that one of the most significant lessons in stress management is taking responsibility for your own life. Your work in this area will serve as a continual reminder of what you value and the complexity of the mind/body relationship.

I would like to thank Marjorie Ingram-Goodman of the Sagamore Institute in Saratoga Springs, New York, for her contribution to the design of the Stress Inventory and Challenge Process that are presented in this discussion. I also want to extend special thanks to Dr. Janice Hammond of the Wayne County Intermediate School District (Michigan) for her encouragement, support, and review of this manuscript. Her ideas and wisdom have made this writing process a eustress for me.

HELPING CLIENTS MANAGE STRESS:
A PRACTICAL APPROACH

Dennis Sparks

This monograph provides definitions of stress, distress, and eustress, and discusses numerous causes of distress, as well as the benefits of stress to a healthy, productive life. The author suggests several strategies that will assist clients to identify the causes of their distress. Individuals are encouraged to view stress holistically, and to examine a number of life style factors including diet, exercise, life change events, and personality traits. The role of cognitive processes in producing or alleviating distress is expanded upon. The author also describes relaxation techniques that can be taught to clients, and three practical interpersonal approaches to stress management. Counselors are asked to look carefully at their own life styles so as to serve as healthy role models for their clients.

Helping Clients Manage Stress: An Introduction

Jeff, a 15-year-old student, explains to his high school counselor that he always does poorly on tests because of the tremendous anxiety they cause him. Mary complains to her friends about the sleeplessness and loss of appetite she is experiencing in the months following her divorce. Mike is looking for a new career as a result of the apathy and chronic fatigue he is enduring after nearly 20 years of teaching. While the circumstances of these individuals' lives are vastly different, they are all suffering from the harmful effects of stress. People come to counselors with a wide range of stress-related concerns that often leave them feeling tense and anxious. They may also report physical symptoms such as an upset stomach, headaches, or high blood pressure. Counselors usually note that these individuals display a general dissatisfaction with their current life-styles as well.

The subject of stress is of interest to professional helpers and the general public alike. Widespread and growing concern with this problem is demonstrated by the frequency with which stress is discussed in newspapers and magazines and the number of current books that promise tension reduction and increased vitality through exercise, meditation, a healthier diet, or improved interpersonal relationships. The harmful effects of stress are widely reported: cardiovascular disorders,

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peptic ulcers, respiratory problems, and backaches, among others. The per-
vasiveness of stress as an aspect of modern living can be seen in a 1979 Harris
survey which revealed that 89% of Americans were seeking "experiences that make
you peaceful" (Detroit Free Press, May 18, 1979).

Counselors and other personnel workers are demonstrating greater interest
in helping clients manage stress. Their concerns about this subject are both
personal (What can I do to keep myself from suffering the ill effects of stress
and burning out?) and professional (What can I do to help my clients cope more
effectively with stress?) The importance of counselors learning ways to help
people with stress-related problems cannot be overstated. Not only does an
individual's stress management capacity affect his/her day-to-day satisfaction
with life, it also affects the person's physical health, sometimes in life-
threatening ways. According to Pelletier (1979), "Stress and its manifestations
in psychosomatic disorders is the most evident single factor contributing to
the 'afflictions of civilization'" (p. 10). These "afflictions" include heart
disease, cancer, arthritis, and depression. Clearly, consideration of life-
style dec;ions (e.g., career, marriage, family, education) is an important
part of the counselor's domain.

Miller (1979) describes stress in simple terms:

> Stress begins with anxiety--a disturbance arising from
> some kind of imbalance within us. All of us, each day,
> experience some kind of threatening condition or dis-
> harmony. This anxiety leads to tension. Tension is a
> physical reaction to the anxiety. When we are tense,
> nervous impulses cause changes in our body. When tension
> reaches a degree of intensity that has an adverse effect
> on the body, we are under stress. (p. 8)

In a broad, societal sense there are numerous causes for the imbalances and
disharmonies that produce stress. Toffler (1970) documents the adverse conse-
quences for the individual of rapid social change. Some events that affect the
quality of contemporary life would include increased geographic mobility, changing
sex role expectations, a rising divorce rate, and economic uncertainties such as
inflation and unemployment. Selye (1976) includes the general factors of air
and water pollution, crowding, boredom, isolation and loneliness, relocation and
travel, catastrophes (flooding, accidents), and urbanization.

While it is important to note the significance of these social trends and
issues, the sections that follow concern themselves with practical information
and strategies that can be used by counselors on a daily basis in a variety of

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settings to help clients prevent and manage stress. The ideas presented have application to both individual and group counseling. It is recommended that counselors take a proactive, teaching and/or consultant role in providing appropriate knowledge and skills to their clientele in whatever manner is most appropriate to the settings in which they are employed. For example, school counselors might teach relaxation techniques to students in classroom settings, while industrial counselors might develop change strategies to attack the pathological, institutional causes of stress (e.g., excessive noise, monotonous tasks, impersonal management).

A holistic approach is advocated throughout this discussion of stress management and prevention. This perspective recognizes the interrelationship of cognitive processes, feeling states, and physical disorders. It also reminds us that individuals must ultimately take responsibility for their own life-styles and health. As will be seen, successful stress management requires the consideration of a wide variety of factors, including diet, rest, exercise, interpersonal support systems, personality variables, and philosophy of life.

Some stress-related physical disorders may be quite severe. Individuals suffering from ailments such as hypertension should be under the care and supervision of a physician. Clients who report somatic problems or symptoms that may have organic causes should be referred to a physician for a thorough physical examination.

The next section contains information about the physiological effects of stress as well as some of its common causes. These pages provide a knowledge base from which counselors can better understand and interpret the events in their clients' lives. The remaining sections look at specific aspects of stress management that will be useful to both counselors and those with whom they work.

Stress, Distress, and Eustress

Stress Theory

The work of Hans Selye is widely cited in the literature on stress management. The research of this Canadian physician extends back to the 1930's, and his thinking and writing on stress have greatly increased our current understanding of the topic. Selye (1976) concluded:

> No one can live without experiencing some degree of stress
> all the time. You may think that only serious disease or
> intensive physical or mental injury can cause stress. This
> is false. Crossing a busy intersection, exposure to a draft,
> or even sheer joy are enough to activate the body's stress

> mechanism to some extent. Stress is not even neces-
> sarily bad for you; it is also the spice of life, for
> any emotion, any activity causes stress . . . . The
> same stress that makes one person sick can be an in-
> vigorating experience for another. (p. xv)

A bit of explanation will make Selye's statement clearer.

When Selye began his research on stress, it was generally believed that various external stimuli produced differing physiological reactions within the body. For example, the feelings of fear and joy were each expected to produce unique internal reactions. Selye determined that no matter what the event or stressor was, a common physiological response could be predicted. As a result of this finding, Selye (1974) defined stress as simply "the nonspecific response of the body to any demand made upon it" (p. 14).

This physical response to a stressor has been outlined by Selye (1976). Within the body there is a tendency toward stability. This internal "thermostat" is called homeostasis, and it regulates various physiological functions, including body temperature, heart rate, and respiration, among others. When faced with a stimulus, the body first reacts to the stressor (alarm reaction), then adjusts to it (resistance state), and then succumbs to its residual effects (exhaustion). Selye has termed this three-stage process of alarm reaction, resistance, and exhaustion the General Adaptation Syndrome (G.A.S.).

To illustrate the G.A.S., imagine a person being thrown suddenly into cold water. The person would experience an immediate reaction of shock (alarm reaction), followed quickly by internal adjustments that would allow the body to maintain itself in the water for a short period of time (resistance stage). However, the body's capacity to resist such a stressor is finite, and the person would fatigue quickly and soon die (exhaustion). According to Selye, our reservoir of adaptive energy is limited, and cannot always be completely restored by rest. Each stressor, depending on its intensity and duration, takes away a certain amount of the organism's adaptive response.

The G.A.S. occurs along the hypothalamus-pituitary-adreno-cortical axis. This reaction is described by Kremer and Owen (1979):

> Messages sent from the nervous system reach the hypo-
> thalamus and are relayed to the pituitary and adrenal
> glands. This pituitary-adrenal axis pumps into the
> bloodstream hormones that influence heartrate and
> respiration, inhibit visceral activity, and, in general,
> prepare the body to cope with the perceived demand.
> If there is appropriate action taken by the individual,

> mobilization is expressed and arousal diminished. The
> individual is then able to rest and return to pre-exposure
> levels. If, however, the extant mobilization is not used
> to cope in an adequately expressive way, arousal and pre-
> paredness continue in the body. (p. 42)

This internal mobilization has been called the "fight or flight" response. Through this complicated physiological process the body is prepared to do battle with or flee the stressor.

Because fight or flight responses are not always possible in many contemporary stressful situations, a residual state of preparedness or tension may remain in the body. For example, driving to work during busy rush-hour traffic may produce the G.A.S. in some individuals. However, most drivers do not have a readily available fight or flight outlet for their tensions. They cannot strike out at the "system" that places so many cars on the road at one time, nor can they leave their automobiles and run from the frustrating stop-and-go traffic conditions (although many of us have fantasized abandoning our cars--and occasionally we read in the newspapers about someone who has acted on that fantasy). As a result, the person may arrive at work physiologically mobilized for fight or flight, and it may take hours for this tension to dissipate naturally during the course of the day.

Selye's definition of stress as a pervasive aspect of living implies that stress cannot be avoided, and that it can be produced by pleasant stimuli (a kiss) as well as by unpleasant experiences (a fight with a spouse). Selye has labeled the harmful physical consequences of stress as "distress," and the motivating and enhancing influences on our productivity and satisfaction as "eustress" ("eus" is a Greek prefix meaning "good"). While chronic, intense conflict with a supervisor at work may raise our blood pressure (distress), deadline pressures regarding a report that will be due soon may motivate us and increase our efficiency (eustress). The concept of eustress explains Selye's belief that some forms of stress are the "spice of life."

One person's distress may be another's eustress. The act of running five miles a day may be a pleasant, satisfying stressor for the runner; this same activity might prove life threatening to someone who is not in good physical condition. Interpersonal conflict may be a challenging, exciting experience for some individuals; for others it may be a source of tremendous distress. Another important point to remember is that an event that is distressful at one time may be eustressful at another, and vice versa. For

example, physical exercises may become enjoyable when the person develops endurance through practice; persons who are distressed by conflict can learn interpersonal skills that will help them feel more in control of those situations. Human capacities that are not stressed will atrophy (e.g., unused muscles will gradually lose their strength)--some element of stress is required to produce healthy functioning.

As can be seen, it is important for individuals to determine their optimal stress levels. Because of genetic background and socialization, the duration and intensity of a stimulus that leads to distress will vary from person to person. A situation that is satisfying for one individual may produce negative emotional or physical consequences for another. To illustrate this concept, Selye (Cherry, 1978) has coined the terms "racehorses" and "turtles." Racehorses thrive on a fast-paced, busy life style. Turtles, on the other hand, enjoy a more peaceful, slow-moving existence. A vigorous pace that would be eustressful for a racehorse is likely to produce distress for a turtle. Conversely, the tranquility craved by a turtle person would result in a distressful lack of stimulation for a racehorse person.

A useful analogy would be to compare people to cars that are idling in neutral with the motor running and a perpetual supply of gas fueling the engine. After a while the engine begins to malfunction; it begins to miss and perhaps even stall (distress). The car is meant to be driven at various speeds to insure its smooth performance (eustress). If the accelerator were gradually pressed to the floor over a long period of time, the daily change in rpm's might be imperceivable, but soon the motor would suffer serious damage (e.g., overheat or explode). An internal combustion engine is not built to endure that type of stress, nor is the human body meant to function for long periods of time mobilized for fight or flight. Both the engine and the human body are likely to suffer damage at the weakest link.

Causes of Distress

It would be impossible to catalogue all the stimuli that might produce distress in an individual. An event that is distressful to one person may be eustressful to a second, and a neutral phenomenon to a third. The following discussion is intended to help readers conceptualize the various types of distress that may be occurring in the lives of their clients so that they can provide the most appropriate assistance.

Miller (1979) has divided stressors into two groups: self-imposed and situational. Some self-imposed stressors come from unrealistic expectations for ourselves (*"I should know all the answers"*) and others (*"People shouldn't act that way"*). Other self-imposed stressors may stem from unreasonable ego needs such as a desire for enhanced status or respect. Situational distress arises from value conflicts, interpersonal conflicts, physical or emotional threats, or a lack of resources to accomplish a task, among other factors.

In attempts to consolidate the work of various researchers, Adams (1978) divides stressors into four basic types: recent events on the job (increased responsibility), recent events away from work (family problems), on-the-job conditions (notification of unsatisfactory performance), and away-from-work conditions (concern over the economy). School counselors will be interested in knowing that according to the Chicago Teachers Union (1978) the top five stressors for teachers in that district were involuntary transfer, managing "disruptive" children, receiving notification of unsatisfactory performance, threat of personal injury, and overcrowded classrooms. A study of Oregon school administrators, in an article entitled, "Stressors That Boost Your Blood Pressure" (1979), indicated that four of their top ten stressors had to do with the use and control of time, and that the three most distressful situations were (a) complying with state, federal, and organizational rules and policies; (b) participating in meetings that took up too much time; and (c) trying to complete reports on time.

Kremer and Owen (1979) list sources of distress for counselors in three categories: perceptions of harm or loss, threat, and challenge. Situations that might result in harm or loss would include being fired, sustaining physical injury or illness, and losing a loved one. Feelings of threat might be produced by financial troubles; accountability for clients' outcomes; and moral, intellectual doubt. Stressors related to challenge might involve recent changes in the guidance program, an increase in caseload, or the initiation of work with a new clientele.

Levinson (1978) and Sheehy (1976) point out that developmental life stages are a source of periodic upheaval and tension. They present evidence that adults will experience predictable crises of varying degrees of severity approximately every 7-10 years. These "passages" often cause a person to reassess his/her career, marriage, and other life style issues. Such events are likely to produce higher levels of distress as they occur, and may exacerbate

the effects of other mild stressors.

Three particular sources of distress are described more fully in a later section. Holmes and Rahe (1967) have developed the Social Readjustment Rating Scale which is based on the premise that stress-related illnesses may occur because of the cumulative effects of change on the individual's life. Friedman and Rosenman (1974) have studied the relationship between heart disease and Type A/Type B personalities. Woolfolk and Richardson (1978) discuss the importance of "internal sources" of distress (e.g., attitudes, expectations, philosophy of life).

A number of conclusions can be drawn from this brief presentation regarding the nature and causes of stress. They include the following:

- Stress is an unavoidable aspect of living.

- Stressors may produce both pleasant and unpleasant feeling states.

- Chronic and/or intense distress may produce harmful effects on the body. Eustress can serve as a motivator for personal growth and productive behavior.

- A stressor may be perceived as distressful or eustressful depending upon socialization and genetic influences.

- There are innumerable causes for stress; they may be physical, emotional, and/or cognitive in origin.

As can be seen, the goal of counseling is not to eliminate stress from the lives of clients. Rather, it is to help others determine their optimal stress levels through minimizing distress and maximizing eustress. The remaining sections provide practical strategies to assist counselors toward that end.

Self-Awareness: Identifying the Stressors

It is not uncommon for individuals to enter counselors' offices with a sense that something is wrong, but with a great deal of confusion regarding the source of their concern. This is particularly true in the case of clients who are suffering the ill effects of distress. They may be experiencing the emotional consequences of distress (excessive anxiety, depression, hopelessness) and/or its physical manifestations (fatigue, insomnia, headaches, hypertension), and be seeking assistance to alleviate their distress and improve the quality of their lives.

Distressed individuals are often muddled and confused in their thinking and quite frequently inaccurate in their perceptions of reality. Anxiety and tension make it difficult for them to think sequentially about the effects of their current behavior on the future or to assess clearly the options they have available when making decisions. As a result, distressed clients may feel trapped and powerless in their present circumstances. This situation is compounded because distress is often interwoven with various problems of living (divorce, career change) that are in themselves very complicated and difficult to unravel.

Because of these factors, it is important for counselors to help clients clarify the sources of their distress and identify their physical effects. Adams (1978) recommends self-awareness as the first step in a successful stress-management program. Ponzo (1976) suggests that all counseling be directed toward the goal of self-understanding, followed by cognitive restructuring and behavior change. Later sections address each of these three approaches.

Counselors already do many things that are useful in this regard. The catharsis that often follows the expression of a deeply-felt emotion releases tension from the body. The potent processes of empathy, genuineness, respect, and concreteness (Patterson, 1974) are necessary conditions in assisting clients to explore distress-related issues.

Counselors who are attuned to the symptoms of distress will be sensitive to client statements such as the following:

• *My doctor has told me that I have to slow down because my blood pressure is so high.*

• *I have so much on my mind that I haven't gotten a good night's sleep in weeks.*

• *I feel so much tension at work that I come home every night with a headache.*

• *I feel so listless that nothing seems to matter to me anymore.*

Presented below are several strategies that could help these clients develop increased self-awareness regarding their stressors. These processes can be used in both individual and group counseling, as well as in workshop settings.

The Stress Inventory

The Stress Inventory (Sparks & Ingram, 1979) is designed to assist individuals to identify their stressors and develop a more objective viewpoint regarding the distressful situations in which they find themselves. Clients are instructed to list distressful events in the spaces provided along the left side of the Inventory. They are encouraged to list not only major stressors but also small, seemingly petty occurrences that may exert a cumulative effect. Usually three to five minutes are all that is required to complete this listing. It is not necessary that the stressors be described in detail; a few key words to remind the person of the event are sufficient.

The client(s) then completes the coding in the various columns on the right half of the Stress Inventory. The areas selected for coding will vary depending on the client population. For example, the categories included in this illustration are used with teacher/administrator groups in stress prevention and management workshops. With adolescent clients, the "Who is Involved?" column might be modified to include parents, friends, teachers, school principal, or police. By including the category of "Other," the client can create codings for individuals whose involvements cannot be predicted by the counselor in advance. More than one coding may be used per column where appropriate.

After the codings for the four columns are completed by the participants, they are requested to put an asterisk next to the stressors that they feel they can do something about to improve the situation. They might also be asked to write the number "1" next to the stressor that they would most like to deal with. A particular stressor can be selected because it seems to be the most upsetting or because it offers the greatest probability of successful resolution.

In the final step of the process, clients are asked to examine the Inventory for possible themes or patterns in their codings. Do they notice that they have a typical way of responding to distress? Do they feel more or less in control when the stressor involves certain individuals? How often does the "Me" coding occur? Do they have more or less control than they expected?

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STRESS INVENTORY

Distressful Situation	Who is Involved?	How Frequent?	Degree of Control	How Deal With?

Keys

Who is Involved?

A = Administrators
B = Board
C = My own children
P = Parents
M = Me
S = Students
SS = Support Staff
T = Teacher
H/W = Husband or wife
O = Other (specify)

How Frequent?

A = Always
O = Often
S = Seldom

Degree of Control

HC = High level of control
SC = Some control

How Deal With?

A = Anger
I = Ignore
H = Humor
S = Support from others
D = Depression
W = Worry
O = Other (describe)

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Participants are then asked to record their observations in the form of "I learned . . ." statements. Sentence stems might also begin with "I was surprised that . . ." or "I was reminded that . . . ." Clients can be asked to discuss these statements with the counselor, or with one another in group counseling. Typical conclusions would be: "I learned that I have more control over my stressors than I thought I did," or, "I was surprised that I tend to react with withdrawal and depression whenever I feel power-less," or, "Most of my distress really only comes from a couple of situations that involve the same person."

The Stress Inventory can be completed in 20-30 minutes. Clients often achieve important insights that can become the basis for later "action plans." In a brief amount of time individuals are likely to clarify the causes of their distress and obtain a more realistic perspective of the role they may play in exacerbating the situation.

Social Readjustment Rating Scale

As mentioned earlier, Holmes and Rahe (1967) developed a rating scale that quantifies various kinds of change in an individual's life in terms of potential stress. Their basic premise is that too many changes, either positive or negative in nature, can overload the body's adaptive mechanism (G.A.S.) and result in distress-related illnesses. Completion of the Social Readjustment Rating Scale can increase a person's awareness of the potentially detrimental effects of life changes on his/her mental or physical health.

To complete the scale, clients check the events listed that have occurred in their lives during the past 12 months. The point values attached to these changes are then totaled. A score of under 150 indicates that the person has less than a 37 percent chance of becoming ill within the next two years. An individual whose score totals 150-300 points has a 51 percent likelihood of becoming ill, and a score of more than 300 predicts an 80 percent chance of a physical disorder occurring. Larger scores increase the probability that the person will suffer a distress-related health problem.

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The Social Readjustment Rating Scale

On the line write the number of any of the events listed that have occurred in your life in the past 12 months. Your total score measures the amount of change-related stress you have experienced in the one-year period.

Event	Value	Your Score	Event	Value	Your Score
Death of a spouse	100	____	Trouble with in-laws	29	____
Divorce	73	____	Outstanding personal achievement	28	____
Marital separation	65	____			
Jail term	63	____	Spouse begins or stops work	26	____
Death of a close family member	63	____	Starting or finishing school	26	____
Personal injury or illness	53	____	Change in living conditions	25	____
Marriage	50	____	Revision of personal habits	24	____
Fired from work	47	____			
Marital reconciliation	45	____	Trouble with boss	23	____
Retirement	45	____	Change in work hours or conditions	20	____
Change in family member's health	44	____			
			Change in residence	20	____
Pregnancy	40	____	Change in school	20	____
Sex difficulties	39	____	Change in recreational habits	19	____
Addition to family	39	____			
Business readjustment	39	____	Change in church activities	19	____
Change in financial status	38	____	Change in social activities	18	____
Death of a close friend	37	____			
Change to a different line of work	36	____	Mortgage or loan under $10,000	17	____
Change in number of marital arguments	35	____	Change in sleeping habits	16	____
Mortgage or loan over $10,000	31	____	Change in number of family gatherings	15	____
Foreclosure of mortgage or loan	30	____	Change in eating habits	15	____
			Vacation	13	____
Change in work responsibility	29	____	Christmas season	12	____
Son or daughter leaving home	29	____	Minor violation of the law	11	____
			Total Points Checked		____

An understanding of the effects of change on physical health can encourage clients to slow down the pace of change whenever appropriate and possible. The cumulative impact of some stressors has more potential for being controlled if the person is forewarned. To illustrate, an individual who is having marital problems might experience separation, reconciliation, and divorce in a period of one year. These events alone total 183 points on the Social Readjustment Rating Scale, indicating a 51 percent chance of illness in the next two years. Also, it would not be uncommon for this person to suffer financial difficulties, move to a new residence, revise his/her living conditions, and complain of sexual difficulties. These changes add 175 points to the total, increasing the likelihood of a health problem to over 80 percent. Certainly this individual would want to think very seriously before taking on additional responsibilities at work, negotiating a large loan, or making other major changes.

While the use of this scale can be instructive to clients regarding the cumulative consequences of life changes, they are advised to use caution in relying too much on this single approach to stress management. Adams (1978) points out that the impact of stressors on the individual is mediated by the social support a person receives, the stress management techniques currently employed by the person, and his/her personal characteristics and belief system. Each of these dimensions is explored in greater detail in later sections. The support network of friends and family, the meaning of the specific life change event, and the person's diet and exercise habits are a few of the factors that also influence the individual's reactions to stress.

Type A/Type B Behaviors

Friedman and Rosenman's (1974) Type A and Type B personalities were noted in a previous section. Type A's feel that they are under constant time pressure, often get impatient, are highly competitive, and continually strive to be more effective and efficient. On the other hand, Type B's can relax without guilt, move more slowly, and have less sense of time urgency. Type A's are three times as likely to incur heart disease.

Few people can be categorized as Type A or B on all traits. Rather, these characteristics are viewed on a continuum; one may be highly competitive,

occasionally impatient, yet enjoy eating in a leisurely fashion. The Type A/
Type B Behavior Questionnaire is adapted from a list of traits Pelletier (1979)
derived from Friedman and Rosenman. This questionnaire recognizes that clients
may possess various Type A traits to differing extents, and that through this
process of self-exploration they can identify behaviors that they would like to
modify.

An "always" response to an item on the questionnaire indicates that that
aspect of a person's life may produce undesirable tension. Numerous "always"
or "sometimes" responses can be suggestive of a Type A personality, and these
specific traits can serve as focal points for discussion during counseling. A
variation in the use of this questionnaire is for both the counselor and client
to respond to the items based on their unique perceptions of the client's behavior,
and then to discuss the similarities and differences in their perspectives. In
group counseling the Type A/Type B Behavior Questionnaire can serve as a catalyst
for reflection as participants examine their sense of time urgency.

Turtles and Racehorses

While Type A personalities suffer from "hurry sickness," it is still possible
for people to lead busy, full lives with a minimum amount of distress. Hans
Selye's (Cherry, 1978) conception of "turtles" and "racehorses" can help us under-
stand this phenomenon. As you will recall from an earlier section, turtles prefer
a slower-paced, tranquil life-style; racehorses thrive in an active, heavily-
scheduled day. A turtle pace is likely to create distress for a racehorse just
as a turtle is apt to suffer tension when forced to function at a faster pace than
desired. The pace of living with which we are comfortable is a product of both
biological inheritance and socialization processes.

It is important that clients find an appropriate fit between their personality
type and the pace at which they live. Unfortunately, turtles are frequently
stereotyped as lazy and racehorses as obsessive-compulsive neurotics. Because
counselors appreciate the value of individual differences, it becomes possible for
clients to recognize and appreciate their unique styles.

The Turtle/Racehorse Continuum is a useful strategy to help individuals
assess the distress that may exist in the relationship between their personality
type and the pace of their current work and/or personal life.

Turtle/Racehorse Continuum

1	2	3	4	5	6	7	8	9	10

Turtle   Racehorse

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Type A/Type B Behavior Questionnaire

Please indicate the frequency with which you experience the following feelings or situations by circling the appropriate response. An honest appraisal of yourself will help you better understand some of the factors that contribute to a sense of time urgency.

		Always	Sometimes	Never
I:				
1.	Move, walk, and eat rapidly.	___	___	___
2.	Find it difficult to restrain myself from hurrying others when they are talking.	___	___	___
3.	Get very irritated and upset when I have to wait in traffic, at a restaurant, or when performing repetitious tasks.	___	___	___
4.	Feel guilty when I relax and do absolutely nothing for several hours.	___	___	___
5.	Feel compelled to challenge anyone who is competitive.	___	___	___
6.	Keep trying to schedule things tighter and tighter so that I can get more done.	___	___	___
7.	Try to do two or more things at once (read while eating, etc.).	___	___	___
8.	Complete others' sentences or hurry them in conversation.	___	___	___
9.	Feel impatient with the rate at which things take place.	___	___	___
10.	Believe that my success is due to my ability to get things done faster.	___	___	___
11.	Find myself pounding the table or my hand to make a point in conversation.	___	___	___
12.	Habitually clench my jaw or grind my teeth.	___	___	___
13.	Value myself, and others, more by accomplishments than personal traits.	___	___	___
14.	Explosively accentuate key words or hurry up the last few words in a sentence.	___	___	___

	Always	Sometimes	Never

I:

15. Have difficulty admitting any defect or
    emotional difficulty.   ___   ___   ___

16. Find that my day is so tightly scheduled
    that by the end of the day I am always
    behind.   ___   ___   ___

17. Complete work being performed by others
    because they are not doing it fast
    enough.   ___   ___   ___

18. Find myself constantly translating my
    accomplishments and those of others
    into numbers.

The basic characteristics of turtles and racehorses are explained to the client(s), including the fact that there are few "pure types." Most people fall somewhere on a continuum; one's pace of life may accelerate to a certain degree before it becomes tension-producing, and decelerate to a somewhat slower pace before the lack of stimulation becomes distressing. For example, an individual may be able subjectively to go as slowly as a "4" and as fast as an "8" before feeling distress. Within the 4-8 range he/she will feel quite comfortable; above and below those points on the continuum the person will experience tension. Clients are asked to mark an "X" on the continuum at the appropriate high (racehorse) and low (turtle) points. It is helpful to point out to participants that these marks represent only their best guesses about these points, and that they might be placed differently at another time.

As a second step in this process, clients circle the number on the continuum that represents the pace of their work or life style when they feel that it becomes like a racehorse. They then draw another circle to indicate the slowest turtle pace at which their work or life proceeds. Often there is a discrepancy between the upper and lower boundaries of work or life style and the individual's personal boundaries. If the work or life style exceeds the upper limit of the client's personality type, he/she is likely to experience distress. Distress produced by boredom and stagnation frequently occurs when the pace of living is slower than the person's lower boundary.

Completion of the Turtle/Racehorse Continuum may in itself cause the individual to develop insight into the sources of his/her distress. It may also serve as a catalyst for discussion during counseling. The counselor may ask specific clarifying questions such as, *"What events seem to be pushing your life in a racehorse direction right now?"* or, *"What factors are contributing to the lack of stimulation and movement that is distressing for you at this time?"* In group counseling participants may provide helpful feedback to one another regarding the way they perceive each other's personality style and pace of living. These perceptions can then be compared with how clients have rated themselves.

The activities presented above are designed to promote self-understanding and greater awareness of sources of distress. An individualized distress management plan cannot be developed until a person has knowledge of the events that are producing negative emotional and physical consequences. The following section discusses a number of techniques that comprise a holistic approach to health and stress management.

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Physical Well-Being:
A Holistic Approach to Stress Management

A holistic approach to distress prevention and management recognizes that numerous factors cause stress, and that a program designed to help individuals cope with stress must examine a multitude of stressors. In essence, an individual's total life-style becomes the content to be studied. It is not enough simply to prescribe a program of exercise, meditation, or any other "cure" without first understanding the complex interrelationship of mind and body.

Mental and physical processes are inextricably bound to one another. Menninger estimates that 80 percent of complaints to physicians represent psychosomatic reactions to the problems of living (Miller, 1979); and Black (1980) cites Kenneth Pelletier's belief that 50 to 80 percent of all physical disorders in the United States are stress-related. On the other hand, a person's physical health can also affect his/her capacity to manage stress satisfactorily. We can all think of times in our lives when poor health may have robbed us of the stamina or patience that was needed to cope successfully with certain stressors. Situations that would otherwise be managed with ease or minimal strain become sources of great concern and tension because of our weakened condition. A vicious cycle is established: Distress negatively affects our health, and poor health weakens our ability to respond appropriately or adapt to our stressors. This then increases our distress. A goal of counseling may be to help clients break out of this self-perpetuating system.

A basic premise of the holistic health philosophy is that individuals must assume responsibility for their physical well-being. Rather than looking to physicians for a medicinal cure for all modern ailments, it is critical that they examine their personal habits (diet, exercise, smoking), life style (pace of living, interpersonal support systems, vacations), and environmental factors (air and noise pollution, crowding). Counselor interest in this topic was demonstrated by the special issue of Elementary School Guidance and Counseling (December, 1979) devoted to "Health, Wellness, and Transpersonal Approaches to Helping." It included articles on the topics of nutrition, exercise, and relaxation, among others.

Pelletier (1979) points out that "An illness often contains an important personal message since it is an unequivocal indication that a person has exceeded his or her ability to adapt to the stress of a particular life-style" (p. 33). This section examines in more detail several life-style variables

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that affect stress management and wellness. The Physical Health Questionnaire
will serve as a starting point.

Physical Health Questionnaire

This questionnaire can be administered to clients in either individual
or group counseling to increase their sensitivity to factors that influence
their physical health and adaptive energy required to cope with life's stressors.
The "Yes" response to these questions signifies a positive health behavior.
"No" responses may prove to be useful starting points for discussion related to
that particular aspect of health maintenance. A preponderance of "No" responses
may be indicative of clients' need to reassess their physical health as an
important variable affecting stress management.

Belloc and Breslow (1972) studied the physical health of 7,000 adults
for five-and-a-half years. They found that seven factors were related to life
expectancy and health: (1) three meals a day at regular times and no snacking,
(2) breakfast every day, (3) moderate exercise two or three times a week,
(4) adequate sleep, (5) no smoking, (6) moderate weight, and (7) no alcohol or
alcohol only in moderation. It was found that men who practiced at least six
of these behaviors had a life expectancy of eleven years longer than those who
could respond affirmatively to three or less of these indicators. The following
section looks more closely at diet and exercise, and the role the counselor can
play in assisting clients in these areas.

Nutrition and Exercise

The nutritive quality of the American diet declined between 1955 and 1965
because of life-style changes (Parrish, 1971). The significance of dietary
factors in counseling is described by Miller (1980). He points out that numerous
affective and behavioral disorders may be caused by too much, too little, or the
wrong kinds of food. The term "high stress" is used to refer to a diet with
large amounts of sugar, refined flour, and beef.

Zifferblatt and Wilbur (1977) offer suggestions to counselors who wish to
improve the poor eating habits of clients. They advise having clients systematically
observe and record the specific foods they eat, where they eat them, and what
events are associated with eating. The person records this information in a diary
that can be reviewed with the counselor. As is true generally, the counselor
should use professional judgment when physical symptoms warrant referral to a
physician.

Physical Health Questionnaire

Please indicate whether these behaviors are most often true for you by marking an "X" on the appropriate line.

	YES	NO	
1.	_____	_____	Do you exercise vigorously for at least twenty minutes three or more times a week?
2.	_____	_____	Do you eat a breakfast that includes protein (e.g., eggs, meat, fish, dairy products) every day?
3.	_____	_____	Do you limit your consumption of foods containing sugar?
4.	_____	_____	Do you choose foods made of whole grains rather than refined white flours?
5.	_____	_____	Do you eat three well-balanced meals a day?
6.	_____	_____	Are you a nonsmoker?
7.	_____	_____	If you consume alcohol, do you drink only in moderation (three or fewer drinks per day)?
8.	_____	_____	Do you avoid or limit your consumption of caffeine (e.g., coffee, tea, colas)?
9.	_____	_____	Do you have fresh fruits and vegetables every day?
10.	_____	_____	Do you limit your consumption of saturated fats and cholesterol?
11.	_____	_____	Do you get adequate amounts of sleep so that you wake refreshed and energized the next day?
12.	_____	_____	Do you have regularly scheduled times for relaxation and/or leisure activities?
13.	_____	_____	Is your weight within five pounds of what you would like it to be?

Miller (1980) also recommends the use of diet-related health books that
can be reviewed with clients during counseling. He suggests Diet for a Small
Planet (Lappe, 1975) and Let's Eat Right and Keep Fit (Davis, 1970). Other
worthwhile references for both the client and counselor are Sugar Blues (Dufty,
1975) and Psychodietetics (Cheraskin, et al., 1974).

The benefits of regular, vigorous exercise to relieve tension, provide a
sense of well-being, and tone the body are generally known today. The type of
physical activity may vary (running, swimming, cycling, walking, handball), but
it is generally agreed that the exercise must take place three or more times a
week for at least 20-30 minutes on each occasion in order to be truly helpful.
Cooper, in Aerobics Way (1977), provides a comprehensive exercise program that
includes dietary considerations, equipment, and specific methods for measuring
fitness. While many clients benefit from physical activity that is practiced
on an individual basis, others may prefer involvement in programs structured by
the counselor or other appropriate persons.

Harper (1978) reports on a group who jogged to reduce anxiety, improve self-
concept, and reduce or redistribute body weight. The ten group members jogged
together each week day, and met for a two-hour discussion on Friday that usually
focused on health and fitness, personal problems, and their experiences while
running. Participants reported increases in energy, endurance, physical and mental
alertness, ability to cope with stress, and sense of accomplishment. They also
noted improved self-confidence and ability to relax. Miller offers several sug-
gestions about jogging that counselors can apply to other forms of vigorous
exercise as well. These include: (1) seeing a physician before starting if one
is accustomed to a sedentary life-style, (2) starting slowly and increasing the
activity in small increments, (3) allowing an opportunity to cool down after
exercise, (4) avoiding overexertion, (5) jogging regularly--once or twice a
week is not enough, and (6) being patient with one's exercise program because
progress takes time. The implementation of an effective exercise program is
not meant to be a temporary activity; clients should be encouraged to think of it
as a lifetime commitment that needs to be integrated into their daily routine.

Other aspects of life-style that might be discussed during counseling are
"flow experiences" and positive addictions. Flow experiences (Furlong, 1976)
are activities that cause individuals to lose all sense of self, time, and the
external world. These experiences involve focusing attention on a task that
uses one's capacities but does not exceed their limits. Often the flow experience

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is accompanied by a sense of ecstasy or contentment. Carl Rogers (Kirschenbaum, 1979) describes such an experience he had as a youth:

> In three hours I read 300 pages. I knew nothing of time
> or external things. When at last I reached the apex of
> the story and laid down the book I could not remember
> what day it was, or what I had been doing. (p. 17)

A sense of flow can be stimulated by an unlimited number of events; common activities would include athletic contests, reading, writing, sewing, woodworking, and gardening, among others. Because flow experiences cause the participants to forget themselves for a period of time, they can break the tension cycle that often results from self-absorption. The counselor might assist clients to identify previous flow experiences and encourage them to increase the likelihood that these activities will occur by periodically scheduling time for them. The frequent inclusion of flow experiences in a person's life style can be a powerful stress management strategy.

Glasser (1976) popularized the concept of "positive addiction." This term refers to activities that strengthen the individual and are satisfying, but if stopped, cause symptoms (tension, nervousness) similar to those experienced by persons withdrawing from negative addictions (alcohol, heroin). While negative addictions are destructive, positive addictions increase our potential and sense of well-being.

Glasser has identified the two most common positive addictions as running and meditation. Characteristics of a positive addiction are: (1) it is noncompetitive and takes approximately an hour a day; (2) it does not take a great deal of mental effort to do it well; (3) it does not depend upon others to do it; (4) it is perceived as having some mental, physical, or spiritual value; (5) practice leads to improvement, but growth is measured in completely subjective terms; and (6) it must be done in a way that is not critical of self. A few activities that might lead to positive addictions are walking, yoga, and writing (if done in a non-judgmental way). As with flow experiences, counselors can expose their clients to the concept of positive addictions, assist them to identify possible activities, and help them integrate these activities into their daily routines.

Pelletier (Black, 1980) studied seven "miracle cure" cancer patients in the San Francisco area. He found that they possessed a number of life-style traits in common:

> One, they all changed their diet: a reduction of red meat,
> more vegetables. Many of them did this without fore-thought.
> They simply were responding to what their bodies were demanding.

Two, all began to engage in some form of physical activity--
not necessarily something strenuous like jogging; even walk-
ing a good distance every day sufficed. Three, all began a
kind of meditation or deep relaxation: prayer or just sitting
quietly for 15 minutes a day. Four, all became religious.
Very rarely in an orthodox sense; they had different metaphors.
But all believed that there was something higher, bigger or
greater than they that helped them. Five, all tended to
revise their personal and business lives, so that what they
did met more of their personal needs. They began to look
at what gave them pleasure. This was a very big change.
Six, all became more community oriented, more involved
with friends and associates in a kind of selfless outreach.
(p. 218)

Pelletier's observations are cited not to suggest a cure-all for cancer. Rather,
his comments underline the significance of life-style factors, and include areas
with which counselors are already familiar (identity and role conflict, loss of
purpose and meaning, and the therapeutic effects of helping others).

The topics dealt with in this section view stress management from a broad,
holistic perspective. Individuals who are optimally healthy are not only better
able to withstand the harmful effects of distress on their bodies, but are also
more likely to cope successfully with many stressors because of increased stamina
and a more positive, optimistic view of life. A critical examination of life-style
issues often leads to prevention of distress as well as to its remediation.

Relaxation Techniques

The relaxation techniques described in this section are deliberate, conscious
processes to reduce tension in the body and return it to healthier functioning.
These techniques may also restore energy, increase creativity, and lessen the
amount of sleep a person requires. Some commonly practiced relaxation techniques
include transcendental meditation, progressive relaxation, biofeedback, yoga, and
the relaxation response, among others. Other activities that often induce relax-
ation are prayer, certain types of music, a warm bath, or massage.

Many individuals carry a great deal of tension in their bodies without being
totally aware of its presence or negative effects (hypertension, painfully tight
muscles, backaches). On occasion some of these people have been told that they
need to learn to relax. However, this admonition may produce even greater
distress because the person does not know how to produce a relaxed state vol-
untarily.

Fortunately for counselors and their clients, relaxation techniques can be
taught to almost all individuals, either in one-to-one counseling or in groups.

In teaching clients relaxation processes it is often helpful to explain the benefits that can result from using these techniques (a sense of calmness, increased vitality, positive changes in our bodies), and to provide a rationale for how they affect our emotions and physiology. Almost all relaxation strategies are based on the premise that cognitive processes and feelings are interrelated; the thoughts or images that individuals produce constantly can alter the emotions they experience. For example, imagining or reliving a particularly gruesome scene from a movie may actually cause a person to experience fear at that moment. On the other hand, visualizing a place that has been peaceful in the past may produce present feelings of tranquility. These cognitive/affective processes will in turn alter the physiology of the body. The fear generated by remembering the movie scene is likely to cause an increase in heart rate and respiration and other physical changes consistent with the General Adaptation Syndrome. Because the thinking/imagining process can be consciously controlled (Ellis, 1975), and because this process can alter the functioning of the autonomic nervous system, important physiological events can be voluntarily regulated.

Benson (1975) has developed a useful relaxation strategy which he terms the "Relaxation Response." Its four basic components are a quiet environment; a mental device (a stimulus such as a word, sound, or visual object); a passive attitude (the noncritical disregarding of distracting thoughts); and a comfortable position. Benson found that individuals who practice the relaxation response report various emotional responses: calmness, well-being, and refreshment. Some participants note few subjective changes, but find positive physical changes such as lowered blood pressure or heart rate.

The author's relaxation response can be easily taught to clients. He outlines the following six-step process:

1. Sit quietly in a comfortable position.

2. Close your eyes.

3. Deeply relax all your muscles, beginning at your feet and progressing up to your face. Keep them relaxed.

4. Breathe through your nose. Become aware of your breathing. As you breathe out, say the word "One" silently to yourself. For example, breathe in . . . out, "one"; in . . . out, "one"; etc. Breathe easily and naturally.

5. Continue for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. When you finish, sit quietly for several minutes, at first with your eyes closed and later with your eyes open. Do not stand up for a few minutes.

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6. Do not worry about whether you are successful in achieving a deep level of relaxation. Maintain a passive attitude and permit relaxation to occur at its own pace. When distracting thoughts occur, try to ignore them by not dwelling upon them and return to repeating "one." With practice, the response should come with little effort. Practice the technique once or twice daily, but not within two hours after any meal, since the digestive processes seem to interfere with the elicitation of the relaxation response. (Benson, 1975, pp. 114-115)

It is advisable to have clients practice the process at least once under the counselor's supervision. The counselor may model the value of this activity by doing it with the client(s).

Another common technique familiar to most counselors is progressive relaxation (Jacobson, 1964). Clients are taught to tighten and relax major muscle groups systematically (jaws, shoulders and upper back, stomach, and so on) as a method of relieving muscular tension. Doing this also sensitizes individuals to the way their muscles feel when tensed so that they will be more immediately aware of possible physiological distress. Progressive relaxation can usually be taught within a few counseling sessions; with practice this process can induce relaxation in a matter of minutes. Woolfolk and Richardson (1978) present a thorough discussion of this technique as well as the techniques of self-hypnosis and autosuggestion.

A problem with many relaxation techniques is that individuals often find it difficult to determine if the appropriate physiological changes are occurring other than by subjective evaluation ("I feel more relaxed"). Biofeedback addresses this concern and is accomplished by means of an instrument designed to monitor externally the changes that are taking place within the body while relaxing. Biofeedback machines provide visual and/or auditory cues that inform the person about physiological changes (skin conductivity, brain waves, muscular tension, hand temperature) taking place during relaxation. The individual quickly learns what cognitive processes (thoughts or images) are producing the appropriate physical changes because the instrument immediately "feeds back" the current status of that physiological function through a tone, meter, or printout.

While a counselor would not want to use biofeedback without some additional training, the following example might be helpful as an illustration of this technique. As people relax, their hand temperature generally rises because of vasodilation of the hand. Monitoring hand temperature with a temperature trainer is a method of determining a specific bodily change induced by relaxation. Clients

are taught to repeat internally the autogenic phrases on the following page. The counselor may slowly read these phrases aloud to clients in a soft, soothing tone as each individual repeats them silently to him/herself; or, the phrases may be tape-recorded. This cognitive process (repetition of autogenic suggestions) produces a feeling of deep relaxation that is often followed by a rise in hand temperature. When clients have learned which thoughts or images cause the desired physical response, they may no longer have need of the biofeedback instrument. Workshops on biofeedback are often offered at various counseling and psychological state and national conferences, including the annual American Personnel and Guidance Association Convention. Some colleges and universities also provide courses or workshops on this topic.

Henschen (1976) describes the use of biofeedback to teach clients how to produce theta brain waves voluntarily. This brain wave rhythm is an indicator of a deeply relaxed state during which the individual has access to unconscious material or creative reverie. The hypnagogic images produced are similar to those experienced by many persons in the twilight state between sleeping and waking. Not only does this process promote deep relaxation, the imagery that accompanies this state may also be an aid to the creative process or provide awareness that will have personal meaning to the client during counseling.

Lowenstein and Robyak (1979) utilized a university radio program to teach relaxation techniques. Listeners were taught progressive relaxation and the use of controlled breathing to invoke relaxation. They also learned how to gauge the effect of relaxation through changes in their hand temperature. By touching their hands first to one another and then to their neck before and after the relaxation exercise, listeners could estimate the change in hand temperature (hand temperature rises when the body relaxes while neck temperature remains relatively constant). Using a local radio station to teach stress management skills is an innovative, proactive approach to counseling.

Onoda (1978) discusses ethical and professional issues as they relate to biofeedback, issues which pertain to other relaxation techniques as well. Onoda argues that counselor education programs should expand their curricula to include psycho-physiological content. Practicing counselors should update their training by attending appropriate courses or workshops on these topics. Counselors should also continually assess their own knowledge and skills in the use of a technique, and not attempt to work with processes in which they have not developed competency. Clients ought to be informed of the limits of biofeedback (e.g., it may alter an

Autogenic Suggestions for Relaxation

1. *I feel quite quiet.*
2. *I am beginning to feel quite relaxed.*
3. *My feet feel heavy and relaxed.*
4. *My ankles, my knees and my hips feel heavy, relaxed and comfortable.*
5. *My solar plexus, and the whole central portion of my body, feel relaxed and quiet.*
6. *My hands, my arms and my shoulders, feel heavy, relaxed and comfortable.*
7. *My neck, my jaws and my forehead feel relaxed. They feel comfortable and smooth.*
8. *My whole body feels quiet, heavy, comfortable and relaxed.*
9. **Continue alone for a minute.**
10. *I am quite relaxed.*
11. *My arms and hands are heavy and warm.*
12. *I feel quite quiet.*
13. *My whole body is relaxed and my hands are warm, relaxed and warm.*
14. *My hands are warm.*
15. *Warmth is flowing into my hands; they are warm, warm.*
16. *I can feel the warmth flowing down my arms into my hands.*
17. *My hands are warm, relaxed and warm.*
18. **Continue alone for a minute.**
19. *My whole body feels quiet, comfortable and relaxed.*
20. *My mind is quiet.*
21. *I withdraw my thoughts from the surroundings and feel serene and still.*
22. *My thoughts are turned inward and I am at ease.*
23. *Deep within my mind I can visualize and experience myself as relaxed, comfortable and still.*
24. *I am alert, but in an easy, quiet, inward-turned way.*
25. *My mind is calm and quiet.*
26. *I feel an inward quietness.*
27. **Continue alone for a minute.**
28. **The relaxation and reverie is now concluded and the whole body is reactivated with a deep breath and the following phrases:** *"I feel life and energy flowing through my legs, hips, solar plexus, chest, arms and hands, neck and head . . . The energy makes me feel light and alive."* **Stretch.**

(These autogenic suggestions are provided by the Research Department, The Menninger Foundation, Topeka, Kansas.)

individual's tolerance for medication and bring to awareness unconscious material), and counselors should objectively explain to them the limitations of the process and not make sensational claims for the benefits of the technique.

Relaxation techniques provide an important avenue for diminishing distress. These processes have the potential of restoring the organism's normal equilibrium after a distressful incident, providing insights that may lead to development of preventative strategies to avoid stressors, and energizing the body so that the individual may lead a more productive and satisfying life. Relaxation techniques are one tool out of many that can be used by counselors to help others manage stress successfully.

We Are (or Feel) What We Think We Are

As was discussed in the last section, there is a close relationship between thoughts and feelings. Counselors are familiar with Ellis' (1975) assertion that it is our own irrational ideas or self-talk that produce unnecessary emotional distress. Rational-emotive therapy is based on the premise that sustained unpleasant feeling states are a result of self-defeating cognitive processes. These emotions, in turn, can be manifested in physical disorders.

Ellis and Harper (1961) list what they consider to be some of the common irrational ideas that contribute to extreme unhappiness. These include the belief that we must be loved or approved of by virtually everyone for everything that we do, that it is catastrophic when things are not going the way we want them to, and that our past is all-important and will affect the future indefinitely. A basic rational-emotive counseling strategy is to teach clients the basic principles of this approach, assist them to identify self-defeating thoughts, and encourage them to confront actively these irrational ideas with more realistic self-talk (e.g., "It's okay that some people don't like what I'm doing right now. Their approval would be nice, but I can live without it for the time being").

Woolfolk and Richardson (1978) have extended this theory into the area of stress management. They argue that most stressors in themselves are neutral and do not produce distressful reactions. It is one's perception or appraisal of these occurrences that produces the unhealthy emotional and physical consequences. Events that are perceived as unimportant or inconsequential are not usually experienced as distressful. For example, one person may view divorce as a horrible situation that must result in lasting loneliness and despair. A second individual may regard divorce as unfortunate, but also as an oppor-

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tunity for growth and a step toward finding a more satisfying relationship. In the latter case the person is likely to experience distress, but it will probably be mild and of short duration. The first individual has a much higher probability of suffering the ill effects of intense, chronic distress.

Woolfolk and Richardson point out that most distressful situations can be reduced to a few emotionally-charged and highly evaluative beliefs about ourselves and the world. These mistaken notions lead us to make impossible demands upon ourselves and others. Some of these distress-inducing ideas include:

1. A superstitious belief that worry helps prevent future mistakes or bad fortune.

   Evaluating ourselves as failures because we fall short on some standard of performance or expectation of others.

   Believing that we are inferior or disadvantaged which makes it difficult or impossible for us to lead satis-fying lives.

4. Having a competitive, win-lose orientation that makes living into a series of contests, and puts our self-esteem on the line in every situation.

5. Engaging in moralistic thinking about how others should behave that leads to frequent feelings of frustration, anger, and moral indignation.

6. Believing that life should be free of discomfort so that we have a low tolerance for life's inevitable frustrations.

As a result of the meaning given to various situations, an event may be perceived as neutral by one person, distressful by another and eustressful by a third.

Because thinking/imagining are processes over which individuals potentially have a great deal of control, they are an important aspect of stress counseling. While clients cannot control many of the circumstances of their lives, they can determine the attitude they adopt about these events (Frankl, 1963). Sometimes it relieves distress to recognize that we cannot change a particular reality of our lives (death of a spouse), but instead to accept its inevitability ("*I cannot help grieving, and it is normal to mourn this loss, but I know that I can find some sort of happiness again*").

Various techniques are available to the counselor that increase individuals' awareness of their mistaken beliefs, as well as help them confront and modify these distressing attitudes, perceptions, and/or evaluations. These strategies cast the counselor in the role of teacher as well as sensitive listener. Schmidt (1976) describes the process of cognitive restructuring. He defines it as "any therapeutic technique that employs the change of 'self-thoughts' in order to

alter emotional reactions and behaviors toward more favorable outcomes" (p. 72).
After clients have worked with the counselor to identify their negative self-
talk (*"If I try this I will fail, and failure is terrible"*), they are instructed
to "scream internally" a statement like *"Get out, you stupid thought!"* whenever
the irrational belief takes over. They are then taught to "counter" the thought
with a more realistic appraisal of the situation (*"I may or may not fail; but
even if I do, it's not the end of the world. Everyone fails from time to time
and it's not a catastrophe"*).

A great deal of the self-induced distress is caused by "catastrophizing"
(believing the worst possible thing will occur and that it will be unbearable).
Counselors can assist catastrophizing clients by asking questions such as:
*What's the worst possible thing that could happen in this situation? What's
the probability that that terrible consequence will occur? Would it really be
so unbearable if that event occurred? Have you handled situations like this in
the past and survived them okay?* Through this process clients are able to clarify
and develop a more realistic and concrete perspective concerning specific stressors
whose occurrence previously seemed terrifying and horrible (catastrophic).

Ellis (1975) points out that rational-emotive therapy (RET) practitioners
use a wide variety of self-management principles to change a client's cognitions
and/or behavior. Behavioral rehearsal and role playing, for example, can be
useful during the counseling session. RET can be used in individual or group
counseling, or the basic ideas can be presented to large groups with the coun-
selor explaining the role irrational thinking plays in creating distress. Num-
erous illustrations are of value in these large-group presentations. Counselors
might also ask clients to read appropriate books (e.g., Woolfolk and Richardson's
Stress, Sanity, and Survival, 1978; or Dyer's Your Erroneous Zones, 1976) and
then discuss them together as a means of helping clients understand these con-
cepts more fully.

Clients often distress themselves unnecessarily about situations over which
they have little or no control. A typical remark a client might express in
counseling is: *"I can't help but be upset with the world situation today. There
could be a war in the Middle East, and inflation is making it impossible for me
to even get a little bit ahead. No wonder I can't sleep at night with all these
things on my mind!"* In effect, this person is saying that external events are
forcing him/her to feel tense and anxious, lose sleep, and perhaps even suffer
the more serious physical effects of distress. A counselor might approach this

client in the following manner:

Counselor: *As you describe the Middle East and inflation, it sounds as if you believe that it is impossible to be happy when these types of things are occurring.*

Client: *That's right! How can anyone be happy when the world's in such a terrible mess. If people like me don't worry about it, it's likely to get even worse. Some things are worth losing a little sleep over.*

Counselor: *One of the messages that I'm getting from you is that worrying about what will happen tomorrow will make tomorrow better. Without your worrying, or other people's worrying, things are likely to get even worse. Is that right?*

Client: *Sure. How are things going to improve unless someone cares enough to worry about them. I certainly hope that the President is worried about some of these things, even though I wonder sometimes.*

Counselor: *I would like to take a moment to explain something to you that relates to what we're talking about, and it's likely that it may be somewhat new to you. I think that you'll see that it relates to the concerned, anxious feelings that are making you unhappy and may even be making you ill. Okay?*

Client: *Go ahead. I'll give it a try.*

Counselor: *Good. Many of us believe that events in our lives cause us to feel a certain way. Weddings make us happy, horror films frighten us, and so on. That's not quite correct. Between the time we experience something and become aware of our feeling toward the event— and that may only take a second or two—a thought or an image will enter our minds that will help us decide what this situation means, whether we should be concerned about it. Are you with me so far?*

Client: *I think so. It's a little hard to accept, but maybe an example would help.*

Counselor: *That's a good idea. Let's use your feeling of worry about inflation. Inflation is occurring to all of us, some richer and some poorer. But lots of people don't lose sleep over it. The situation is common to us all, but the worry doesn't occur for everyone. Something is happening inside you that produces that feeling for you. Together let's see if we can figure out what it might be.*

Client: *I'm following what you're saying, but I still don't feel like I have any choice over whether or not I worry.*

Counselor: *Stay with me a bit farther. My guess is that you believe that if you worry about something—in this case, inflation—that will somehow make the situation better. What you're really saying is, "If I think something today, it will change things tomorrow." And that's what worry really is—a thought that you have today about a problem that will affect you in the future. Worry isn't the same as taking constructive action. In fact, it is an internal process that sometimes makes it even more difficult for us to think clearly about the situation so that we can be better problem-solvers. Worry is really a superstitious belief that thinking about something will*

somehow magically make things different tomorrow. In a sense,
believing in worry is like believing in mental telepathy. Does
what I'm saying make sense to you?

Client: I understand, but some things about this are still not clear
to me. Are you saying that I should be happy about inflation
or other problems?

Counselor: Not necessarily. There are a whole range of feelings between
worry and happiness. It's okay to be concerned about a situation,
and that concern can be a motivator for constructive action. But
it seems like the feeling you're experiencing is much more intense
and longer-lasting, and may even be self-defeating. Do you know
what I mean by self-defeating?

Client: I don't think so.

Counselor: Because you're often tense, you don't sleep well. Your thinking
about this situation is often unclear because you're exhausted
and distressed. Who would you want solving a problem for you--
a relaxed, well-rested, clear-thinking individual, or someone
who is tired, tense, and muddled in his or her thinking? Your
worry is actually self-defeating. You'd like to make things
better, but your excessive worrying may be blocking your path.

Client: I would prefer to be the calm, clear-headed person. But how can
I put all of this out of my mind? I can't control what I think
about.

Counselor: It may surprise you, but we do have quite a bit of control over
our thoughts or the images that are in our mind. Our control
over our thoughts may not be perfect, but we can replace faulty
ideas with ones that make more sense to us. For example, when
you find yourself focusing on inflation and other problems, try
thinking over and over to yourself the following sentences: "I
can't control what happens with the nation's economy; no single
individual can. It's silly and a waste of time to worry about
things I can't control." If you try that every day for the next
week until we meet again, I think that you'll feel at least a
little better. Are you willing to try it and see what happens?

Client: Sure, I'll give it a try. But I'm still confused about what
things I can control and what things I have no power over.

Counselor: Let's spend the remainder of today's session starting to sort
that out now, and we'll continue to work on that in our next
session. How does that sound?

Client: Good. I feel a little bit better already. I think I have a
little better perspective on some things.

This particular session might have continued with the counselor helping the
client to clarify specific areas of control (e.g., reading a book about inflation
to make the problem more intelligible, identifying stores to shop at that are
making a voluntary effort to hold down prices through cost-cutting measures).
As can be seen, cognitive processes are causative or exacerbating factors that

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can produce a great deal of distress, and they are an area in which clients can make significant change and exercise a great deal of personal responsibility. Counselors can do a great deal in assisting others to understand and accept responsibility for themselves.

A discussion of cognitive processes would not be complete without a reference to Hans Selye's generalizations regarding a purpose or philosophy of life. In Stress Without Distress (1974) he summarizes his views in stating that:

> The aim of life is to maintain its own identity and express its innate abilities and drives with the least possible frustration. To remain healthy, man must have some goal, some purpose in life that he can respect and be proud to work for. Each person must work out a way to relieve his pent-up energy without creating conflicts with his fellow men and, if possible, to earn their good will and respect. (p. 103)

According to Selye, each of us needs lofty long-range goals that require hard work and the use of our potential. However, these goals must be within our limits to avoid the distress brought on by needless frustration. A practical strategy for helping clients set achievable short- and long-term goals is presented in the next section.

Selye (1974) also advocates that we "earn thy neighbor's love" (p. 126). To do this we make ourselves as useful as possible not only to our "neighbors," but to others who are close to us. This would include those with whom we feel spiritual or intellectual kinship as well as those who are geographically near us. The counseling implications of Selye's philosophical position include the importance of encouraging clients to reach out to others as a way of both relieving and preventing distress. Distressed individuals are often absorbed in self; and in the act of serving or helping others, clients are not only using their abilities but practicing a valuable stress management technique as well.

Selye (1974) offers several suggestions based on his research into the physiological effects of stress. These include the following:

1. Exercise your body and mind. Activity is a biological necessity, and unused muscles and organs lose their efficiency. Inactivity deprives you of an outlet for the urge to create and build.

2. Maintain a positive perspective. The distress you experience is not inherent in the task, but instead in the perspective you have about that activity. "Whether we call our activity exhausting work or relaxing play depends largely upon our own attitude about it" (p. 136).

3. Realize that it is not harmful to work hard for something you want, providing it is something that is your choice—not that of friends, family, or others.

4. Cultivate simplicity in your life-style as a way of avoiding unnecessary distress and earning your neighbors' respect.

5. As much as possible dwell on the pleasant aspects of your life and on things you can do to improve your situation. Minimize paying attention to the painful and ugly.

6. Avoid frustration when confronted by failure through the process of taking stock of past accomplishments. This not only minimizes distress but increases the self-confidence you need to obtain future successes.

Selye's recommendations are not new, but their value comes from his unique perspective on their biological implications for the human organism.

The concepts and techniques presented in this section represent powerful methods of stress prevention and management. Once learned, these processes can provide clients with the strength and skills they need to combat the unnecessary effects of future stressors. This discussion serves as a natural bridge between the earlier sections on self-awareness, holistic approaches to wellness, and relaxation techniques, and the following section on action-oriented interpersonal processes to stress management.

<div align="center">

People Helping People:
Interpersonal Approaches to Stress Management

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Counseling is built on the premise that people can help one another. Another basic assumption is that helping skills can be taught through counselor education programs, workshops, and other structured methodologies. Pine (1974) advocates that we "give away" counseling skills to lay people so that the influence of counselors can be more widely felt.

Psychological education (Cottingham, 1973) teaches individuals preventative skills and understandings (decision-making, conflict resolution, problem-solving) that facilitate the resolution of normal developmental issues. This learning can be accomplished through curriculum innovations (Sprinthall, 1973), consultation with teachers (Patterson & Sikler, 1974), and training workshops (Gray & Tindall, 1974). This section explores ways that counselors can provide clients with interpersonal skills and strategies that not only will serve to remediate distress, but will also help immunize them against some of the ill effects of future stressors.

Cohen (1978) points out the importance of social support in assisting individuals to cope with distress. She cites Cobb's (1976) definition of social support as information that leads the person to believe that "he is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligation" (p. 300). Cohen also notes Gore's (1973) study of unemployed factory workers which revealed that men whose wives offered them support displayed fewer symptoms of stress than men who did not receive such support. A goal of counseling can be to strengthen a client's already existing support system (family, church, work group), or assist the client in developing new networks that will provide the necessary caring and sense of belonging.

In addition to providing systems of social support, the activities suggested in this section address another common counseling concern--helping clients translate new self-awareness generated during the counseling process into appropriate behavior changes that persist over time. Insight alone is usually not enough to cause a person to adopt the stress prevention and management strategies (modification of diet, exercise, use of relaxation techniques, and other homework) discussed in the counselor's office. Because a frequent accompaniment to distress is a sense of powerlessness and paralysis regarding the stressor, it is important that clients learn strategies that increase their sense of personal efficacy. The interpersonal processes described below not only provide a sense of social support, they are also a means of translating insights and cognitive understandings into more healthy modes of functioning that increase feelings of personal power and encourage self-responsibility.

Action Goal Setting

A practical strategy to help clients change behaviors related to stress prevention and management is Action Goal Setting (Sparks, 1978; McHolland & Trueblood, 1972). This process may be used in individual counseling, but it is most effective in a group situation. The counselor introduces participants to this technique by informing them of the two main purposes of Action Goal Setting: (a) to give them the opportunity to put into practice some of the things they have learned about stress management with the assistance and support of their peers and the counselor; and (b) to help them learn how to establish goals in a way that will increase the likelihood of their completing them successfully. The counselor then explains that one reason people do not achieve what they want in their lives

is because they have not had the opportunity to reflect on their goals or to make plans for attaining them. Related to this, the ways in which goals are stated influences the probability of their attainment.

Clients then answer the following questions about their goals as a method of clarifying their purposes and plans:

1. Is the goal achievable in the time span available for its completion? Sometimes people attempt to do things that cannot reasonably be accomplished in the time allotted to the task (e.g., a person who is not physically active sets the goal of running five miles at one time within a week).

2. Does the achievement of the goal rest on circumstances or persons that are beyond your control? Many people fail to reach their goals in life because they allow themselves to become overly dependent on others (e.g., "I'll improve my diet when my wife improves hers"). This is also a way some individuals avoid taking responsibility for themselves.

3. Do you believe that you can achieve this goal? Do you want to achieve this goal? These questions cause clients to examine their motivations for setting a particular goal; unless the goal has personal significance to them, it is un- likely that they will achieve it. It is certainly appropriate to establish goals that may be pleasing to others, but it is important that individuals feel as if they have freely chosen their objective.

4. Is the goal measurable, so that you will know if you have achieved it? Vague goal statements ("I want to reduce my distress") probably mean that individuals have not clarified what they would like to do, or that they are not really committed to behavior change.

5. Is the goal stated without an alternative? If the new behavior is important enough for the client to desire to work towards its attainment, the goal should not be stated as an either/or proposition (e.g., "I'll start meditating daily or take a workshop in assertiveness training").

6. Will the achievement of this goal be physically or emotionally injurious to you or anyone else? This question causes clients to consider seriously the possible consequences of their actions.

After the purposes and criteria for Action Goal Setting have been reviewed, the counselor explains the next stage in the process to the participants. At each future meeting of the counseling group (or less often if desired by the counselor) every participant is asked to select a goal related to some aspect of stress management and share it with the group (with the counselor in individual

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counseling). On some occasions the counselor might choose a very specific goal area ("*Set a goal related to improving your diet*"); on other occasions, the choice of goal can be left completely to the client, or stated more broadly ("*Set a goal to do something based on a personal learning that you have experienced during counseling*"). At the next group meeting each person is asked to review his/her goal, and to state whether or not it was achieved.

Action Goal Setting uses the dynamics of group assistance and support at the time a goal is established, and positive peer influence and accountability as motivators during the period of time the goal is to be accomplished. A dialogue in an Action Goal Setting group might be similar to that which follows.

The group has been asked to set a goal to "*do at least one activity that is a eustress for you in the next week before the group meets again.*"

George: *I find that listening to classical music is a eustress, and I don't ever seem to have time to do it. My goal is to listen to some Beethoven this week.*

Counselor: *Would anyone like to ask George any questions about his goal so that we can help him be more certain that he will accomplish what he wants to do?*

Chris: *What do you mean when you say you want to listen to "some Beethoven?" Do you mean five minutes worth, an hour, or what? It's not clear to me how much Beethoven it takes for you to feel good about listening to it.*

George: *I really hadn't thought very much about that part of it. An hour a day would seem really great!*

Counselor: *You mentioned that at the present you seldom seem to have the time to listen to classical music. We've talked in the past about how important it is to establish priorities. As a practical matter, where are you going to find the additional time that isn't currently available to you?*

Sue: *I was concerned about that, too. Would it be more realistic or achievable if you lessened the amount of time per day or the number of days during the week when you were going to listen to music?*

George: *I think that I need at least an hour at a time to really get into the music, but I probably wouldn't have to do it every day. I know where I can find some time if I really want to. Some evenings I watch several hours of television which I mostly don't even enjoy. I just seem to do it out of habit. I wouldn't mind making a commitment to do something different with some of that time.*

Counselor: *Would you like to modify your original goal statement?*

George: *Okay. My goal will be to listen to classical music at least four times in the next week for no less than an hour each time.*

Counselor: *Any other questions or comments regarding George's goal?*

Bob: *I have a lot of classical records at home that I'd be glad to loan you. It might motivate you to listen to something new.*

George: *Thanks, but I have a pretty large collection that I never seem to get to. If I can get in the habit of listening regularly, which I know will be really relaxing, I may take you up on your offer. I'm looking forward to doing this goal--I appreciate your help.*

As can be seen, this process helps clients clarify goal statements and assists them in planning for the successful completion of the task.

Although Action Goal Setting can be used in individual counseling, it works especially well in group settings because of the added power of peer support and influence. This approach also reinforces for clients the notion that behavior or life-style change is almost always necessary in a meaningful stress management plan, and that change occurs most successfully in small, incremental steps.

Challenge Process

Another practical interpersonal support strategy is the Challenge Process (Sparks, 1980). It is used to facilitate participants' behavior change through mutual support and idea-sharing in a stress management group or workshop. The Challenge Process consists of three parts: the <u>Challenge</u>, <u>Brainstorming Suggestions</u>, and the <u>Contract</u>.

The <u>Challenge</u> is a written expression by the client of an important issue or concern that is producing distress. The term "challenge" is used because it connotes a more positive, growth-oriented activity than does the word "problem." On the Challenge Sheet participants are asked to write clear, concise "challenge statements" about specific manageable issues rather than global, abstract complaints (e.g., *"I often feel tense at work because my boss gives me more things to do than I can do well,"* instead of, *"Work just doesn't seem to be going well for me"*). The Stress Inventory that was presented in an earlier section is helpful to clients in clarifying and generating challenge statements.

The <u>Brainstorming Suggestions</u> portion of this process is used to develop a long list of ideas and potential solutions listed by the group in response to the challenge statement. In most instances it is worthwhile to teach or review for participants the rules for brainstorming (don't evaluate any statements; feel free to present wild and offbeat ideas; generate a large number of suggestions; and build upon the ideas of others). The individual who presents the challenge (focus person) is asked to list the suggestions on the Challenge Sheet without comment or modification.

The <u>Contract</u> at the bottom of the Challenge Sheet requires that the focus person

Date:_____

Challenge Sheet

Challenge: _____

_____

_____

Brainstormed Suggestions:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Contract

I, _____ will _____

_____

_____

_____ by _____

Signature _____

Support Persons:

_____

_____

_____

_____

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integrate the brainstormed suggestions into a workable plan with the assistance
of the group. At this time the focus person may delete suggestions, ask clarifying
questions, or add new ideas to the list. A course of action is then developed,
with a completion date specified for the contract. Group members may offer various
forms of support, including encouragement, the loan of books or other materials,
and others. Contracting often serves as a clarifying, motivating, and reinforcing
activity (Krumboltz & Shapiro, 1979).

The Challenge Process is best implemented in groups of four to six participants.
Larger groups can be subdivided to obtain the desired size. Presentation of the
focus person's challenge need not exceed three minutes, with the brainstorming
and contract phases taking three minutes and five minutes respectively. A group
of four participants can complete the cycle in approximately one hour. This
process has been taught to high school students, teachers, and parent groups, and
could be modified for use with almost any client population.

An illustration of the Challenge Process might be helpful at this point.
A parent in a workshop for single parents wrote as her challenge statement:
*"I am feeling a lot of tension because our 14-year-old son has become very
difficult to control lately, and for the past few weeks he has been coming home
two or three hours after his 10 p.m. curfew. When he's out late I wait up for
him, we usually have an argument, I don't sleep very well the rest of the night,
and I feel terrible the next day. The pressure is getting worse and it never
seems to let up."*

The other four parents in her group asked several clarifying questions to
determine what had been tried and how those strategies had worked (*What is your
son doing when he's out late? What do you say when he comes home?*). Ideas
generated during the three-minute brainstorming session included reading Parent
Effectiveness Training, locking the door at the curfew hour and going to bed,
talking with a family counselor, having a family meeting to discuss the problem,
ignoring the late arrival home, talking with other parents to find out what they
had tried, and recognizing that she might be upsetting herself unnecessarily by
catastrophizing a fairly common adolescent problem.

After the brainstorming activity, the focus person asked several questions
about the suggestions that were offered (*What is Parent Effectiveness Training
about? What might be some of the consequences of ignoring the behavior? What
happens at a family meeting?*). Finally, a contract was agreed upon that incor-
porated several of these suggestions. It stated: *"I (parent's name) will read*

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Parent Effectiveness Training so that I can get ideas that might lead to a more effective family meeting. The family meeting will be held in the next two weeks so that my 14-year-old son, 10-year-old daughter, and I can more calmly discuss how each of us sees this situation and I can ask for their advice."
The participants agreed to review her progress at the next weekly session of the group, and to listen to her report on the family meeting in two weeks. A member of the group also offered to lend her Parent Effectiveness Training and to discuss the book's ideas with her if she so desired.

As this example illustrates, the Challenge Process provides an opportunity for the clarification of important concerns and can lead quickly to the development of plans for behavioral change. Once this process has been learned, it can be applied by clients in various situations throughout a lifetime. The sense of personal control that is a byproduct of both Action Goal Setting and the Challenge Process can be one of the most significant outcomes of counseling.

Professional Support Groups

There is a great deal of discussion currently about distress and burnout among helping professionals, teachers, and others. A method of addressing this problem is the professional support group that Kirschenbaum and Glaser (1977) advocate as a mechanism for ongoing learning and assistance to its members. They define a professional support group as "a small group of professionals, with a common area of interest, who meet periodically to learn together and to support one another in their ongoing professional development" (p. 3). While these groups are intended to be of value in relation to professional concerns, the ideas and guidelines apply to personal support groups as well.

Kirschenbaum and Glaser recommend a group size of 8-12 members who stimulate one another's thinking, offer practical help, and provide a sense of support. They suggest several possible formats for group meetings that also represent variations of counseling groups.

The "each-one-teach-one model" allows each member of the support group to take responsibility for the session on a rotating basis. The individual can speak on something of interest to him/her, facilitate a discussion, or invite a guest speaker to the session.

With the "structured model" every group member is asked to respond to a common topic or question so that the group understands the diversity of reaction to that issue. Part of the session can be used for "revolving focus time," during which any participant can have the group's undivided attention to discuss

an idea or concern. The group may simply listen, ask clarifying questions, or brainstorm alternative solutions to a problem. In this situation the focus person usually asks for a specific amount of time and type of support (*"I'd like ten minutes of focus time for you to help me think of some alternative ways to deal with this conflict I'm having with a colleague at work"*).

According to Kirschenbaum and Glaser, professional support groups may use several different learning modes to assist members. In the teaching-learning mode participants teach and le   from one another. The problem-solving approach places emphasis on the problems or concerns experienced by individuals. The practice mode allows members to demonstrate or role-play a situation and receive feedback from the group based on what they have observed. The action project method focuses on activities to bring about change in the community, work place, and the like. The professional support group may vary learning modes from session to session depending on the goals of the participants.

The professional support group can be applied in numerous ways to stress prevention and management. The counselor can invite participation in such a group by students, teachers, parents, or any other clientele that would share a common set of concerns. Counselors might also form such a group for themselves. Specific activities that could take place in a group could include brief presentations by members on the causes of distress, the importance of a good diet and exercise in stress management, or other informational activities. A participant might lead the group through the Stress Inventory, or the counselor could teach the "Challenge Process." The egalitarian nature of group membership suggests that everyone can learn and seek support from each other. This model frees the counselor from an authoritarian, omnipotent role as an expert on stress management as the teaching and learning takes place.

In Action Goal Setting, the Challenge Process, and professional support groups participants learn skills that transcend immediate concerns of stress prevention and management. Because they give support as well as receive it, clients are able to experience directly the eustress that often results from giving focused attention and caring to others. These processes can assist in remediating present distress, teach strategies for managing future stressors, and provide participants with the rewards that come from helping other human beings.

Counselor, Help Thyself

The holistic view of stress management presented here has emphasized the prevention of distress as well as its remediation. In both instances counselors must play a proactive role. To be useful to clients counselors must reach out to them in nontraditional ways with the skills and understandings required to prevent distress from interfering with their happiness and health.

Counselors who are obviously not handling their own distress well will hold little credibility with clients. Thus, an important aspect of this proactive approach is modeling by the counselor of someone who practices good stress management strategies. Counselors must not only have a good grasp of the theoretical understandings related to stress, but must also demonstrate the ability to implement appropriate practices in their own lives. Have you looked closely at your own stressors? Do you exercise regularly, monitor your diet closely, practice a relaxation technique, or belong to a professional support group? Counselors who are not models of self-awareness and continuing personal growth are not likely to inspire positive change in others.

It is also likely that counselors who are distressed will be less effective helpers. The self-absorption that often accompanies distress can obstruct active, empathic listening. Tension and ill health can undermine effective job performance. Van Auken (1979) lists a number of measures that counselors can practice to avoid distress and burnout. While his suggestions are addressed to those who work with youth and their parents, they are also generalizable to other settings. Van Auken's advice follows:

1. Avoid being taken in by [clients] seeking to abdicate their responsibilities. There is a distinction between becoming involved with a client as part of the counseling process and feeling responsibility for what happens to that person.

2. Keep meetings brief.

3. Respond selectively to emergency calls; not every situation needs your immediate attention.

4. Remind yourself that you are not omnipotent.

5. Keep a clear picture of what your professional objectives are; make certain that they are realistic and achievable.

6. Develop a circle of associates with whom you can discuss cases.

7. Maintain your sense of humor.

8. Do something nice for yourself when you feel the onset of burnout.

9. Remember that there are no ultimate solutions in anyone's life.

Essentially these suggestions remind us of the importance of keeping a realistic perspective toward the goals and limitations of counseling. Our own perfectionistic attitudes often produce distress because we have not lived up to our self-imposed, unrealistically high expectations. Disappointment and frustration are inevitable occupational hazards in the task of helping others; but we need not experience distress if we take the long view that change usually occurs slowly, in small steps, over a period of time.

A proactive view of counseling also means that counselors aggressively seek out new client populations and that they use a wide range of techniques to reach them. Krumboltz (1980) speculates that in the future counselors will use more group-based preventive techniques to help people develop more effective coping skills. McBeath (1980) advocates the use of consultation with parents and teachers, and suggests relaxation training as an appropriate subject for this consultation. She points out that teachers who learn relaxation techniques can in turn teach them to their students, and in this manner extend the preventive influence of the counselor.

Stress prevention and management is a complex subject. The topic is of dual concern to us as counselors: It affects our own life satisfaction and health, and it is an area of concern to our clients. Consequently, we must confront it in a personal sense as well as develop the skills and understandings to help others. As is true with other aspects of counseling, who we are is of at least as much importance as what we know. It is hoped that the information and strategies presented throughout this discussion will help you and your clients as you reach for a healthier and more satisfying life style.

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