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Do Women in Anxiety Support Groups Demonstrate Less Anxiety Than Those Who Are Not in Support Groups?

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To Everett, my husband and best friend, who because of his love, patience, and support has in his own special way made this possible.

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ABSTRACT

The effects of the therapeutic factors of the instillation of hope and the development of interpersonal skills, offered in a support group for working women with anxiety, were examine. Forty working women, who expressed having anxiety feelings, volunteered to participate in the study. Thirty seven participants did complete the study. Seventeen of the subjects were women who did not attend New Hope, a support group held monthly in a St. Louis area church for individuals who reported experiencing anxiety. Twenty of the subjects were women with anxiety who have attended New Hope. All of these women lived and worked in various occupations in the st. Louis and St. Charles metropolitan area. Using a pretest and a posttest of the Clinical Anxiety Scale 25-Item Category Partition scale, and a 15-item questionnaire, it was evident that based on the results of the Wilcoxon Matched Pairs Signed-Ranks Test that there was no significant difference found between the two groups. This indicated that working women in anxiety support groups, who reported having an instillation hope, and who have developed interpersonal skills, did not demonstrate less anxiety than those who were not in a support group. Further research is needed to determine whether support groups can help lessen anxiety in certain groups of women.

CHAPTER 1

Introduction

Anxiety disorders are a mental health problem that occurs with greater frequency than most individuals are aware. Research conducted by the National Institute of Mental Health has shown that anxiety disorders are the number-one mental health problem among American women and are second only to alcohol and drug abuse among men (Bourne, 1990). The term anxiety disorder is used in literature to refer to panic disorder, agoraphobia, social phobia, simple phobia, generalized anxiety disorder, obsessive compulsive disorder and post-traumatic stress disorder. It has been estimated that during the 1980's panic and anxiety disorders reached epidemic proportions (much as depression did in the 1970s). Even with the beginning of the 90's there appears to be no indication of any decrease in this trend (Bourne, 1990). This research will focus specifically on working women, who have experienced some generalized anxiety and who may have a panic disorder. It will look at how a support group may meet these women's needs of developing effective interpersonal relationship skills and maintaining a sense of hope.

Why are problems with anxiety so prevalent in women? According to DeRosis (1979) women who have

careers and families are living a very hurried life. They are caught in the drive for success and yet have to "keep it all together" at home (DeRosis, 1979). These high expectations of themselves are unrealistic and exhausting. Women feel disgraced by having to cut corners. They believe they should be able to do it all (Bourne, 1990).

The career woman is a new woman caught in an old bind. Rushing out to work may have been her choice, or it may have been a new responsibility she feels she should be doing (DeRosis, 1979). She continues to support her old expectations of doing everything she should for her family. No fundamental change has taken place when she simply plies herself with more responsibilities. Previously she was beating herself to be a supermom. Now she is beating herself to be both supermom and super working woman.

DeRosis (1979) commented that in order to change in a real sense, women have to begin to look at their expectations of themselves and their families in a different way. They have to recognize that they have limits of time, energy, and enthusiasm. If this does not occur, women will continue to remain high on the research studies as suffering from panic disorders (Bourne, 1990). Working women are finding support groups to be very valuable to address this issue. A

group format can motivate and maintaining their enthusiasm to learn the skills necessary for recover from their symptoms of anxiety (Bourne, 1990).

Groups are important in facilitating personal growth. According to Johnson and Johnson (1987), belonging to a group, which is supportive may be a very important aspect of an individual's life. The quality of a person's life may depend on the effectiveness of the group to which he or she belongs, and this effectiveness is largely determined by how he or she develops interpersonal relationship skills (Johnson & Johnson, 1987).

Why are groups so important? Everyone's personal identity is traced from the manner in which he or she is seen and treated by other members in the group. The majority of the day is spent interacting in groups; individuals are educated in groups, work in groups, worship in groups, and play in groups. Group interaction is important for socialization and education through all stages of life.

With the cooperation and coordination of others in a group, many goals can be achieved. When the resources to gain a common objective come from all individuals in a group, there are advantages for each member that could not be gained by individual action. The effectiveness of groups was noted because of the

productivity of the development of group skills, which is a necessary feature for the learning process (Johnson & Johnson, 1987).

A person's psychological health depends on how one effectively managing his or her relationships with other people. Anxiety, like other psychological problems, is likely to occur in difficult areas of interpersonal relationships (Donigian & Malnati, 1987). Considerable evidence indicates that social support may play an important role in suffering or moderating the effects anxiety has on psychological health (Cecil & Forman, 1990). Groups have been identified as an important source of social support: groups provide an environment in which people who have similar needs and goals can come together to share common exposure, there is an improvement in their coping skills to deal with life's changes (Cecil & Forman, 1990).

Johnson & Johnson (1987) defined a group as "a collection of persons who are in cooperative, face to face interaction, each aware of his or her own membership in the group, each aware of the others who belong in the group, and each getting some satisfaction from the participation in the group activities (p. 2). An effective group has three core activities: (1) accomplishing its goals, (2) maintaining itself internally, and (3) developing and changing in ways

that improve its effectiveness. A successful group has the quality and kind of interaction among members that integrates these three core activities. Group members must have the skills to eliminate barriers to the accomplishment of the group's goals, to solve problems in maintaining high-quality interaction among members, and to overcome obstacles to the development of a more effective group (Johnson & Johnson, 1990).

Group therapy was introduced because of the benefits people experienced as they interacted with one another, which allowed them to gain some satisfactions from their participation. From its introduction in the 1940's, group therapy has gone through many changes to meet the needs of the group members (Yalom, 1985). Since there are many styles of group therapy available today, it is best not to refer to them as group therapy but instead as therapies (Yalom, 1985). The number of group therapies has grown to incorporate support groups which have shown some evidence that group interaction does increase a person's awareness and ability to cope more effectively with situations that would affect his or her psychological health (Johnson, D.W., 1990).

There has been more concern with the psychological implications of fulfilling family and work roles simultaneously, with the increase of women in the work force. (Williams, Suls, Alliger, Learner and Wan,

1991). Clearly, not every working woman who experiences stressful life circumstances has an anxiety disorder. Even though there are a number of working women who do seem to benefit from a support group for their anxiety feelings, there is limited information available about how these support groups have helped (Yalom, 1985). This research may provide insight and a better understanding of how a support group may help working women who do have some problems with generalized anxiety and for those who may have a panic disorder.

In general, support groups do help individuals by instilling and maintaining a feeling of hope (Yalom, 1985). Group members, who do identify with others that have gone the same path as they, appear to have a personal commitment to gain something from the group. Since many self-help groups in the past have emphasized the importance of hope, this research will investigate how the instillation of hope and the development of interpersonal skills affects the working women in the 90's.

Chapter 2

Literature Review

Anxiety is an inevitable part of life (Sable, 1991). In many situations in everyday life it is appropriate to react with some anxiety. If an individual did not feel any anxiety in response to everyday challenges involving potential loss or failure, something would be wrong (Bourne, 1990). The word anxiety comes from a Latin word meaning a condition of agitation and distress (Bourne, 1990). Even though the term has been used since the 1500's, it is important that everyone understand what anxiety is and the effects it has on each individual. Anxiety can be distinguished from fear in several ways. Fear is usually directed toward some concrete, external object or situation. The feared event usually is within the bounds of possibility. A person may fear failing an exam or being rejected by someone he or she wants to please (Wolpe & Wolpe, 1988). When a person experiences anxiety, he or she may not specify what it is he or she is anxious about. The focus of anxiety is more internal than external (Swede & Joffe, 1987). It may seem to be a response to a vague, distant, or even unrecognized danger. For example, a person may feel anxious about "losing control" of himself or herself or some situation. Or he or she may feel a vague anxiety

about something bad happening (Sable, 1991).

When asked how many people suffer from anxiety, some researchers would state 100 percent (DeRosis, 1979). There must be a few people who do not, but one can assume that practically everyone does. Anxiety is nothing to be concerned about, unless an individual's health is seriously impaired (Wolpe & Wolpe, 1988).

Even though anxiety is a condition of life, it is something that nearly everyone has experienced in one form or another, in lesser or greater quantities, and at one time or another (DeRosis, 1979). Slight amounts of anxiety are not usually very troublesome, but a person can be aroused anytime if he or she feels unprepared to meet some new or unusual experience (Wolpe & Wolpe, 1988). Often anxiety may arise in a response to a specific situation or may be brought about by merely thinking about a particular circumstance.

DeRosis (1979) reported that because anxiety is something just about everyone has experienced at some time, it can apparently be well tolerated by indefinite numbers of people. Most bouts of anxiety are of a low-grade variety and are self-limited (Bourne, 1990). The majority of anxiety episodes can subside without intervention (Barlow, 1988). A large number of persons learn to ignore their anxiety, defend against it, deal

with it, or wait for it to dissipate (Bourne, 1990). They manage to keep it from interfering substantially with their activities or with the state of their physical and emotional health (DeRosis, 1979).

Despite this there is a larger number of persons who are sufficiently unsettled, so that they are critically hampered in their work, play, study, sex, and relationships (Weeks, 1978). The Commission on Mental Health has found that approximately ten percent of the population of the United States, or 20 to 30 million people, have experienced some type of generalized anxiety disorder in 1990 (Bourne, 1990). According to Sable (1991), anxiety disorders are considered to be the most prevalent and distressing to women.

Women with low-grade anxiety function well as a rule. They go about their social, business, or family life without serious interference (DeRosis, 1979). They can feel content, enjoy working, and perform at top level, they are satisfied with their families and general outlines of their lives (Bruce & Lader, 1991). At times, they feel a vague undercurrent of dissatisfaction regarding their personal lives, as unrelated to anyone else. Something seems to be missing, something elusive that they cannot identify but feel is always just beyond reach (Picone & Kirkby,

1990). DeRosis (1979) reported that women often ignore this feeling and "that they have a good life...everything to be thankful for....a caring family...health children...a stable job and good health" (p. 30).

Yet small, gnawing, searching feelings occasionally overcome them, making them restless. That restlessness drives them into activities that may or may not be advantageous (Picone & Kirkby, 1990). Restlessness can accompany the feelings of apprehension, which can drive them to the point at which they feel they must "run" to get away from those frightening feelings, which may lead to panic attacks (Bruce & Malcolm, 1991). Panic attacks may induce physical symptoms which consist of palpitations, chest pain, dizziness, shortness of breath, dry mouth, lump in throat, and abdominal distress (Clark, Leslie & Rolf, 1992). These and other feelings often seem irrational and inexplicable. Whether a woman is dealing with generalized anxiety or with panic attacks, it is important for her to become aware that there is not one cause which, if removed, would eliminate the feelings (Bourne, 1990).

When considering the terminology associated with anxiety and panic disorder, certain terms require clarification. Swede and Jaffe (1989) stated that

panic attacks are distinct episodes of acute fear. Women have described them as an overwhelming feeling of impending doom. They believe that they may faint, or even die on the spot. Very often panic is, also, accompanied by a sense of unreality (Swede & Jaffe, 1989). Many individuals believe that there is nothing in the immediate environment to cause such feelings, and they begin to think they are having emotional problems (Bourne, 1990). People fear the stigma or have negative association with these problems so they do not discuss what they are feeling, and a pattern of avoidance is set up (Swede & Jaffe, 1989). Over time, a habit is established, and most of the time these individuals do not receive help from professionals with appropriate expertise (Pallard, Henderson, Frank, & Margolis, 1989).

According to Swede and Jaffe (1987), agoraphobia (or panic disorder, the newer term) refers to the seemingly spontaneous panic attack which is being discussed previously. Even though these terms are used interchangeably, it is important to make the distinction between agoraphobia and the so called simple phobias such as fear of thunder, cats, and other things which are called "outside" fear. Panic disorder, on the other hand, is an "endogenous" fear (meaning, coming from within) (Swede & Jaffe, 1987).

Anxiety feelings are brought about by a variety of causes operating on many different levels (Clark, Leslie, & Rolf, 1992). These levels include heredity, family background and upbringing, conditioning, recent stressors, self-talk, interpersonal relationship skills, lack of hope, and so on (King & Endler, 1990).The causes of anxiety feelings vary not only according to the level at which they occur, but also according to the time period over which they operate (MacLeod & Mathews, 1991). Some are predisposing causes of anxiety such as genetic factors, which sets an individual up from birth or childhood to develop panic or anxiety later in their life (Barlow, 1988). Recent or short-term, causes of anxiety may trigger the onset of say, panic attacks or agoraphobia (Bourne, 1990).

A number of popular theories linked to certain conditions and/or symptoms with panic disorder. There is a need to discuss why more women have this problem. Sable (1991) pointed out that young girls generally have a more receptive, waiting attitude than boys. If they perceive a danger out there, they are not as apt to run to meet it head on. Thus they can more easily fall into the habit of avoiding a situation if they choose to emphasize the "dangerous" aspect it represents. Swede and Jaffe (1987) explain that young

boys, on the other hand, have a different orientation. Testosterone, the male hormone, creates in young men much more of a drive to go out and meet the danger. Boys also tend to be more active physically (Swede & Jaffe, 1987). According to Sable (1991), this attitude is derived partly from traditional psychological theory which views normality and maturity from a male perspective and in terms of the person's developing independence, without considering the importance of interpersonal relationships.

Other conditions that may contribute to a young women experiencing anxiety are lack of proper nutrition and poor physical health, which can have a harmful affect on the glandular system and particularly on the menstrual cycle (Barlow, 1988). According to Picone and Kirkby (1990), such conditions can cause swelling in the brain and other tissues before menstruation, making the panic attacks more likely to occur. All these factors may weight the balance "in favor of women" (Burlow, 1988).

Since a woman is more likely to experience anxiety feelings, how would she be affected by trying to meet the demands of different roles? Williams, Suls, Alliger, Learner, and Wan (1991) report that when roles are juggled, goal-oriented behavior in work is interrupted by the demands from family. Interruption

of behavior is associated with anxiety and the negative affect may be responsible for increased perceptions of work-family conflict in employed women.

Biernat (1990) explains that there needs to be a focus on the relative balance between conflict and enhancement as an alternative way of conceptualizing role perceptions that can incorporate the independence of these roles. This balance presupposes that what is relevant for health and well-being is whether a women derives more enhancement than conflict from multiple roles (Loike, 1992). Beirnat (1990) states that regardless of perception of enhancement women who perceived their roles as conflicting were more anxious and less satisfied. The many roles a woman may have to deal with, are not as important as how she perceives her roles and the changes that are involved. According to McLaughlin, Melber, Billy, Zimmerle, Winges, and Johnson (1988), anxiety can be either an immobilizing force or a catalyst to change. In order for women to use anxiety to move them towards health, they must understand its nature and its relationship to the process of change. As women have fought to break out of old inhibiting institutions, they are now struggling harder to free themselves of anxiety-producing conditions that hold them back (McLaughlin, Melber, Billy, Zimmerle, Winges & Johnson, 1988).

Reifman, Biernat, and Lang (1991) stated that as women continue to deal with change and their fears of the unknown, more women will become involved in countless new activities, associations, and groups to deal with their thoughts and feelings. Cecil and Forman (1990) found that working women, who participate in a group that teaches methods to reduce anxiety feelings, had a significant reduction in self-reported anxiety while at work and at home. Cooper and Davidson (1982) state that support groups appear to offer a good strategy for building social support, which also builds a woman's interpersonal relationship skills.

The association between support groups and their effects on working women, who experience anxiety feelings, has been greatly neglected in the field of psychological research (Alissi, 1980). Much literature exists about the aspects of anxiety and how it affects working women and the therapeutic aspects of groups, but few studies have been conducted to examine the causal relationship between the two (Donigian & Malnati, 1987). DeRosis (1979) concluded that research has not actually shown that women do have more anxiety feelings than men. Men tend to have a higher risk of developing an addictive disorder than women. This may be simply another outcome of how a person tries to cope with their anxiety feelings (Bourne, 1990).

Walker, Guebaly, Ross, and Currie (1992) point out that although women may seek help from sources such as family and friends, clergy, traditional healers, and self-help groups, little research has been done on these informal, nonprofessional sources of help. A study by Walker, Guebaly, Ross, and Currie (in Starker, et al., 1986) demonstrated that surveys of self-help group members and professionals indicated highly positive attitudes concerning the confidence of groups for the delivery of programs in a group self-help setting that offers hope. Johnson, Johnson, Stanne, and Garibaldi (1990) point out that individuals working together in a group will result in greater individual achievement than will working alone. In 1990 Johnson, Johnson, Stanne, and Garibaldi (in Sarason, et., 1983) further explained that the impact of interpersonal learning in a group setting helped individuals to be more aware of their own role in determining their success. Alissi (1980) stated that support groups do offer a wholesome social milieu for an individual even though some support groups are still experimental and untested.

According to Donigian and Malnati (1987), through group interactions an individual may correct his or her faulty thinking that can lead to destructive attitudes and actions. A feeling of belonging to each other may

also emerge. This will greatly diminish the feelings of alienation and loneliness that engulf an individual and that may lead to maladjustment and unhappiness (Donigian & Malnati, 1987). Yalom (1985) states that support groups in general do help individuals by the instilling and maintaining of hope. Many of the self-help groups that have emerged in the past decade place a heavy emphasis on the instillation of hope. Members develop a strong conviction that they can be best understood by someone who has trod the same path as they and who has found the way back (Yalom, 1985).

Participants in a support group often have problems of an interpersonal nature, which are ideally explored in a group context (Corey and Corey, 1982). Corey and Corey (1982) explain that personal-growth groups, which are often led by paraprofessionals, offer an intense experience intended to help relatively healthy people function better on an interpersonal level. Teyber (1992) reported that people behave in ways that systematically elicit responses from others that avoid or minimize the experience of anxiety.

From whatever perspective an individual may view groups, he or she will find that interpersonal relations play a crucial role of how an individual develops their internal image of himself or herself (Yalom, 1985). According to Yalom (1985), an

individual is by nature committed to social existence and is, therefore, inevitably involved in the dilemma between serving his or her own interests and recognizing those of the group to which he or she belongs. This dilemma can be resolved by the fact that an individual's self-interest can best be served through his or her commitment to other individuals. People need people for initial and continued survival, for socialization, for the pursuit of satisfaction. No one transcends the need for human contact (Yalom, 1985). Even though people need people for initial and continued survival, it is important for individuals to learn how to interact with each other (Egan, 1977). A group is a place where a person may strengthen or change his or her usual manner of relating to other people (Michaelsen, Watson, & Black, 1989).

Whatever reasons a person may have for coming to a support group he or she may discover new ones during actual participation (Egan, 1977). This is clearly seen in support groups that deal with women, who have anxiety feelings. The purpose may be to get together with other women, not only as a means to socialize, but also to help each other with problems as they arise. When people see others getting better, they realize there is hope (Swede & Jaffe, 1987).

The purpose of the study is to gain a better

understanding of how working women, who suffer from anxiety feelings and attend a support group for their anxiety, will benefit from the experience of what they have learned and shared. The hypothesis of this study is that working women in anxiety support groups demonstrate less anxiety than those who are not in a support group. Attending a support group, will help women gain the therapeutic factors of the instillation of hope and the development of interpersonal skills.

This exploratory study will add to our understanding of the woman in the 90's based on the quality of life of the women who attend support groups for anxiety feelings and are involved in the research. The intent of the study was to explore how a support group, which teaches coping skills for anxiety, effects women who are employed and state they have feelings of anxiety. There will be a focus on the importance of the instillation of hope in a group, and the role that interpersonal relationships play in how a woman develops her internal image.

Chapter 3

Method

Subjects

The sample consisted of 40 women. Three of the 40 women declined to participate in the study. The participants in this study were 37 working women who agreed to participate after the researcher explained the stated purpose. These women worked in various occupations in the St. Louis and St. Charles metropolitan area.

Seventeen of the women were working women who were a sample of convenience and did not attend New Hope. New Hope is a support group held monthly for individuals in a St. Louis area church, who have reported experiencing anxiety. The group is directed by the researcher to teach individuals different ways, such as through the development of positive thinking and communication skills, to be able to find effective strategies to reduce or manage feelings of anxiety and maintain a sense of hope. Twenty working women with self reported anxiety attended the New Hope monthly meetings.

The two groups are referred to as: New Hope member (Group 1), and non-New Hope members (Group 2). The groups consisted of working women who ranged in age from 28 to 62, with the median age being 41. The

number of years the subjects worked ranged from 19.98 years for group 1 to 18.56 years for group 2 (X = 19.34). All are currently working except for one woman from group 1. Twenty three of the women from group 1 and 2 were currently married. There were three who were single, and three who were widowed. Four of the subjects were divorced. Eighteen women in group 1 had children, and eleven women in group 2 had children.

There were two African American women and one Caucasian, which were the participants in group 2, who did not complete the study. All the participants in group 1, were Caucasian women. Eighteen members of group 1 and fifteen member of group 2 completed high school. Twelve members of group 1 and eight of group 2 had degrees beyond the high school level. Each of the participants in both groups was a resident of the St. Louis or St. Charles area.

Subjects were treated in accordance with the ethical standards of Research with Human Participants. The women were assured of their anonymity by the exclusion of identifying demographic information or identification of group affiliation. The women, who offered to take part in the research, volunteered to participate, because each of them had some interest in the subject being researched.

Design

The design used in the analysis of the data was a nonparametric presentation of two matched pair samples. A nonparametric statistical technique (Wilcoxon Matched Pairs Signed Ranks Test) was used because of the data collected. Another reason for the use of the nonparametric technique, was that the subjects served as their own control group in a pretest-posttest design. The issue of the number in the sample was also a consideration when the choice of the design was made.

Instrument

The Clinical Anxiety Scale (CAS) is a 25-item category partition scale developed by Westhuis and Thyer (1989) to gather from individuals suffering from anxiety, relevant information including a client's anxiety level before, during and/or after a treatment program, and as a self-report outcome measure for single subject research designs with anxious clients. Thyer offered the CAS for use in this study. The CAS was not modified. A copy of the CAS appears in Appendix D.

A 15-item questionnaire was constructed by the researcher to supply information about the working women's demographic characteristics and information pertaining to their feelings of anxiety. The 15-item instrument was developed to measure the importance of

functions of a support group (see Appendix B). These items were selected based on the literature, the personal experience of this researcher, and the recommendations of the thesis committee members. The items rated by the participants were answered with either a yes or no response. These 15-items represented two main categories of group functions: the instillation of hope and the development of interpersonal skills.

Procedure

Subjects identified in the described way, were sent the Clinical Anxiety Scale (CAS) and the 15-item questionnaire. Subjects also were sent an agreement form summarizing the terms of their participation (Appendix A). Screening use of the CAS has been described previously. With reference to the 15-item questionnaire, subjects were asked to respond yes or no response to each question according to the extent to which that given person felt appropriate at that stage of their life.

Each of the two groups of women were sent on two occasions a packet of information that explained the general intent of the research, which was to determine whether therapeutic qualities of anxiety support groups did decrease working women's anxiety. Confidentiality was assured by omitting identifying information from

the questionnaires and by having each participant complete the study at home and return it in the provided self-addressed, stamped envelope. They were asked to complete both studies, one in March of 1993 and the other in August of 1993 and to return their replies within three weeks. From the first group in March of 1993, 37 of 40 or 93% questionnaires were returned. After receiving the first questionnaire, three of the women declined to participate in the study. From the August group of 1993, 37 of 37 or 100% were returned.

Chapter 4

Results

The results of the Wilcoxon Matched Pairs Signed-Ranks Test appear in Table 1. It is evident that the results of the analysis of both group 1 and group 2 failed to demonstrate a significant difference between the first and second tests, Group 1: $T=41$, $p>.05$ alpha level, $n=20$; Group 2: $T=42$, $p>.05$ alpha level, $n=16$. Consequently, the data failed to reject the null hypothesis, that working women in anxiety support groups demonstrate less anxiety than those who are not in a support group.

Table 1

Results of the Wilcoxon Matched Pairs Signed Ranks Test

Group 1			Group 2		
Scores	Rank	Sign Rank	Scores	Rank	Sign Rank
18	11	11	0	*	
- 4	3	- 3	3.33	2	2
-12	9	- 9	- 9	8	- 8
- 3	2	- 2	-12	9	- 9
6	5	5	7	7	7
2	1	1	- 6	6	- 6
- 2	1	- 1	4	4	4
9	7	7	-3.96	3	- 3
- 5	4	- 4	7	7	7
-20	13	-13	5	5	5
-10	8	- 8	28	11	11
19	12	12	2	1	1
9	7	7	2	1	1
4	3	3	19	10	10
21	14	14	4	4	4
- 7	6	- 6	- 2	1	- 1
9	7	7	2	1	1
- 2	1	- 1			
13	10	10			
18	11	11			

* "0" is dropped from n and from the rank

E+ = 88
E- = 47
T = 41
n = 20

E+ = 61
E- = 19
T = 42
n = 16

A rather surprising result was the failure to see a difference in group 1 and group 2 as it related to their stated levels of anxiety. A Chi Square analysis of the two groups level of work related anxiety, indicated no difference between the groups (alpha = .05, df = 3). Consequently, the two groups seemed to be similar in their stated level of work related anxiety.

Table 2 contains data that concerns group 1 and group 2 responses to the 15-item questionnaire. The table will provide an analysis of questions 4 through 16. These questions addressed how each woman felt about her anxiety and the effects it may have had on her. Support groups were addressed by questioning participants if they had ever attended New Hope or any other support groups for anxiety. If they never had been to a support group and had never sought help for their anxiety, they were asked to state what did help them. Again, to permit a comparison with groups 1 and 2, a yes, no, or not sure response was given by each participant.

Following table two is table three. This table provides a separate analysis of question 13b for both groups 1 and 2. Question 13b asked the average number of times they had attended any support group. The choices of times attended consisted of: 1-3, 4-5, 6-10, 12 or more.

Table 2

Group 1 and Group 2 Replies to the 15-Item Questionnaire for Questions 4-16

Group 1 Question	Yes	No	Not Sure
4	19	1	0
5	18	2	0
6	18	2	0
7	14	6	0
8a	19	1	0
8b	17	2	1
9	10	10	0
10	17	0	3
11	14	0	6
12	13	1	6
13a	20	0	0
14	20	0	0
15	0	0	0
16	0	0	0

Group 2

Question	Yes	No	Not Sure
4	12	5	0
5	12	5	0
6	14	3	0
7	10	3	4
8a	16	0	1
8b	4	4	9
9	4	11	2
10	4	0	13
11	5	0	12
12	4	0	13
13a	7	10	0
14	0	17	0
15	1	0	0
16	4	0	0

Table 3

Group 1 and Group 2 Replies to the 15-Item Questionnaire for Question 13b

	Number of Times Attended				
	1-3	4-5	6-10	12+	Unsure
Group 1	2	1	4	13	0
Group 2	0	2	1	4	10

In Table 4 below, appears the Clinical Anxiety Scale (CAS) scores for the pretest and posttest of group 1 and group 2.

Table 4

The Clinical Anxiety Scale (CAS) for the Pretest and Posttest of Group 1 and Group 2

	Group 1	Group 2	Total
N =	20	17	37
CAS Score #1	$\bar{X}$ = 30.2 SD = 17.04	$\bar{X}$ = 27.68 SD = 16.85	$\bar{X}$ = 29.041 SD = 17.232
CAS Score #2	$\bar{X}$ = 27.05 SD = 13.71	$\bar{X}$ = 24.71 SD = 19.23	$\bar{X}$ = 25.976 SD = 16.743

NOTE: The scores are represented by CAS Score #1 as being the pretest and CAS Score #2 as being the posttest.

Chapter 5

Discussion

The results of this study could not show clearly that women with low-grade anxiety function well as a rule. DeRosis (1979) stated that women may go about their social, business, or family lives without serious interference from low-grade anxiety. This may have been a reason which may have affected the results. On the other hand, the association between support groups and their effects on working women who experience anxiety has been greatly neglected. Alissi (1980) stated that support groups do offer a wholesome social median for an individual even though some support groups are still experimental and untested. According to Yalom (1985), from whatever perspective individuals may view groups, they will find that interpersonal relations play a crucial role of how they develop internal images of themselves. Even though this was not clearly seen by the results of this study, it is important to learn that people are more hopeful when they see others getting better (Swede & Jaffe, 1987).

The present study failed to discover a difference between the working women's anxiety in those who are in a support group and for those who are not in a group. In speculating as to the meaning of this result, one may point to several reasons for the rejection of the

hypothesis. These reasons may very well be threats are listed in Huck, Cormier, and Bonds (1974).

In this study, an event may have occurred either before or during the time of the testing, which may have had an effect on the dependent variable. Attending other groups or getting counseling could have occurred in both groups of working women during the five month period between the pretest and the posttest. This may have affected how the subjects viewed their anxiety level at the time of testing.

Another limitation may have been the length of time between the pretest, given in March of 1993 and the posttest given in August of 1993. With having a five month period between the pretest and posttest, it is difficult to know precisely what events took place in the subject's lives that may have affected how they viewed their level of anxiety. One factor, which may be important in light of the results, was pointed out in Huck, Cormier, and Bonds (1974). They stated that the greater the time between plausible the hypothesis of history becomes.

Another obvious limitation in this study is the changes, which happen in the biological or psychological processes that occur over time. These may have affected the observation or the data being analyzed. It is possible that the biological changes,

that may have occurred in some of the women in both groups over the five month period, could have caused a significant difference between the pretest and posttest results. According to Picone and Kirby (1990), certain biological changes may contribute to how women experiences anxiety. These biological changes, such as in a women's menstrual cycle, can weight the factors in favor of these women experiencing more anxiety feelings. It is, also, possible that the effects of the social pressures in regard to the subject's career and family decisions may be another factor that affected the results of the pretest and posttest. Bourne (1990) stated that women feel disgraced by having to cut corners. Women, also, believe they should be able to do it all.

The effect of being tested and the Clinical Anxiety Scale instrument used may be a factor to consider as a limitation. The researcher did not know if changes in the pretest and posttest scores were different because the participant's anxiety had changed, or it if was because they were more familiar with the test at the time of the pretest. Perhaps the changes in the women's lives either in a positive or negative way could have affected their attitude about the test. This may have possibly affected the results making them either higher or lower than the first time.

The findings of the Clinical Anxiety Scale instrument did not validate that working women in anxiety support groups demonstrate less anxiety than those who are not in a support group. Yalom (1985) noted that even though there are a number of working women who do seem to benefit from a support group for their anxiety feelings. There is limited information available about how these support groups helped. According to Alissi (1980), support groups do offer a wholesome social milieu for an individual even though some support groups are still experimental and untested.

Finally, how the therapeutic factors of the instillation of hope and the development of interpersonal skills are gained by women attending a support group was unable to be proven by data obtained from the 15-item questionnaire. In general, as stated in Yalom (1985), support groups do help individuals by the instilling and maintaining of hope. In 1990 Johnson, Johnson, Stanne, and Caribalde (in Sarason, et., 1983) explained that the impact of interpersonal learning in a group setting helped individuals to be more aware of their own role in determining their success.

Working women certainly experience more difficulty with anxiety than was evident by the results of this

study. The implications of this are that more attention needs to be placed on how support groups do help working women who have anxiety feelings. Further research is needed to address the issues of how the therapeutic factors of the instillation of hope and the development of interpersonal skills do help individuals. This study did not examine the differences between working and nonworking women's anxiety levels, and how certain cultural issues could have affected the research. Another area this study did not investigate was how men and women differ in dealing with their anxiety. This may be another area open for further research.

Appendix A

CONSENT FORM

Name of Participant: _____

Phone: _____

Address: _____

_____

Title of Project: DO SUPPORT GROUPS DECREASE ANXIETY IN WORKING WOMEN?

1. Anna Addis, who is a candidate for a master's degree in counseling at Lindenwood College, has requested my participation in a research study at this institution.

2. I understand the purpose of the study is to explore how support groups do help decrease anxiety in working women.

3. My participation will involve a response to a questionnaire and the 25-item CAS Anxiety Scale.

4. I understand that my name will not be used in this study.

5. I understand that my participation in this research study may be extremely valuable to others who have experienced it in the future. I also understand that there are no direct benefits to me that are anticipated.

6. I understand that my participation is voluntary and that refusal to participate will involve no penalty to me.

7. I have read the above statements and, I hereby give my informed and free consent to be a participant in this study.

_____
Signature of Participant

_____
Date

Thank you very much,

Anna Addis

Since I am doing a second study to compare statistical data on the CAS questionnaire, could you please have this returned to me by September 13, 1993. I do appreciate all your cooperation and assistance in my attempting to complete my thesis this year.

Appendix B

Given at the Pretest

SUPPORT GROUPS AND WORKING WOMEN WITH ANXIETY

Age: _____

Ethnic Group: _____

Education: _____

Phone Number: _____

Marital Status: Married _____ Single
Widowed _____ Divorced _____

Number of Children: _____

1. How many years have you worked? _____

2. Have you worked within the last year?
   Yes _____ No _____

3. Have you ever had an anxiety feelings

   a. that seemed to be connected to work related situations?
      Yes _____ No _____

   b. If yes, what best described how much the feelings bother or distress you? a little bit _____ markedly _____
      moderately _____ extremely _____

4. Have you ever sought help for any anxiety feelings?
   Yes _____ No _____

5. Have you ever felt limited in work related areas because of any anxiety you may have experienced? Yes _____ No _____

6. Do you see yourself as a person who worries about situations at work and at home?
   Yes _____ No _____

7. Has anyone in your family ever had problems with anxiety symptoms? Yes _____ No _____

8. Do you feel you have high expectations of yourself, and that you "should be" able to do it all when it comes to work and/or family? Yes _____ No _____

   a. If you belong to a support group has this changed for you? Yes _____ No _____

9. Are you receiving counseling now? Yes _____ No _____

10. If you do attend a support group, does it provide you with a feeling of Hope? Yes _____ No _____

11. If you do attend a support group,

    a. do you practice ideas it provides to motivate you to make some positive changes? Yes _____ No _____

    b. what action did you use? _____
    _____

12. If you do attend a support group, do you feel it provides ideas on actions of how to use your abilities more effectively when you are working or dealing with other people? Yes _____ No _____

13. Have you ever attended a support group? Yes _____ No _____

    If yes, what was the average amount of times you have attended? 1-3 _____ 4-5 _____ 6-10 _____ 12 or more _____

14. Have you ever attended the support group New Hope? Yes _____ No _____

15. If you have never been to a support group and have never sought help for these feelings of anxiety,

a. where did you go to get help?
Clergy _____ Spouse _____
Read a book _____ Friend _____
Family Member _____
Used Relaxation Techniques _____ Other _____

b. If other, please specify: _____

Thank you for your participation in this study.

Appendix C

Given at the Posttest

SUPPORT GROUPS AND WORKING WOMEN WITH ANXIETY

Age: _____

Ethnic Group: _____

Education: _____

Phone Number: _____

Marital Status: Married _____ Single_____
Widowed _____ Divorced _____

Number of Children: _____

1. How many years have you worked? _____

2. Have you worked within the last year?
   Yes _____ No _____

3. Have you ever had an anxiety feelings

   a. that seemed to be connected to work related situations?
      Yes _____ No _____

   b. If yes, what best described how much the feelings bother or distress you?
      a little bit _____ markedly _____
      moderately _____ extremely _____

4. Have you ever sought help for any anxiety feelings?
   Yes _____ No _____

5. Have you ever felt limited in work related areas because of any anxiety you may have experienced? Yes _____ No _____

6. Do you see yourself as a person who worries about situations at work and at home?
   Yes _____ No _____

7. Has anyone in your family ever had problems with anxiety symptoms? Yes _____ No _____

8. Do you feel you have high expectations of yourself, and that you "should be" able to do it all when it comes to work and/or family?
Yes _____ No _____

   a. If you belong to a support group has this changed for you? Yes _____ No _____

9. Are you receiving counseling now?
Yes _____ No _____

10. If you do attend a support group, does it provide you with a feeling of Hope?
Yes _____ No _____

11. If you do attend a support group,

   a. do you practice ideas it provides to motivate you to make some positive changes? Yes _____ No _____

   b. what action did you use? _____
   _____

12. If you do attend a support group, do you feel it provides ideas on actions of how to use your abilities more effectively when you are working or dealing with other people?
Yes _____ No _____

13. Have you ever attended a support group?
Yes _____ No _____

   If yes, what was the average amount of times you have attended? 1-3 _____ 4-5 _____
   6-10 _____ 12 or more _____

14. Have you ever attended the support group New Hope?
Yes _____ No _____

15. Have you attended New Hope since you took the last CAS questionnaire for this study?
Yes _____ No _____

16. Have you attended any support group since you took the last CAS questionnaire for this study?
Yes _____ No _____

17. If you have never been to a support group and have never sought help for these feelings of anxiety,

    a. where did you go to get help?
    Clergy _____ Spouse _____
    Read a book _____ Friend _____
    Family Member _____
    Used Relaxation Techniques _____ Other _____

    b. If other, please specify: _____

Thank you for your participation in this study.

Appendix D

CAS

This questionnaire is designed to measure how much anxiety you are currently feeling. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

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

____ 1. I feel calm.
____ 2. I feel tense.
____ 3. I feel suddenly scared for no reason.
____ 4. I feel nervous.
____ 5. I use tranquilizers or antidepressants to cope with my anxiety.
____ 6. I feel confident about the future.
____ 7. I am free from senseless or unpleasant thoughts.
____ 8. I feel afraid to go out of my house alone.
____ 9. I feel relaxed and in control of myself.
____ 10. I have spells of terror or panic.
____ 11. I feel afraid in open spaces or in the streets.
____ 12. I feel afraid I will faint in public.
____ 13. I am comfortable traveling on buses, subways, or trains.
____ 14. I feel nervousness or shakiness inside.
____ 15. I feel comfortable in crowds, such as shopping or at a movie.
____ 16. I feel comfortable when I am left alone.
____ 17. I rarely feel afraid without good reason.
____ 18. Due to my fears, I unreasonably avoid certain animals, objects, or situations.
____ 19. I get upset easily or feel panicky unexpectedly.
____ 20. My hands, arms, or legs shake or tremble.
____ 21. Due to my fears, I avoid social situations, whenever possible.
____ 22. I experience sudden attacks of panic which catch me by surprise.
____ 23. I feel generally anxious.
____ 24. I am bothered by dizzy spells.

____ 25. Due to my fears, I avoid being alone, whenever possible.

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