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ACKNOWLEDGMENTS

I would like to thank my family for their patience
and LONG-TERM EFFECTIVENESS OF EDUCATIONAL INTERVENTION
and ON THE ASSERTIVENESS, SELF-ESTEEM, AND WELL-BEING
OF DISPLACED HOMEMAKERS

by

Marc F. Mathias

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

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I would like to thank my family for their patience and understanding. I dedicate this thesis to my wife All and daughter Elizabeth, who I dearly love.

Marc F. Mathias

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ABSTRACT

Long-Term Effectiveness of Educational Intervention
on the Assertiveness, Self-Esteem, and Well-Being
of Displaced Homemakers

by

Marc F. Mathias, Master of Science

Utah State University, 1987

Major Professor: Dr. Sharyn M. Crossman
Department: Family and Human Development

The purpose of this study was to determine if educational intervention could cause a decrease in distress, and if so would this change last up to a year. The sample consisted of displaced homemakers from three Northern Utah counties enrolled in a seminar (educational intervention) to prepare for the development of employment skills. Pre-test, post-test and follow-up tests were given to measure the change in stress. The three measures used to determine the psychological preparation (a reduction in distress level) were assertiveness, self-esteem and well-being. It was concluded that the educational intervention did reduce the distress level and that the change did last over a period of one year. The only exception was in the case of low-income displaced homemakers. (131 pages)

CHAPTER I

INTRODUCTION

Introduction

Many life events that were considered non-normative at the turn of the century are now considered normative. Such events as separation and divorce now occur in one out of every three families (Glick, 1980; McCubbin, Joy, Cameau, Patterson, & Needle, 1980). In spite of the dramatic divorce statistics, widowhood should not be ignored as a major issue facing many of today's adults. Presently, 12.5 percent of the women over age 18 are widowed (U.S. Bureau, 1984). As a result, the number of single-parent families is increasing at an alarming rate (U.S. Congress, 1982). Many of these single-parent families are headed by displaced homemakers (DHs).

Role Assumption

Displaced homemakers are middle-aged, female adults who have devoted themselves primarily to homemaking, but experience a separation, divorce, or death of spouse and lose their primary provider. They have been married for five or more years during which time they have fulfilled homemaker responsibilities and may have also been employed outside the home part-time or in dead-end office jobs (Morano, 1979). It is important to note that, while such women may have been employed outside the home, they

do not possess the job skills or education to be gainfully employed at a level which would allow them to enact the primary provider role. Crossman and Edmondson (1985) indicate that any money earned by women who become displaced homemakers is usually perceived by their spouses and themselves as "extra money". Also, these women see their primary focus as homemaking not gainful employment. Thus, they move in and out of the job market and only work "until" they, for example, have their next baby (Crossman & Edmondson, 1985). They might work before children are born, remain home when children are small and return to employment outside the home when children are older and less dependent (Van Deusen & Sheldon, 1976; Morano, 1979; Crossman & Edmondson, 1985). An increasing number of adults are experiencing the stress of becoming displaced homemakers.

No data have been found to date which gives a clear picture of the actual number of individuals who are DHs. Some estimates range from 4,000 to 40,000 nation-wide (Fetke & Hauserman, 1979), but reliable statistics do not exist. Furthermore, the label DH has been incorrectly applied to individuals who are not middle-aged and have developed employable skills, a continuous history of gainful employment, have been employed during marriage or when loss of the spouse-provider occurred.

Displaced homemakers must assume many roles which

were formerly enacted by the now-absent spouse. Since they face the stressor event of the acquisition of the primary provider role, for example, this has long-term, far-reaching impacts not only on the homemakers themselves and their children, but society as well.

Displaced homemakers are predominantly female and in this study this label was used to identify the woman in the marriage who either sacrificed, or never developed a career, although she may have worked periodically full or part-time, in order to fulfill the homemaker role. Most of these middle-aged women have experienced a traditional sex role socialization and view their homemaker role orientation as sex appropriate. Thus, such women are unprepared to assume the provider role if they become separated or divorced. Even when there is not a marital break-up, women are very likely to experience widowhood because women usually live longer than their husbands (Sommers & Shields, 1979). These widowed women also have a traditional sex role focus and for this reason, are displaced from their homemaking focus. This study has focused upon separated, divorced and widowed women who saw their primary role as homemaking and the displaced homemaker label was utilized to identify them.

It is believed by some that by the year 2,000 the

"feminization of poverty" will be nearly complete. What this means is that the majority of families who will make-up the poverty population in the United States will consist of females and their children (NACEO, 1980). Many of these families will be DHs and their children.

Taking over the role of primary provider is difficult because it is stressful to the DH who does not have either the employable skills, experience, or the confidence to succeed in the labor market. She must choose to either 1) enter the labor force, 2) return to school, or 3) continue as a homemaker (Crossman & Edmondson, 1985). Options one or two above may appear to be overwhelming because the DH fails to recognize the valuable skills she has developed while in the home (Fethke & Hauserman, 1979).

Government Intervention

The government has begun to recognize the serious employment-related needs of the DHs, and identified the "DH" as a person in need of social services. They defined the DH as:

. . . an individual who has not worked in the labor force for five years, but who has worked in the home providing unpaid services to family members; who has been dependent on public assistance or on the income of another family member but is no longer supported by that income...and is experiencing difficulty in obtaining or upgrading employment" (Public Law 95-524, 1978, p. 1910).

The Carl Perkins Act was signed into law in October, 1984 by Congress and allotted 984 million dollars to aid DHs in seeking assistance in job training, counseling, education, legal matters, and financial issues (Public Law 98-525, 1984).

Summary

Thus, the plight of many DHs is clear. She was socialized to be a wife, mother and homemaker; while her spouse would fulfill the role of primary provider. If she sought employment at all before or during her marriage, it was in part-time or dead end office jobs with low wages and little chance for advancement. Frequently minimum wage was all these women were able to earn. Their employment was "seen" by themselves and their spouse as "extra money", they showed little commitment to employment outside the home, and moved in and out of the job market. If these women lose their spouse-provider they do not have the education, job skills or experience necessary to adequately assume the primary provider role and support dependent children.

The Federal Government has attempted first through CETA and more recently through the Carl Perkins Act to aid these women in developing employment skills so that

they can assume the primary provider role and support themselves and their children.

Theoretical Framework:
The ABCX Model

The ABCX Model of Family Crisis Adjustment (Hansen & Hill, 1964; McCubbin & Figley, 1983) is a conceptual model used to study variability of family responses to crisis events.

The ABCX Model served as an effective tool in the evaluation of the DH's plight. Thus, A represents the stressor event, B is the family crisis meeting resources and C is the family's perception of the crisis event. The addition of these three elements produces X, the crisis (Hill, 1958). The severity of the crisis X will be mediated by the A, B, and C factors.

In this study, the focus was upon the C factor in the ABCX model. The C factor was the family's personal or subjective definition of the stressor event. The crisis (X factor) was the need of DHs to assume the provider role. They may have had to assume this role because of the death of, separation from or disability of the spouse-provider (A factor, stressor event). Role assumption, (given that by definition these women had no resources (B factor) in terms of employable skills), was

perceived by these women as a serious deficit and, therefore, a threat to the family's integrity. Thus, lack of resources (B factor) lead to the perception (C factor) of the stressor (A factor) as severe.

When a family perceived that severe threat to its continuance was present (continuance as a functional family without major modification to family system operations, and interaction patterns) this created tension, and the tension resulted in the emergence of stress. Stress (not stressor event) developed and intensified when an actual or perceived imbalance between demand (challenge, threat) and capability (resources) incapability (lack of resources with which to cope) emerged. The demand was for an adaptive response from the family. When demand for an adaptive response exceeded family resources, the family experienced hyperstress but, when a demand for an adaptive response is exceeded by family resources, the family experienced hypostress. Family distress (negative state) is experienced when the demand-resource imbalance threatens family function while family eustress (positive state) is experienced when the demand-resource complement is seen as adequate and thus, not threatening to family function. Stress varies, then, depending upon the nature of the situation and the resources available, which include the

psychological and physical well-being of members. These are not mutually exclusive, but interconnected. That is, the situation may be positive or negative depending upon whether resources are available or can be made available, and this depends upon the degree of psychological and physical well-being of family members.

Delimitations

The Bear River Associations of Governments (BRAG) provided a substantial portion of the data used in this study. The BRAG office had been collecting these data for the past 30 months. Following is a description of data that BRAG provided: 1) the sample population; 2) the three instruments used to measure the variables of interest (assertiveness, self-esteem, and well-being)-- Assertiveness Quotient, Self-esteem Inventory and Well-being Scale (which were suggested by the Phoenix Institute, a rehabilitation center for DHs); and 3) the demographic information contained in the Human Services Application (HSA).

Statement of the Problem

Thus, the problem in this study was to determine if distress could be modified to a eustress condition in DHs via educational intervention to enable them to develop the resource of employable skills. They then could cope with their crisis of assumption of the provider role.

Since the subjects used in this study had resources to meet physical needs, housing, food stamps and child support (AFDC) through social service agency intervention, the educational intervention proposed here dealt with psychological resource development to create a state of mental readiness to develop employable skills. Psychological readiness was measured by change in assertiveness, self-esteem, and well-being as a function of exposure to educational intervention.

Purpose

The purpose of this research was to discover if the DH's distress could be decreased and result in an increase in eustress via the educational intervention presently available through the DH programs and whether change, if any, would last over time. That is, was the change in psychological state, if any, temporary or more long term in nature? This enabled predictions to be made as to whether eustress lasted one year or less after intervention had occurred. This allowed employment trainers to know whether they must intervene in employment skill development in less than one year after intervention or whether intervention in skill development was successful as long as one year after psychological resource development had occurred (See figure 1 and 2).

In this study age was included as a covariate. The

Independent variable was Seminars on Success or the educational intervention. The AQ, SE, and WB level of education and income were included as the dependent variables. Because it was expected that those participants with greater education and income would have higher levels on each of the three instruments, these variables were included in the study. Since DH intervention programs funded by the Carl Perkins Act were in progress in many states for two years, it was critical to begin to analyze them and evaluate their effectiveness in order to modify and make improvements as necessary.

Table 1.

Quasi-Experimental Educational Intervention Design

	Pretest	Educational Intervention	Posttest	Follow-up
Group 1 n=28 Females	T1			
Group 2 n=16 Females	T2		T3	
Group 3 n=35 Females	T4	X	T5	
Group 4 n=27 Females	T6	X	T7	T8
N=106	-----3 weeks-----		-----1 year-----	

The DH Educational Intervention Program

The DH educational intervention program, or Seminars on Success, can be described as follows: Day 1-- Introduction, preassessments and goal-setting; day 2-- Interviews and stress management; day 3--aptitude tests and assertiveness training; day 4--skills identification, job strategy and training opportunities; day 5--consumer math, career panel and assertion; day 6--resumes and assertion; day 7--self-esteem and parenting; day 8-- assertion and job search skills, day 9--problem solving and employee rights; day 10--review and post assessments. The Seminar on Success In Logan and Brigham City followed the same format, the only difference being the guest speakers (See Appendix A and B).

This study concerned itself with those intervention classes which dealt with assertiveness, self-esteem, and well-being, that these interventions were consistent with the Phoenix Institute Model and were presented consistently across all intervention groups. Other intervention seminars which dealt with parenting, development of math skills, resume preparation, etc. and were presented by guest speakers were not at issue here and were not included in the analysis of these data, but may serve as a source for future research.

Definitions

1. A displaced homemaker is that middle-aged (age 35-59) female adult family member, who had major responsibility for household management and child care, was so identified by family members, was not fulfilling the primary provider role via gainfully employment outside the home at the time of loss of provider, and had not been so employed but many have had some part or full-time employment history.
2. A provider is that middle-aged (age 35-59) adult family member, who provided the economic means for family support through fulltime, continuous employment outside the home and was so identified by family members.
3. A resource is any object, condition, or perception which can be utilized by the family to cope with the stressor event.
4. Family distress (negative state) is experienced when the demand-resource imbalance threatens family function.
5. Family eustress (positive state) is experienced when the demand-resource compliment is seen as adequate and, thus, not threatening to family

function.

6. Assertiveness is defined here as:

behavior which enables persons to act in their own best interest, to stand up for themselves without undue anxiety, to express their honest feelings comfortably, or to exercise their own rights without denying the rights of others. . . (Alberti & Emmons, 1974, p. 4).

7. Self-esteem is a concept which means a positive evaluation of one's self, "a feeling that one is a person of worth. . . ." (Rosenberg, 1965, p.9).
8. Well-being has often been equated with happiness. According to Delner (1984) there are three main factors that define well-being. First, external criteria which are based on the value system of the observer (i.e., health, comfort, virtue or wealth) Second, life satisfaction according to the individual's standards. Third, a greater preponderance of more pleasant emotions than unpleasant emotions (Delner, 1984).

Research Questions

1. Were there significant differences between the pretest (only) scores of the four groups?
2. Were there significant differences between groups' pre and post-test scores on dependent

variable measures? (Assertiveness Quotient, Self-Esteem Inventory and Well-being Scale).

3. Were there significant differences between the pre-test, post-test, and one year follow-up scores of the groups?
4. Could these differences be explained by differences in demographic variables? What demographic variables, if any, offered alternative explanations for findings?
5. Were the educational intervention components effective or not?
6. Were there policy recommendations which could be made to improve the intervention components, measurement instruments, data collection methods, and screening of program recipients?

Research Objectives

1. To determine if there were any differences in pre-test mean scores of the experimental and control groups, and to determine if group differences, if any, reach a significant difference.
2. To determine whether there were differences in mean scores of experimental and control groups on pre-test/post-test comparisons. That is, did the educational intervention have an effect and

did that effect cause a significant difference in mean score post-test comparisons.

3. To determine whether change at post-test, if any, was retained over a one-year period of time, or not.

Assumptions

1. The loss of spouse-provider is a stressor event because it causes a shift of the provider role status from the employed spouse to the dependent spouse.
2. The loss of spouse-provider creates a condition of economic hardship for family members.
3. Most middle-aged women were socialized during childhood in a traditional sex role orientation and such traditional behavior has been seen as sex-appropriate. Therefore, these women experience a great deal of guilt and stress in establishing an individual, non-traditional identity after years of marriage.
4. Educational intervention may cause change in assertiveness, self-esteem, and well-being scores in a positive direction.
5. Change in assertiveness, self-esteem, and well-being will be retained for some period of time

CHAPTER II
REVIEW OF LITERATURE

Introduction

Divorce for many is assumed to be a relief from an uncomfortable relationship, but current literature indicates that millions of divorced women experience a great deal of chaos, disorientation, and confusion once separation occurs. The adjustment is not unlike that which is experienced by those who have been recently widowed (Wertlieb, Budman, Demby, & Randall, 1984). Widows typically experience isolation, low self-esteem, (Arling, 1976; Uhlenberg, 1979) emotional upheaval of bereavement, (Glick, Weiss, & Parkes, 1974; Silverman, 1972) as well as the potentially serious loss of economic security (Hyman, 1983; Zick & Smith, 1985).

In this chapter a review of information on the problems and issues of the DH will be discussed as follows: the financial; socio-emotional problems of the DH; intervention programs for the DH; the relevance of the variables; and the need to analyze current DH programs.

Sociologists and clinicians (Waller, 1930; Glick et. al. 1974; Hunt & Hunt, 1977) have documented the stress

associated with divorce and separation. Bloom, Asher and White (1978), suggested this stressfulness is evidenced by a host of physical and emotional problems. Ninety-one percent of the divorced population report experiencing an unusual degree of stress. This finding is in agreement with other studies of the same population (Dasteel, 1982).

Widows, like divorcees, suffer from dramatic social changes in their support systems (Lopata, 1979) as well as psychological changes that result in lowered life satisfaction (Morgan, 1976). The stress of widowhood is so severe that many suggest it is responsible for increased levels of morbidity and mortality (Jacob & Ostfeld, 1977; Rees & Lutkins, 1967).

Although adults usually have achieved a certain degree of independence, many have used their marital partner to maintain ego support. Therefore, they appear to be almost incapable of adequate autonomous functioning (Green, 1978). In addition to the challenges of the primary provider and single parent roles, most are middle-aged and are facing a stage known as the "adolescence of aging". This adjustment is characterized by many of the same problems that the adolescent faces (Sommers & Shields, 1979) such as identity crises, change in social status, as well as the fear of getting old.

Adjustment Process

The DH typically experiences two stages of adjustment: (1) a grieving stage which acts as a transition or preparation stage, and (2) a decision-making stage. According to Bagby (1979) the DH needs assistance if she is to successfully complete the two stages of adjustment. Assistance can come in the form of family aid or community services. During the initial period of disorganization, the DH learns ". . . to grieve for what has been lost, review and remember the past, and express emotions . . ." (Balding & DeBlasie, 1983, p. 21). The second, or decision-making stage, is characterized by the DH drawing upon her existing as well as new resources to obtain long-range personal and career goals (Balding & DeBlasie, 1983; Sommers & Shields, 1979). How the DH uses these resources will determine what level of reorganization the family will achieve. During this stage, the DH assesses personal resources such as education and work experience, educational desires, and job opportunities. The two stages are not discrete, but linked by the economic factor. This factor compounds the emotional adjustment of the DH during the grieving stage and usually overflows into the second stage and has the greatest impact on education and

career goals (Crossman & Edmondson, 1985).

As a result, it appears that educational intervention should be offered during the decision-making stage in order to help the DH attain a higher level of reorganization. The educational intervention should offer services for emotional, as well as economic adjustment.

Economic Distress

Only a very small percentage of separated or divorced women consistently receive financial support from ex-spouses. Even when DHs are widows, inheritance, insurance or social security benefits are non-existent, inadequate, or insufficient. A further complication in terms of Social Security is that the DH may not be old enough to receive benefits if widowed (one in four widows is between the ages of 30 and 64 (U.S. Bureau, 1984) and if divorced cannot claim part of the benefits until her ex-spouse retires and applies for benefits (Fetke & Hauserman, 1979; Balding & Deblasse, 1983). For these reasons, nearly 40 percent of the younger widows with dependent children could be classed as poor (Morgan, 1981).

During the past decade, recognition of the DHs plight has resulted in various intervention programs. Legal action against non-supporters is now being taken

more than ever before, despite the fact that the process is still very difficult. The Bureau of Child Support Enforcement now collects delinquent payments for non-supported families. Furthermore, Crossman and Edmondson (1985) found that 75 percent of separated DHs in their sample who were seeking a divorce received no support from their estranged spouses before the divorce court appearance and the majority received child support either irregularly, or not at all, after the judge had ordered such support to be paid on a monthly basis.

Widows, on the other hand, were found to be more likely to experience fewer, less severe financial hardships than divorced women (Crossman & Edmondson, 1985), but a large number still remain on the poverty roles. Almost 24 percent of widowed women were below the low-income level (U.S. Bureau of Census, 1976). In a large sample of the Chicago area, nearly 50 percent of the widows (age 50 and over) were at or below income adequacy as defined by the Bureau of Labor Statistics (Steinhart, 1976).

Counseling and Educational Approaches

Sociologists and psychologists have begun to study the impact of various intervention programs on DHs. Kessler (1978) found there was a significant difference between skill-building therapy and the adjustments

experienced by DH's in unstructured therapy. The more structured goal-oriented group was based on the attitude that the individual going through divorce can control her/his life and events. The skill-building therapeutic approach was more effective because participants learned to take responsibility for their life decisions.

Young (1978) evaluated a pre-divorce workshop and found the most helpful long-term effect on separated adults was resultant positive feelings about themselves. This was found to be more helpful than the workshops offered on the legal aspects of divorce.

Coche and Goldman (1979) found in his research that after divorce, women benefited more from group psychotherapy than from crisis oriented theory and therapy. By contrast, Wertlieb, Budman, Demby, and Randall (1982) found that the psycho-educational intervention approach used by the Health Maintenance Organization (HMO) showed only slight effects on divorced women. Thus, it is necessary to do further research to determine the value of psychotherapy for DHs.

More recently, Davidoff and Schiller (1983) analyzed a divorce workshop which offered 500 divorced or separated women an opportunity to explore the realities of divorce. even after a two-and-a-half year period, there was sustaining value in terms of improved personal feelings which had facilitated their eventual adjustment.

Salts and Zongker, (1983) further confirmed the value of counseling divorced individuals by finding an increase in the self-concept of group members after group counseling. Over time, these investigators also found an increase in self-concept of the divorced individuals in terms of how subjects thought and felt about themselves regardless of the situation in the subjects personal lives. Workshops for divorced/separated individuals can have a positive effect on their emotional adjustment, even over a period of time.

No current information was available on workshops or educational intervention programs designed specifically for widows. Most research on widows has focused on the support systems provided by family and friends.

Relevance of Variables

Three variables were selected which most accurately measure the effectiveness of the DH program under study. The purpose of the program was to cause a decrease in distress and an increase in eustress condition. Three dependent variables were selected which would show this change in distress and eustress condition. These were: 1) assertiveness, 2) self-esteem and 3) well-being. Assertiveness is the ability to exercise one's rights; self-esteem the estimation of one's self; and well-being is a measure of mental health. Changes in these three

variables can allow a determination to be made as to whether or not subjects have decreased their distress and increased their eustress condition.

Assertiveness

Assertiveness was defined earlier as the ability of an individual "to exercise her/his own rights without denying the right of others. . ." (Alberti & Emmons, 1974, p. 4). For a DH, it is critical that she learn to act in her own best interest. The majority of DHs have little experience in assertiveness, but they need to be forthright and assertive in order to be successful in their new life. For example, DHs need assertiveness skills to get an appropriate job, receive promotions and manage a household single-handedly.

Lewittes and Ben (1983) found that the more assertiveness training women had, the more likely they were to participate in mixed-sex, task-oriented discussion. Berman and Rickel (1979) found an increase in all family members' self-esteem when parents were assertiveness-trained. Gordon and Waldo (1984) also supported the above finding in their study on couples' relationships. They found that when couples participated in assertiveness training, their perceived levels of trust and intimacy were greatly increased.

Pendleton (1982) concluded that assertiveness in females actually increased attraction in heterosexual social interactions. Displaced homemakers must deal with the challenge of a new, single identity and assertiveness can be a useful tool to assist in this adjustment.

Jansen and Meyers-Abell (1981) found a clear-cut relationship between assertiveness training and the self-concepts of battered women. Despite the fact that many, but not all, DHs were battered women, the basic concept of intervention with assertiveness training can be helpful for the DH.

In conclusion, assertiveness can serve as an important measure of the DH's ability to decrease distress and increase eustress, because it is a critical skill for success in her new life situation.

Self-Esteem

Self-esteem (the estimation of one's self as a person of worth) can be a valuable tool in understanding the DH. The level of one's self-esteem has been found to be a good predictor of behavior in various situations. For this reason, it is helpful to evaluate the DHs degree of self-esteem in order to determine how she will behave. Rosenberg (1965) reported that an individual with low self-esteem was apt to experience greater interpersonal awkwardness and isolation than one with high self-esteem.

Coopersmith (1967) found high self-esteem to be associated with social involvement and low self-esteem associated with social withdrawal. These findings can be related to DH's who often experience feelings of isolation and fear searching for employment. An increase in self-esteem could certainly benefit the DHs by helping her perceive social situations as less threatening. Zuckerman (1983) found the level of self-esteem could predict women's educational goals and sex-role attitudes.

It can be concluded that the DH's level of self-esteem serves as a predictor of behavior as well as a measure of her goals and attitudes. For these reasons, self-esteem is a valuable tool to measure a decrease in eustress and an increase in distress.

Well-Being

As indicated above, well-being is a measure of an individual's degree of happiness. There are three parts to the definition. According to Velt and Ware (1983) well-being is the positive state of mental health. Therefore, it serves as a measure of an individual's mental health. In order to measure the effectiveness of the intervention in the DH program under scrutiny, well-being served as a measure of mental health or adjustment to life change.

McLanahan and Sorensen (1984) found that changes in life events altered psychological well-being and that changes in several life events led to psychological distress. The DH is a high-risk candidate because there are changes in so many areas. Not only is there the socio-emotional adjustment of being alone, but the role changes associated with becoming a provider and single parent. Finally, there are financial hardships with which these women most cope. Also, McLanahan and Sorensen (1984) stated that changes that appear to be beyond the individual's control are more likely to cause distress.

Wheeler, Lee and Loe (1983) found that women had a greater sense of well-being when they were employed. This was especially true for women who were less-educated or single. Typically, the DH falls into the category of an unemployed and less-educated single women. Thus, she would be more likely to have a lowered sense of well-being and would greatly benefit in terms of increased self-esteem if made more employable. Wheeler et al. (1983) also found there was a tendency for women with a lower sense of well-being to use more professional services to cope with personal and mental health problems. Therefore, one goal of intervention is to reduce the amount DHs use professional services by increasing their sense of well-being. Campbell (1981)

found that the level of education had a positive effect on degree of well-being. This was more true for unemployed women than for unemployed males or employed women. The unemployed group was, by far, the most unhappy of all groups even when income level was controlled (Campbell, 1976).

Campbell (1976) also reported that marital status was one of the strongest determinants of degree of well-being. Some reports have indicated that married women exhibited greater stress symptoms, but they also had higher levels of well-being (Andrews & Withey, 1976; Glenn, 1975). Thus, it becomes clear that well-being serves as a critical variable to determine the DHs mental health or adjustment to life change.

Comprehensive Employment and Training Act

In 1973 the Comprehensive Employment and Training Act (CETA) was established to ". . . provide job training and employment opportunities for the economically disadvantaged, unemployed, and underemployed. . . "(Public Law 93-203, 1973, p. 3). The Training Act Amendment of 1978 further expanded CETA programs and target populations by including DHs (Public Law 95-524, 1978). There were various problems with CETA because it was based on false assumptions that did not consider women's traditional sex role socialization. As a result

CETA no longer exists, but has been superseded by the Carl Perkins Act.

DH Programs Supported by
the Carl Perkins Act

In 1984 more than 900 million dollars were allotted through the Carl Perkins Act to create intervention programs for the DH (Public Law 98-525, 1984). Bloomington, Indiana's DH program was one of the first in the U.S. This program consisted of workshops that included: coping with stress, assertiveness training, job search skills training, aptitude tests, evaluation of counseling needs, and a career exploration course (Bloomington Dept. of Human Resources, 1983). As a result of this DH program, curriculum has been developed and expanded and the job placement rate, 73 percent, was very high for the participants of this program. By far, the most important accomplishment was building the foundation from which future programs could be designed (Bloomington, 1983). A Fort Wayne, Indiana DH program included: self-image courses, vocational testing, psychological testing, and development of job-seeking skills. The impact of the program went far beyond even what could be measured and it served as a new hope and light for DHs who had experienced serious depression and discouragement (Ft. Wayne Women's Bureau, 1981).

Project Second Look, DH program from Newton, Mass. focused public awareness on the training and employment needs of DHs. The goal was to help DHs achieve economic independence. Thus, it would appear that there is a great deal of variety, if not inconsistency, existing in the DH programs across the nation. It would be very helpful to know exactly what the effectiveness of each program is for future reference.

Summary

There are many challenges the DH must face. The multitude of challenges range from social-emotional stress to financial instability to unemployment problems. Ninety-one percent of the divorced population report experiencing an unusual degree of stress following separation/divorce (Dasteel, 1982).

In the DH's attempts to adjust, she typically experiences two stages of adjustment: the grieving stage and the decision-making stage. The economic factor has a high degree of influence on the degree of adjustment (Crossman & Edmondson, 1985). Only a small number of DHs ever receive any form of financial support from government or family sources (Morano, 1979; Crossman & Edmondson, 1985), but widows are more likely to receive such support from both sources than are divorcees (Crossman & Edmondson, 1985).

Recently, many divorce adjustment groups have been formed in an attempt to aid these individuals. Many of these groups gradually evolved into more structured Displaced Homemaker Programs. Specifically, these have come about as a result of the Carl Perkins Act of 1984. Most DH programs have been developed with few guidelines and based on little experience. Programs in various parts of the country differ from each other in organization and intervention methods used. Divorce intervention workshops across the country have taken a variety of approaches to assist DH's: group psychotherapy, crisis-oriented therapy, goal-oriented therapy, and unstructured therapy. Some of these approaches have resulted in increased self-esteem and self-concept.

Effective DH programs that have been developed as a result of the Carl Perkins Act of 1984 are in Bloomington and Ft. Wayne, Indiana, and Newton, Massachusetts. These programs have included, but have not been limited to: job placement, stress management, aptitude tests, self-image courses and legal training.

Not one program has attempted to scientifically evaluate whether or not intervention was effective in terms of preparing women to seek employment. Furthermore, no program has attempted to determine, if intervention is effective or how long it lasts.

Conclusion

It is clear that divorce is a response to unsatisfactory marriage in terms of adjustment. It appears many troubled marriages will continue to use this solution. Despite the fact that the divorce rate is rapidly increasing, widowhood still accounts for a large percentage of single adults. Whether divorced or widowed, there will continue to be a great need for DH Intervention programs and thus, a greater understanding of the key elements of these programs is needed.

Assertiveness training was found to be a key element of the DH Intervention programs. Assertiveness for the DH is necessary to enhance self-esteem, ability to cope, and opportunity for job advancements.

If the DH can increase her self-esteem, she will become more socially involved with the support groups and job searches. An increase in self-esteem may influence goal setting and decision-making positively and could certainly serve to make the DH's adjustment easier.

Since well-being is defined as an individual's degree of happiness or positive state of mental health, well-being can serve as a measure of the DH's adjustment to life change. Thus, another key element of the DH Intervention program is to increase the degree of well-being in order to improve the DH's life adjustment.

CHAPTER III

METHODS

Introduction

This study attempted to determine if a decrease in distress and an increase in eustress resulted via educational intervention. This was a quasi-experimental nonequivalent control group design. This design controls for problems of internal validity such as the effects of history, maturation, testing, instrument, selection, and mortality which are inherent problems in the sampling technique that was used in this study.

The objective of this study was to measure change in psychological preparation (as indicated by the change from a decrease in distress to an increase in eustress) in DHs to enable the development of employment skills. Three specific measurements of change over time in dependent variables as a result of intervention were used to determine the overall degree of change. These were:

1. change in degree of assertiveness score;
2. change in self-esteem score.
3. change in sense of well-being score;

Population

The displaced homemaker (DH) is described as a female age 35 to 59 with at least one dependent child. The DH has been married and is separated, divorced or widowed at the time of intervention. Due to a traditional commitment to homemaking, the DH has been out of the full-time labor force or has either a lack of, or outdated job skills, or inadequate skills, education and job experience to assume the provider role.

Sample

A non-probability snowball sampling technique (specific subjects who can refer the researcher to other subjects with like or similar characteristics) (Eckhardt & Ermann, 1977), was used. The sample consisted of middle-aged, female Caucasians between the ages of 35-59 (those 60-64 years of age or older are considered young elderly and those 65 and older are elderly).

The subjects were either widowed, divorced or legally separated from a spouse and had a minor child/ren for which the individual has either custody or joint custody. The minimum length of marriage was approximately five years. Displaced homemakers have usually worked in the home " . . . primarily without remuneration to care for the home and family, and for

that reason has diminished marketable skills." (Phoenix Institute, 1984, p.1).

The majority of the participants were referred from government agencies such as Bear River Mental Health and Social Services, AFDC and Job Service. A small minority were referred to the program by the pastorate, families or friends. The sample came from three Northern Utah counties. These were: Box Elder, Cache, and Rich counties.

NOTE: while the sample has been described above in accordance with the classical definition of the displaced homemaker as a middle-aged woman with a traditional role focus who is a parent and has been married for several years, as indicated in Chapter One, many social service agencies now use this label to apply to all divorced and widowed women. The category has been broadened to include women of all ages, educational levels and with or without dependent children. Thus, there may be women in the sample who have been included in the program of intervention seminars, but do not fit under the strict definition of displaced homemaker. It should be understood that the investigators had no control over this. If an age split occurs, that is, if we had a younger age group and an older group, they were all used in the analysis because they were all participants and are reflective of the program being evaluated here.

Instruments and Variables

Demographic information was gathered on each subject. The variable of age was used as a covariate. The independent variable was the educational intervention program, or the Seminars on Success. There were five dependent variables which were measured. Two of these dependent variables came from the Human Services Application (HSA) (see Appendix C) or the Crisis Adjustment Interview Schedule (CAIS) (see Appendix D). These variables are the level of education and income. The third dependent variable measured was the degree of assertiveness (see Appendix E). The instrument used to measure assertiveness was a 36 item questionnaire called the Assertiveness Quotient Scale (AQS). This instrument utilized a Likert scale of 1-3. The responses ranged from "makes me very uncomfortable", scored as 1, to "I am very comfortable with this" scored as 3. The scale items measured assertive behaviors in specific areas. These areas were as follows: questions 1-4 general assertive behaviors; 5-6 one's body; 7-10 one's mind; 11-12 apologies; 13-17 compliments, criticism and rejection; 18-20 saying no, 21-22 manipulation and counter-manipulation; 23-26 one's sensuality; 27-28 anger; 29-31 humor; 32-34 children; and 35-36 other women.

The AQS was published in the book *The Assertive Woman*. The publishers were contacted and they reported

that reliability and validity checks were never made. However, the authors felt that the instrument was measuring assertiveness and with time the AQS would be validated (Phelps & Austin, 1980) (see Appendix F).

The second dependent variable measured was self-esteem. The Self-esteem Evaluation Instrument (SEI) measures self-esteem (see Appendix G). This instrument consists of 50 statements with four possible responses from 0-3. 0 being "if not true" to 3 "if true". The odd numbered statements of the SEI state opposite of sound self-esteem. The even numbered statements refer to conditions or actions of sound self-esteem (R. Littrell, personal communication, Sept. 1986).

The third variable that was measured was the individual's sense of well-being. The scale to measure this variable is called the Well-being Scale (WBS) (see Appendix H). Each question assesses well-being in various aspects of one's life. The questions have been divided as follows: 1 boredom; 2 and 5A work enjoyment; 3, 5D and 5N societal contribution; 4, 5G and 8 goal attainment; 5B love relationship; 5C parenthood; 5E finances; 5F health; 5H exercise; 5I religion; 5J sex life; 5K partner's life; 5L social life; 5M physical attractiveness; 5O time; 5P and 6 life; 7 control; 9 love status.

Responses to the WBS are obtained through the use of a Likert scale which ranges from 1-6 or 1-8. For each question the responses are as follows: 1-1 being "never" to 6 being "all the time". 2-1 being "all the time" to 6 being "almost never". 3-1 being "yes" to 6 "not applicable". 4-1 being "beginning dream" to 8 "I have achieved my original dream and haven't generated a new one". Questions 5 to 20: 1 being "delighted" to 8 being "not applicable". Question 21-1 being "unusual life" to 4 being "very ordinary life". Question 22-1 being "total control" to 5 being "no control". Question 23-1 being "responsible" to 5 being "not responsible". Question 24-1 being "yes, first time" to 4 being "never been in love".

The author of the well-being scale was contacted by mail and indicated that New York State University did the analysis for the well-being scale (see Appendix I). The New York State University spokesperson suggested that the investigators who did the statistical analysis on the well-being scale had left the University. Dr. Rubenstein who did the original analysis was contacted and indicated no real statistical analysis was ever conducted on the instrument. He did not know whether the items were valid indicators of sense of well-being or whether they reliably measured well-being in any way (see Appendix J).

Reliability and Validity

The author of the self-esteem scale found that the reliability of the Self-esteem Evaluation to vary from the population which was used to test the Instrument. The coefficients are especially noteworthy when the number of Items is considered. The author of the Instrument concluded that it is valid, because it is reliable (see Appendix K). However, an Instrument may yield the same results over time and consistently be measuring the wrong Item.

Because no norming data were collected on the three Instruments (AQ, SE, and WB) some SPSSX reliability checks were completed on each.

The CAIS was used to obtain some basic demographic information on the subjects that participated in the DH program. This Instrument consists of 12 questions. Questions 1-3 ascertain marital status, information about children and current pregnancy, if condition exists at the present time. Question 4 measures religiosity and support from religious groups. Questions 5-7 asks age of subject and length of marriage(s). Question 8 asks about financial support and employment status as well as how the DH program has helped the subject obtain employment. Question 9 asks length of divorce, separation, widowhood and who initiated the divorce. Question 10 requests racial information. Question 11

assesses schooling and training. Question 12 is an open-ended question where the subject is asked to explain the value of the DH program.

Procedure

The subjects were divided into four separate groups. The first group, or pre-test group, consisted of the non-completers, or the participants who for various reasons were not able to complete the DH program due to early discontinuance (after one or two days in attendance). The pre-test scores were the only available information from this group. These pre-tests were administered upon admittance the first day the DH program began.

The second group was the control group, or the future participants. They attended the DH program during any one of six time slots between January and June of 1986. These individuals received the pre-test (with the four instruments: CAIS, AQ, SEI, and WBS), three weeks previous to their attendance of the DH intervention program. An introductory letter (IL) was included in the packet (see Appendix L). A telephone prompt was conducted about two weeks prior to the beginning of the DH intervention program. The telephone prompt was utilized to attempt to increase the response rate. The response rate. This group's post-test was administered the first day of the DH program before experiencing the

Intervention.

The third group, or the Intervention group, consisted of those subjects who completed the DH program. A simple random sample of thirty-five subjects was made from a much larger pool of Intervention participants who completed the program. The pre-test was administered during the first day of the DH program and the post-test was administered upon completion of the program. Sampling for inclusion of participants in the study occurred after post-test measurements were taken. There were 130 DHs in the third or Intervention group. Because this sample was too large, random selection was made according to the following procedure. Each subject was randomly assigned a number between 1-130. Following the number assignment 35 numbers were drawn using a random number start and a random number draw to create this sample.

The fourth group, or the follow-up group, consisted of those who completed the Intervention program during one of the six time slots from January to June 1985. Approximately 15 subjects participated each month for six months, thus totaling a pool of 90 possible "follow-up" participants. This group was pre-tested, experienced the Intervention and was then post-tested. One year after these subjects completed the program (January to June

1986, as appropriate) they were post-tested a second time. There was a telephone prompt two weeks after subjects received the mailed packet of questionnaires encouraging the completion and return of these one-year follow-up measurements. The one year follow-up was done to determine the long-term effectiveness of the program. * The follow-up packet consists of IL, CAIS, AQ, SEI and WBS.

Observation and Interview

To insure that the educational intervention was done consistently, 160 hours were spent collecting valuable data on the DHs. Fifty percent of the time was spent as a participant observer. The remaining 50 percent was spent in telephone interviews (See Appendix M) with the subjects that completed the intervention program between October and December, 1985. Each interview lasted about 20 minutes, thus 140 interviews were completed. Various problems can be anticipated in making contacts with all of the possible subjects, especially the fourth or "follow-up" group. Groups of DHs are very mobile and often change addresses from two to three times a year, thus creating a problem in making contacts. Also, many were remarried and changed their surname and many DHs did not have phones which made the telephone prompt difficult.

The best way we found to alleviate these problems was to use the emergency phone number subjects gave on their DH program intake form. This emergency number was usually that of a close friend or relative that knows the location of the subject in the event of an address or name change. Leaving messages with the emergency number, requesting that the subject return a call proved beneficial for those subjects who did not have a phone.

Another way to alleviate this problem was to attach an "Address Correction Request" label to the mail-out questionnaire. In the event that the emergency number did not offer any information or assistance, the local phone company was used as a source of new phone listings.

Another challenge occurred with the control group. Subjects had to be contacted at least three weeks before they experienced the intervention, but it was not always known who was to be in the program. There was a list of potential participants, but most subjects did not make a commitment until the first day of the DH program. Because it was necessary to administer the pre-test three weeks previous to the intervention, it was expected that there would be a large percentage of drop-outs. For this reason, it was critical that all potential subjects received a pre-test and thus increase chances of responses.

Reduction and Transformation

All subjects were administered HSA. It was transformed in order to compare it with the CAIS. Because the HSA is not as detailed as the CAIS, only some of the information could be transformed to the CAIS. The information that was transformed directly from the HSA to the CAIS is as follows: marital status, information on dependent children, age, employment, government help, and years of education. As indicated above some of these data served as independent variable. In the HSA the subjects were asked to predict their income for the next six months. This created a problem because on the CAIS the subjects were asked to give their present monthly income. In order to adjust for this, the income data were transformed from a continuous to a categorical variable. The responses were a Likert scale with 1, 0-100 dollars per month to 8, greater than 701 dollars per month.

As soon as the coding of all demographic information and instruments was completed, the data were run using SPSSX Analysis of Covariance or Rummage Analysis of Covariance. 1. An analysis of covariance was completed on the pre-test scores of the four groups to determine whether any significant differences exist between the groups before exposure to the independent variable (intervention program). Group, income, and education

were included as the main effects and age was the covariate. The assumptions for analysis of covariance were tested to insure the proper model is being used. The assumptions are: a. All the treatment groups have the same variance. b. All the regression lines have the same slope. c. The common slope B is not equal to 0.

Table 2.

Pre-Test Anova

<u>Source</u>	<u>df</u>
Groups	3
Age	1
Income	1
Education	1
Income X Time	1
Age X Educ	1
Income X Age	1
Error	5
<hr/>	
Total	66

2. An analysis of covariance (ANCOVA) compared the 3 groups of subjects (control, intervention and follow-up groups) on the three post-test scores of three dependent variables (assertiveness, self-esteem and well-being). The main effects were group, income, education. The pre-test score and age were included as covariates. The demographic variable education and income, were collapsed into fewer categories after these data had been collected.

Table 3.

Post-Test Ancova

<u>Source</u>	<u>df</u>
Education	1
Educ	1
Income	1
Group	1
Age	1
Income X Age	1
Income X Group	1
Group X Age	1
Error	37
<hr/>	
Total	45

3. A repeated measures analysis of variance was done to test for differences in dependent variables between pre-test, intervention, and follow-up time periods. Education and time were included as the main effects and age were covariates.

Table 4.

Follow-up Manova

<u>Source</u>	<u>df</u>
Education	2
Income	1
Age	1
Subjects	14
Time	2
Education X Time	4
Income X Time	2
Age X Time	2
Error	28
<hr/>	

CHAPTER IV
RESULTS

Introduction

The purpose of this research was to determine if educational intervention, when presented to DHs, could cause a decrease in distress and an increase in eustress and enable them to prepare for the development of employment skills. The first objective was to determine if the pre-test distress level of the DH would vary according to her age, income and education level. The second objective was to determine if through educational intervention the distress the DH was experiencing could be reduced. The third objective was to ascertain if an increase in eustress did result, would it last at least one year after the intervention? The results did not indicate that pre-test scores were dependent on age, income and education level; but did reveal some other valuable information. The second objective concerning the change from a decrease in distress to an increase in eustress was met in terms of the findings. Except in the case of low-income DHs, the last objective which dealt with change lasting over time was also met.

Demographic Information

The sample in this research consisted of 106 divorced/separated or widowed female DHs. Seventy-six of the DHs were divorced/separated and thirty were widowed. They ranged in age from 18 to 61 years. Post adolescent subjects were identified as DH because in Utah, all separated/divorced and widowed women who are deficient in employment skills and education are labeled as such. They are then eligible to apply for food stamps, public housing and to participate in other social service programs, including educational intervention/training programs designed to help women prepare to develop employment skills. (See Table 5 for more demographic information on the sample.)

Pre-Test Comparisons

In order to determine if there were differences in the pre-test scores of each group and if any of the main effects reached a significant level, the results were compared as follows: pre-test scores (AQ, SE, and WB) were compared between the non-completers (group one) and each of the other groups utilizing an analysis of covariance (ANCOVA). Years of education at time of divorce or widowhood served as a covariate. Income, group and age served as main effects, with no interaction terms included. (See Tables 6,7,8, and 9.)

Table 5

Demographic Information

<u>Variable</u>	<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>	<u>Group 4</u>
Monthly Income				
mean	3.39	4.33	4.25	3.28
med.	4.00	4.00	3.50	2.00
Interval	\$301-400	\$401-500	\$401-500	\$0-700+
range	\$100-600	\$201-600	\$101-700+	\$0-700+
Years Educ.				
mean	11	11	11	12
med.	12	12	12	12
range	8-14	9-15	8-12	0-16
Age (yrs)				
mean	31	34	32	34
med.	29	32	29	31
range	21-47	19-57	18-57	21-61
Marital Status				
Sep/divorced	26	9	27	14
Widowed	2	7	8	13

N=106

Table 6

Assertiveness Quotient Pre-Test

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
Group	3	519.40	3.51	.021
Income	1	43.37	.29	.590
Age	1	547.10	3.70	.590
Education	1	5.63	.04	.846
Error	<u>59</u>	147.9		
Total	65			

Table 7

Summary of Table 6: Estimated Means for Group

	<u>Sample</u>	<u>Mean</u>	<u>STD. DEV.</u> <u>OF THE MEAN</u>
Group 1 (pre-test)	20	80.109	2.88
Group 2 (control)	9	68.934	4.41
Group 3 (post-test)	15	67.602	3.24
Group 4 (follow-up)	22	71.664	2.74

Table 8

Self-Esteem Pre-Test

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
Group	3	548.9	.966	.415
Income	1	35.6	.063	.803
Age	1	2188.4	3.850	.054
Education	1	631.5	1.111	.296
Error	<u>59</u>	568.3		
Total	65			

Table 9

Well-Being Pre-Test

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
Groups	3	20.72	1.07	.370
Income	1	7.03	.36	.550
Age	1	11.92	.61	.437
Education	1	1.14	.06	.810
Error	<u>59</u>	19.42		
Total	65			

However, the main effect for group was significant on AQ ($F=3.51$, $df=3,59$ $p<.021$). There was a difference of the means between the non-completer group (group 1) and each of the other three groups (2,3, and 4). The means for each group were 11.17528, 12.50767, 8.44529 respectively. There were no significant main effects found to exist between the four groups on SE ($F=.966$, $df=3,59$; $p<.415$) or on WB ($F=1.06$, $df=3,59$; $p<.370$).

Pre-Test/Post-Test Comparisons

To determine whether the educational intervention had an effect and whether that effect was significant, a comparison was done to determine differences between the control and experimental group on pre-test/post-test scores. Analysis of covariance was utilized to compare the control group to the experimental group. The covariates were years of education and pre-test scores (AQ, SE, and WB). Main effects were income, group and age. Two way interactions were included between income and group, income and age, and between group and age on AQ, SE, WB.

The first ANCOVA was run with AQ pre-test scores as a covariate. A significant main effect between the groups was found ($F=6.222$, $df=1,37$ $p<.015$). Experimental group subjects had experienced a change after intervention. There were no other significant main

effects and no significant interactions. The adjusted means for the two groups were 70.35 for the control and 84.08 for the experimental group. Explained variance was $R^2=.40$. (See Table 10.)

The same analysis was repeated on SE with a significant main effect of $F=6.50$, $df=1,37$ and $p<.015$. Adjusted post-test means were 12.93 for the control group and 30.88 for the experimental group. The experimental group had significantly higher self-esteem scores after intervention than did the control group. There were no other significant main effects or interactions. The explained variance was $R^2=.39$. (See Table 11.)

The main effect of group was found to be significant on the WB post-test score ($F=6.09$, $df=1,36$; $p<.019$). The WB pre-test score was added as a covariate and found to be significant. No other main effects or interactions were significant. The control group had an adjusted mean score of 7.30 and the experimental group score was 11.17. Thus the experimental group had significantly higher WB scores at post-test, after intervention, than did the control group. The variance explained was $R^2=.53$. (See Table 12.)

Note: caution should be used when interpreting the explained variance coefficients. Since several variables were used in each of these equations, the explained variance may be inflated.

Table 10

Assertiveness Quotient Post-Test

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
AQPRTOT	1	3118.0	16.70	.000
EDUCATION	1	316.9	1.70	.200
INCOME	1	461.6	2.48	.124
GROUP	1	1158.6	6.22	.017
AGE	1	85.0	.46	.504
INCOME X GROUP	1	132.2	.71	.405
INCOME X AGE	1	11.8	.60	.803
GROUP X AGE	1	8.4	.05	.833
ERROR	<u>37</u>	186.3		
TOTAL	45			

REGRESSION COEFFICIENT

AQPRTOT= .698

EDUCATION= -1.048

Table 11

Self-Esteem Post-Test

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
SEPRTOT	1	4867.4	15.90	.000
EDUCATION	1	350.4	1.12	.282
INCOME	1	211.1	.72	.402
GROUP	1	1910.4	6.50	.015
AGE	1	22.3	.08	.784
INCOME X GROUP	1	5.0	.02	.897
INCOME X AGE	1	50.2	.17	.682
GROUP X AGE	1	169.1	.58	.453
ERROR	<u>37</u>	293.9		
TOTAL	45	405.6		

REGRESSION COEFFICIENT

SEPRTOT = .401

EDUCATION= -1.102

Table 12

Well-Being Post-Test

SOURCE	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
WBPRTOT	1	483.3	33.20	.000
EDUCATION	1	35.5	2.44	.127
INCOME	1	14.8	1.02	.320
GROUP	1	88.7	6.09	.019
AGE	1	0.5	.04	.847
INCOME X GROUP	1	.6	.04	.847
INCOME X AGE	1	29.7	2.04	.162
GROUP X AGE	1	0.1	.01	.963
ERROR	<u>36</u>	14.56		
TOTAL	44			

REGRESSION COEFFICIENT

WBPRTOT = .898

EDUCATION = .352

Follow-Up Comparisons

Since it had been determined that through educational intervention, distress decreased and eustress increased, it became necessary to determine how long that change may have lasted. In order to accomplish this, the follow-up group was given pre-test and post-test as was the experimental group, but a second post-test (follow-up test) was given one year after intervention on each of the dependent variables. (See Tables 13-20.)

To analyze these data two forms of repeated measures ANOVA had to be employed. Ideally, the analysis of choice would be to compare pre-test to post-test scores and then post-test to follow-up scores. However, repeated use of the post-test score at time two, results in a paired score at follow-up and independence is compromised. To avoid this error, pre-test scores were compared with post-test and follow-up scores. Then, following that analysis, post-test and follow-up scores were analyzed separately. The results allow a conclusion to be drawn as to whether or not a significant effect occurred between pre-test and post-tests or between post-test and follow-up with change over time.

Main effects for the analysis completed on AQ, SE and WB were income, age, and years of education. For

Table 13

Assertiveness Quotient Follow-up

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
INCOME	1	585.73	1.61	.225
AGE	1	39.84	.11	.745
EDUCATION	2	99.31	.27	.765
SUBJECTS	14	363.40	2.74	.050
TIME	2	611.60	4.61	.019
INCOME X TIME	2	406.90	3.07	.062
AGE X TIME	2	11.68	.09	.916
EDUC X TIME	4	54.54	.410	.799
ERROR	<u>28</u>	132.52		
TOTAL	68			

Table 14

Summary of Table 13: Assertiveness Quotient over Time

Before vs After *
 t-test= -4.43 Sig t= .005

Post-test vs Follow-up
 t-test= .106 Sig t= .917

*Before vs After refers to the pre-test
 vs the post and follow-up tests.

Table 15

Self-Esteem Follow-up

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
INCOME	1	528.59	.51	.488
AGE	1	.15	.00	.991
EDUCATION	2	278.70	.27	.769
SUBJECTS	14	1042.60	3.00	.010
TIME	2	779.90	2.24	.125
INCOME X TIME	2	1389.40	4.00	.030
AGE X TIME	2	381.10	1.10	.348
EDUC X TIME	4	512.60	1.47	.237
ERROR	<u>28</u>	347.7		
TOTAL	68			

Table 16

Summary of Table 15: Self-Esteem by Income Over Time

Low Income vs High Income (before vs after)*
 t-test= 2.31 Sig t= .037

Low Income vs High Income (post vs follow)
 t-test= 1.37 Sig t= .192

*Before vs After refers to pre-test
 vs post and follow-up tests.

Table 17

Well-Being Follow-up

Source	<u>Df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
INCOME	1	82.13	1.57	.233
AGE	1	27.11	.52	.485
EDUCATION	2	1.50	.03	.972
SUBJECTS	13	52.47	5.04	.010
TIME	2	53.01	5.09	.014
INCOME X TIME	2	42.79	4.11	.028
AGE X TIME	2	21.65	2.08	.145
EDUC X TIME	4	31.94	3.07	.034
ERROR	<u>26</u>	10.42		
TOTAL	53			

Table 18

Summary of Table 17: Well-Being Over Time

Before vs After *
 t-test= -3.86 Sig t= .0012

Post-test vs Follow-up
 t-test= .602 Sig t= .557

*Before vs After refers to the pre-test
 vs the post and follow-up tests.

Table 19

Summary of Table 17: Well-Being by Income Over Time

Low Income vs High Income (before vs after)*

t-test= 1.50 Sig t= .158

Low Income vs High Income (post-test vs follow-up)

t-test= 2.24 Sig t= .043

Table 20

Summary of Table 17: Well-Being by Education Over Time

Less than High School vs High School

(before vs after)*

t-test= -.980 Sig t= .345

Less than High School vs High School

(post vs follow)

t-test= .146 Sig t= .881

High School vs more than High School

(before vs after)*

t-test= -2.45 Sig t= .029

High School vs more than High School

(post vs follow)

t-test= -1.10 Sig t= .288

*Before vs After refers to the pre-test
vs the post and follow-up tests.

this analysis education was collapsed into a trichotomized variable as follows: low, 0-11 years of education; middle, high school graduate or 12 years of education, and high, 13 years of education or more.

Assertiveness

The analysis described above was completed on AQ. There were no significant main effects on income, age and years of education. A significant change occurred over time on AQ ($F=4.61$, $df=2$, $p<.02$). This change occurred between the pre-test and post-test components, was in a positive direction and no loss of this change occurred at the one year follow-up. No significant interactions occurred.

Self-Esteem

The analysis of self-esteem was the same as that for assertiveness. No significant main effects were found. No change was noted on self-esteem over time. However, there was a significant interaction between income and time ($F=4.00$, $df=2$, $p <.03$). This interaction occurred between pre-test and post-test and did not change at the one year follow-up.

The time by income interaction suggests that individuals in the 0-200 income categories significantly differ from those in higher income categories on self-

esteem ($t=2.24$, $df=1,14$ $p<.043$). The statistics do not allow a determination to be made in terms of the degree of difference because the original mean scores undergo a transformation in the analysis. But subjects in the \$0-200 categories experience a drop in self-esteem between the pre-test and post-test components and show no change either toward recovery or greater loss at one year follow-up.

Well-Being

This variable was analyzed using the same procedure as was used for assertiveness. No significant main effects were found on income, age, or years of education. A significant change over time occurred on well-being ($F=5.09$, $df=2$, $p<.01$). This change occurred between pre-test and post-test and was in a positive direction and there was no further change in sense of well-being at the one year follow-up.

A significant interaction was noted on income by time ($F=4.11$, $df=2$, $p<.03$). This change occurred between the post-test and one-year follow-up for the low and high income groups. That is, these two groups significantly differed from each other.

The time by income interaction indicates that groups with the lowest level of income were significantly different from the highest income group on well-being

over time ($t=2.45$, $df=1$, $p<.03$). The statistic does not allow a determination to be made in terms of the magnitude of difference between these two groups. It does, however, allow the conclusion that subjects with lower incomes experienced a decrease in sense of well-being between the post-test and one year follow-up, while higher income subjects were experiencing an increase in sense of well-being.

CHAPTER V
DISCUSSION

Purpose

The purpose of this study was three-fold: first, to determine if age, education level or income resulted in a significant difference on the pre-test scores between the groups; second, to measure if a decrease in distress and an increase in eustress resulted from educational intervention; and three, if there was a change in stress levels, to measure if the change could last one year.

The major findings indicate pre-test scores were not affected by age, income or education level. However, the non-completer group (#1) was found to have higher pre-test scores on the AQ. Also there was a significant change as a result of the educational intervention for the experimental group (#3), but no change in control group (#2) and the change did last over time for the follow-up group (#4). One exception to the findings on the follow-up group was found in the case of lower income DHs. Their SE dropped over time and this was followed by a drop in WB, though their AQ remained the same.

Findings indicate that DH who were non-completers did not need, or perhaps, want the educational intervention component to raise consciousness on

assertiveness. Self-esteem had not been as damaged (lowered) at the loss of the marital relationship for these DH. (The SE mean scores of the non-completer group were higher than the other groups; however, the scores did not reach a significant level). Thus, the only variable which might have been effected by the educational intervention would have been sense of well-being. Most non-completers gave employment as the major reason for not finishing the class. Since financial security plays a major role in improving one's sense of well-being, these non-completers selected the most direct route to achieve a sense of well-being through employment.

Therefore, we would recommend that social service providers use pre-test scores diagnostically. When a DH's pre-test scores indicate that the intervention may not be beneficial, then the DH should be directed towards the development of employable skills before. It would be advisable to give the pre-test before the first day of class and thus, those who do not need to come need never attend. Social service providers should understand that although a quota may be filled, it would be a waste of time and money to encourage these DH to attend the intervention seminar. Not only do they drop out quickly, but they use up space that could better serve someone else.

The basis of objective number two was, did the educational intervention have an effect? The findings on the three dependent variables utilizing ANCOVA to determine whether differences at post-test occurred between control and experimental groups provides the results for this objective.

On all three of the dependent measures the treatment had a significant effect. There was change in a positive direction at post-test for the experimental group, while no change was noted for controls. Other covariates had no effect. That is, all change appeared to have been the result of the treatment.

The basic theoretical question was, could a change from a decrease in distress to an increase in eustress be achieved which would enable DHs to develop employable skills? It must be concluded that at the end of the educational intervention component, that DHs who received the treatment had reduced levels of stress and therefore had achieved a more positive mental state. As a result, it would seem that they would be receptive to and benefit from training for employment. The program helped these DHs build a resource.

The purpose for which the program was designed, that is, to cause a decrease in distress and an increase in eustress so that these DH could benefit from stage two

intervention, development of employment skills, was successful. DH showed significantly increased levels of assertiveness, self-esteem, and well-being after treatment. Thus, the trajectory of these DH lives was toward recovery.

As a result, at the completion of the seminars, when subjects were evaluated by social service counselors and advised to seek skill training, more education or to move into the job market, the intervention had prepared them to cope with those new challenges by increasing their AQ, SE, and WB.

In analyzing the data from the follow-up group (whose progress was followed through the intervention seminar and over a one-year period) the objective was not only to determine whether the treatment had worked or not, but if so, did the effect last at least one year?

Findings for this group indicate that low-income DHs did not improve as a function of attending the intervention seminars. They showed an increase in AQ, but no improvement and in fact, even a loss of self-esteem that was not recovered during the following year. Of even greater importance is the fact that subsequent to their reduced sense of self-esteem, they sustained a loss of their overall sense of well-being as indicated by the one-year follow-up measurement.

The most meaningful way to evaluate these data is to

consider the basic value system of low-income DHs. These DH's self-esteem may have been compromised because of the acquisition of assertiveness. This was in conflict with their more traditional, non-assertive sense of identity. This, it seems, led to a subsequent loss of overall feelings of personal well-being. Thus, if we can assume that the significant change in their lives was a change from a more traditional to a less traditional stance, as evidenced by a significant increase in assertiveness scores at post-test which was retained at follow-up, this would suggest that the intervention had not benefitted these DH. Instead, the intervention had acted on them in a detrimental way by threatening their traditional role orientation and their self-esteem which was anchored in that role orientation.

Another possible explanation for the findings on low-income DH is job discrimination. Because assertiveness was paired with success in job placement and career development, these DHs were highly motivated to integrate assertiveness into their personality in order to increase employment prospects. Perhaps the intervention even gave them a false sense of security and only with time did these DH come to realize that they were less marketable as employees. As a result, feelings of undesirability may have developed, then increased

stress levels followed, which, over time, led to a reduced sense of well-being.

On the other hand, those who had higher income levels did not experience these same feelings of uncertainty and thus self-esteem and well-being scores did not decrease. One reason why those DH at a higher income levels did not experience this same stress is that they probably did not have as high a need to enter the employment market and thus were less likely to discover the same harsh reality. Another possible explanation is that the high-income DHs were more likely to have been employed outside the home in the past and therefore may have been less traditional in terms of their role orientation. Therefore, self-esteem was not at risk, no stress resulted and personal well-being remained stable.

Thus, it would appear that assertiveness increased and remained at that level for up to one-year following the change. Self-esteem and well-being do not decrease after one-year for those who are at higher income levels. Only those who are at lower income levels show no gains in self-esteem after intervention and show a reduced sense of self-esteem at post-test as well as a decrease in well-being after one-year.

Policy Recommendations

1. Social service workers who offer educational

Intervention to help DH should pay close attention to pre-test scores and use these scores as a screening device to determine who needs intervention. Since a major component of this and other such programs is assertiveness training and since some assertive DH will not benefit from this training it may be a major reason why they "self-select out". However, they have filled a space which might better benefit another DH. As a result we would recommend that these assertive DHs be encouraged to go on with the development of employment skills.

2. Most women with higher incomes will benefit from an intervention program geared toward assertiveness training and job skill acquisition. Thus, such programs should continue to be supported.
3. DHs who are low-income may not profit from intervention programs designed around assertiveness. In fact, these DHs may experience decreased levels of self-esteem and a lowered sense of well-being. Thus, for such DHs, some counseling with a marriage and family therapist or psycho-therapist is recommended. Therapists may be able to help these women sort

out their feelings of distress.

4. Alternatively, a program which aids in development of a positive sense of self-esteem and increasing levels of sense of well-being, but which excludes assertiveness training could be developed for these lower-income DH. Then, involvement in traditional jobs could be the goal after training or updating of skills was completed. Such an approach might contradict the assertion of the women's movements, but would leave these older traditionally-oriented DHs mentally healthy, ready for skill training and possibly more employable.
5. It is recommended that a better sample of DHs be obtained. This can best be accomplished by utilizing county divorce and death records. In this way, information could be mailed to perspective participants at a point in time considered most valuable for the intervention. Also, this would allow for better planning of the educational intervention.
6. Instruments of greater substantiality should be used. The AQ, SE and WB previously selected by the Phoenix Institute, had many weaknesses in them. Instruments should be selected that have

been normed for age and sex groups, that have short subscales, not a large range and are easily scored.

7. Only one demographic form, the CAIS, should be used to collect information on the subjects. This form is more accurate, avoids inconsistencies and would provide more critical information. With more accurate demographic information, better research could be done to assist the DHs in their reduction of distress.
8. DH intervention seminars should be funded in such a way that the instructors are not overburdened with other social service responsibilities. When this occurs, the educational intervention lacks quality and the results may not be accurate.

Conclusions

Several conclusions can be drawn from these data. First, since a major component in most rehabilitative programs for DH is development of assertiveness, assertive women will not benefit from involvement. Second, the intervention is effective for the majority of DH and does contribute to preparing DH for vocational rehabilitation. It is especially effective if followed by employment counseling and skill training. Third, the

change from distress to eustress does last over a one-year period for the majority of subjects. One exception is those DH who have a lower income. These DHs will not benefit from this type of intervention. While they may become more assertive, their mental health and personal well-being will show a significant degree of deterioration over time. Recovery, if it occurs at all, may take some time to occur and perhaps will do so only after they discontinue engaging in assertive behaviors, return to a more traditional approach and decrease their level of stress caused by identity conflict.

Future Research

Research on DH intervention programs has mainly consisted of emotional testimonials by subjects. Very little scientific research has been done to evaluate the effectiveness of the variables in meeting the needs of the DHs. In the event of future research, these factors should be considered.

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APPENDICES

Appendix A
Curriculum Outline Brigham City

Seminar of Success
Week #1

Day Date	Monday 01/13	Tuesday 01/14	Wednesday 01/15	Thursday 01/16	Friday 01/17
9:00	Welcome and Orientation	Group Activity	General Aptitude Test	Group Activity	Group Activity
9:30	Expectation	Work Questionaire	(cont'd)	Self- Esteem	Positive Outlook
10:30	Break	-----	-----	-----	-----
10:40	Well-Being Self-Esteem Assertiveness	Assertion	GATB	Couponing	Dress for Success
12:00	Lunch	-----	-----	-----	-----
1:00	Self- Esteem	Work Preference	Carreer Panel	Dealing with Stress	Assertion
2:20	Break	-----	-----	-----	-----
2:30	Concerns and Expectations	Employee Rights	Interviewing Skills	Dealing with Stress	Assertion

Seminar of Success
Week #2

Day Date	Monday 01/20	Tuesday 01/21	Wednesday 01/22	Thursday 01/23	Friday 02/24
9:00	Resume Writing	Best Face Forward	Interview Report Back	G.E.D.	Survival Skills
9:30	Values Clarification	(cont'd)	Assertion	(cont'd)	(cont'd)
10:30	Break	-----	-----	-----	-----
10:40	Health and Happiness	Working Pays	Assertion	Parenting While Working	Post Assessment
12:00	Lunch	-----	-----	-----	Buffet Lunch
1:00	Assertion	Training Opportunities	Interviewing	Math	Assertion
2:20	Break	-----	-----	-----	-----
2:30	Assertion	Information Interview	GATB	Problem Solving	Assertion (Closing Remarks)

Appendix B
Curriculum Outline Logan City

Seminar of Success
Week #1

Day Date	Monday 02/24	Tuesday 02/25	Wednesday 02/26	Thursday 02/27	Friday 02/28
9:00	Welcome and Orientation	Group Activity	Introduction of Plan for Success	General Aptitude Test	Writing a Resume
9:30	Goal Setting	Assertiveness Training	(cont'd)	-----	(cont'd)
10:30	Break	-----	-----	-----	-----
10:40	Well-Being Self-Esteem Assertiveness	Assertion	Positive Outlook	GATB	Dress for Success
12:00	Lunch	-----	-----	-----	-----
1:00	Self- Esteem	Work Preference	Carreer Panel	Dealing with Stress	Assertion
2:20	Break	-----	-----	-----	-----
2:30	Concerns and Expectations	Employee Rights	Interviewing Skills	Dealing with Stress	Assertion

Seminar of Success
Week #2

Day Date	Monday 03/03	Tuesday 03/04	Wednesday 03/05	Thursday 03/06	Friday 03/07
9:00	Group Activity	Best Face Forward	Interview Report Back	G.E.D.	Survival Skills
9:30	Values Clarification	(cont'd)	Assertion	(cont'd)	(cont'd)
10:30	Break	-----	-----	-----	-----
10:40	Health and Happiness	Working Pays	Assertion	Parenting While Working	Post Assessment
12:00	Lunch	-----	-----	-----	Buffet Lunch
1:00	Assertion	Training Opportunities	Interviewing	Math	Assertion
2:20	Break	-----	-----	-----	-----
2:30	Assertion	Information Interview	GATB	Problem Solving	Assertion (Closing Remarks)

Appendix C
Human Services Application

HUMAN SERVICES APPLICATION

(All Information Provided Will Be Kept Confidential)

Name _____ Telephone _____ Date _____

Address _____

Social Security # _____ Prior Client? Yes ___ No ___

If No, how did you learn of this agency? _____

Please list below all income received by members of your household during the past 6 months or the income you will receive over the next 6 months.

<u>Past 6 Months</u>	or	<u>Next 6 Months</u>
Gross Wages _____		Gross Wages _____
Public Assistance _____		Public Assistance _____
Social Security _____		Social Security _____
Unemployment _____		Unemployment _____
Other _____		Other _____
Total _____		Total _____

Is any of the above income from farming? Yes ___ No ___

Do you receive Food Stamps? Yes ___ No ___

Personal Information

Your age ___ Sex: M F Spouse's Name _____

Spouse's age _____

Marital status: Married ___ Single ___ Separated ___

Widowed ___ Divorced ___

Other _____

Total number in household ___ Number of dependents _____

Age and sex of dependents _____

Appendix D
Crisis Adjustment
Interview Schedule

CRISIS ADJUSTMENT INTERVIEW SCHEDULE

Demographic Information

1. Marital status: Widowed _____, Divorced/separated _____.

2. Do you have dependent children? Yes _____, no _____.

How many? _____.

What are their ages? _____.

3. How many children do you have in all? _____.

Are you pregnant now? Yes _____, no _____.

4. What is your religion?

- | | |
|---------------|-----------|
| a. Catholic | d. Mormon |
| b. Jewish | e. Other |
| c. Protestant | |

How often do you attend religious services?

- | | |
|------------------|--------------------------|
| 1. once a week | 4. once every six months |
| 2. twice a month | 5. once a year |
| 3. once a month | 6. other |

Do you receive support from your religious group? Yes _____, no _____.

Personal counseling Yes _____, no _____.
Financial assistance Yes _____, no _____.

If financial assistance, how much do you receive? \$ _____.

Do you receive foods from your religious group? Yes _____, no _____.

5. How many years were you married? _____.

6. Have you been widowed or divorced before? Yes _____, no _____.

Widowed _____ times, divorced _____ times.

7. What was your age as of your last birthday? _____.

8. Are you currently employed? Yes _____, no _____. If yes,

approximately how much do you earn each month?

- | | | |
|-----------------|-----------------|-----------------|
| a. 0--\$100 | d. \$300--\$400 | g. \$600--\$700 |
| b. \$100--\$200 | e. \$400--\$500 | h. \$700--\$800 |
| c. \$200--\$300 | f. \$500--\$600 | i. other |

If no, are you: Seeking employment _____.
in training/education _____.
a full-time homemaker _____.

8. (cont.)

Has participating in the Displaced Homemaking Program helped you in locating employment? Yes _____, no _____.

If yes, how so? _____

Are you now receiving government support? (i.e. AFDC (welfare), Social Security, Food stamps, Medicare, Job training Program, ACT (JTPA), Vocational education). Yes _____, no _____.

How much are you receiving? \$ _____.

Do you receive child support? Yes _____, no _____.

If yes, How much \$ _____.

Regularly _____
Irregularly _____.

9. How long have you been divorced/separated, widowed? _____.

a. If divorced, did you _____ or your husband _____ initiate the divorce, or was it mutually agreed upon? _____.

b. If widowed, was your husband's death the result of a long illness _____, a short illness _____, or was it quite sudden _____?

10. Circle one of the following that applies to you:

- | | | |
|--------------|--------------------|----------|
| a. Caucasian | d. Asian | f. Other |
| b. Black | e. American Indian | |
| c. Hispanic | | |

11. Do you have any vocational educational training? Yes _____, no _____.

If yes, how many years? _____.

Do you have any college training? Yes _____, no _____.

If yes, how many years? _____.

How many years of education did you have at the time of your divorce/widowhood _____. How about now _____.

12. Explain how the Displaced Homemaking Program has helped you _____

Appendix E
Assertiveness Quotient Instrument

DO YOU KNOW YOUR AQ?

Test your assertiveness quotient (AQ) by completing the following Questionnaire. Use the scale below to indicate how comfortable you are with each item:

- 1 - makes me very uncomfortable
- 2 - I feel moderately uncomfortable
- 3 - I am very comfortable with this

There may be some situations which are not relevant to you or to your particular lifestyle: in such cases, try to imagine how different you might feel if you were involved in this situation.

AQ TEST

ASSERTIVE BEHAVIORS

1. Speaking up and asking questions at a meeting.

2. Commenting about being interrupted by a person directly.

3. Stating your views to an authority figure (e.g., minister, boss, father, mother, wife, therapist).

4. Attempting to offer solutions and elaborating on them when there are others present.

YOUR BODY

1. Entering and exiting a room where only men or women are present.

2. Speaking in front of a group.

3. Maintaining eye contact, keeping your head upright, and leaning forward when in a personal conversation.

YOUR MIND

1. Going out with a group of friends when you are the only one without a "date".

2. Being especially competent, using your authority or power without labeling yourself as "bitchy, impolite, bossy, aggressive or parental."

3. Requesting expected service when you haven't received it (e.g., in a restaurant or a store).

APOLOGY

1. Being expected to apologize for something and not apologizing since you feel you are right.

2. Requesting the return of borrowed items without being apologetic.

COMPLIMENTS, CRITICISM AND REJECTION

1. Receiving a compliment by saying something assertive to acknowledge that you agree with the person complimenting you.

2. Accepting a rejection.

3. Not getting the approval of the most significant female/male in your life, or of any female/male.

4. Discussing another person's criticism of you openly with that person.

5. Telling someone that she/he is doing something that is bothering you.

ANGER

1. Expressing anger directly and honestly when you feel angry.

2. Arguing with another person.

HUMOR

1. Telling a joke.

2. Listening to a friend tell a story about something embarrassing, but funny, that you've done.

3. Responding with humor to someone's put-down of you.

CHILDREN

1. Disciplining your own children.

2. Disciplining others' children.

3. Explaining the facts of life or your divorce to your children.

WOMEN TOGETHER

1. Talking about your feelings of competition with another woman/man with whom you feel competitive.

2. Expressing warm and caring feelings to women/men friends.

SAYING "NO"

1. Refusing to get coffee or to take notes at a meeting because you're a woman or refusing to lift heavy objects or take out the garbage because you're a male.

2. Saying "no" - refusing to do a favor when you really don't feel like it.

3. Turning down a request for a meeting or date.

MANIPULATION AND COUNTER-MANIPULATION

1. Telling a person when you think she/he is manipulating you.

2. Commenting to a male who has made a patronizing remark to you (e.g., "you have a good job for a woman," or "you're not flighty, emotional, stupid or hysterical like most women,") or commenting to a woman who has made a patronizing remark to you (e.g., "you're very understanding, very sensitive, for a man," or "your apartment sure is clean, for a man' place.").

SENSUALITY

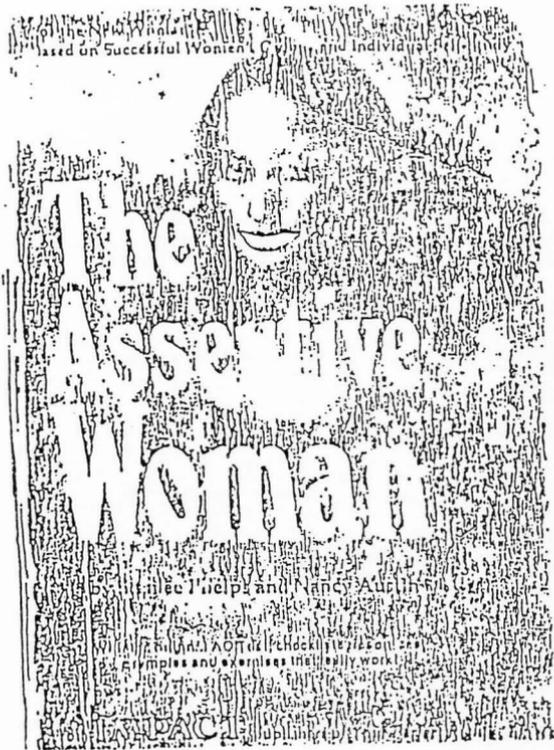
1. Telling a prospective lover about your physical attraction to him/her before any such statements are made to you.

2. Initiating sex with your partner.

3. Showing physical enjoyment of an art show or concert in spite of others' reactions.

4. Asking to be caressed and/or telling your lover what feels good to you.

Appendix F
Assertiveness Quotient
Reliability and Validity



Though our A.Q. Test is not a validated psychological scale or test, you can use it to help you discover in what areas you are not assertive. If you have 1's and 2's under a particular heading, be sure to give special attention to the corresponding chapter. If you have more 1's and 2's throughout the A.Q. Test than you do 3's, *The Assertive Woman* can help you to become a more spontaneous and honest person. For those of you who have thirty or more 3's—congratulations! You already are an assertive woman. We especially recommend reading Chapter XIV "Freedom" and putting your assertiveness to work for yourself and others.

Although our book is intended to be read in sequence, you may choose to concentrate on some areas that relate more to your individual needs as highlighted by your A.Q. score. In fact, after reading *The Assertive Woman* and completing the exercises, test your A.Q. again to see how much your responses have changed.

Appendix G
Self-Esteem Evaluation

- ___ 14. I usually anticipate new endeavors with quiet confidence.
- ___ 15. I am prone to condemn others and often wish them punished.
- ___ 16. I normally do my own thinking and make my own decisions.
- ___ 17. I often defer to others on account of their ability, wealth or prestige.
- ___ 18. I willingly take responsibility for the consequences of my actions.
- ___ 19. I am inclined to exaggerate and lie to maintain a desired image.
- ___ 20. I agree to give precedence to my own needs and desires.
- ___ 21. I tend to belittle my own talents, possessions and achievements.
- ___ 22. I normally speak up for my own opinions and convictions.
- ___ 23. I habitually deny, alibi, justify or rationalize my mistakes and defeats.
- ___ 24. I am usually poised and comfortable among strangers.
- ___ 25. I am very often critical and belittling of others.
- ___ 26. I am free to express love, anger, hostility, resentment, joy, etc.
- ___ 27. I feel very vulnerable to others' opinions, comments and attitudes.
- ___ 28. I rarely experience jealousy, envy or suspicion.
- ___ 29. I am a "professional people pleaser"

- ___ 30. I am not prejudiced toward racial, ethnic or religious groups.
- ___ 31. I am fearful of exposing my "real self".
- ___ 32. I am normally friendly, considerate and generous with others.
- ___ 33. I often blame others for my handicaps, problems and mistakes.
- ___ 34. I rarely feel uncomfortable, lonely and isolated when alone.
- ___ 35. I am a compulsive "perfectionist".
- ___ 36. I accept compliments and gift without embarrassment or obligation.
- ___ 37. I am often compulsive about eating, smoking, talking or drinking.
- ___ 38. I am appreciative of others' achievements and ideas.
- ___ 39. I often shun new endeavors because of fear of mistakes or failure.
- ___ 40. I make and keep friends without exerting myself.
- ___ 41. I am often embarrassed by the actions of my family or friends.
- ___ 42. I readily admit my mistakes, shortcomings and defeats.
- ___ 43. I experience a strong need to defend my acts, opinions and beliefs.
- ___ 44. I take disagreement and refusal without feeling "put down", or rejected.
- ___ 45. I have an intense need for confirmation and agreement.

- _____ 46. I am eagerly open to new ideas and proposals.
- _____ 47. I customarily judge my self-worth by personal comparison with others.
- _____ 48. I am free to think any thoughts that come into my mind.
- _____ 49. I frequently boast about myself, my possessions and achievements.
- _____ 50. I accept my own authority and do as I, myself, see fit.

TO OBTAIN YOUR SELF-ESTEEM INDEX: Add the individual scores of all even numbered statements (i.e. No. 2, 4, 6, 8, etc.). From this total subtract the sum of the individual scores of all odd numbered statements (i.e. No. 1, 3, 5, 7, etc.). This net score is your current Self-Esteem Index, or SEI. For example: If the sum of all the individual scores of the even numbered statement is 37 and the sum of all the individual scores of the odd numbered statements is 62, your SEI is $37 - 62$ on a minus 25. The possible range of one's Self-Esteem Index is from -75 to +75. Yours will fall somewhere in between.

Source: The Bardsdale Foundation, P.O. Box 187,
Idyllwide, CA 92349

Appendix H
Well-Being

THE WELL-BEING SCALE
(Taken from Pathfinders by Gail Sheehy)

Please circle the answer that most accurately describes your feelings.

1. How often do you feel bored?
 1. Almost never
 2. Rarely
 3. Occasionally
 4. Fairly often
 5. Most of the time
 6. Almost all the time

2. How often do you enjoy the work that you do?
 1. Almost all the time
 2. Most of the time
 3. Fairly often
 4. Occasionally
 5. Rarely
 6. Almost never

3. Do you feel that your major work activity makes a contribution to society?
 1. Definitely yes
 2. Most of the time
 3. Some of the time
 4. Almost none of the time
 5. Definitely no
 6. Not applicable

4. Looking back at goals, aspirations, or "dreams" you had as you entered adulthood, how do you feel at this point in your life?
 1. I am just beginning to shape my dream.
 2. I am on my way to achieving my dream.
 3. I have achieved my original dream and have generated a new one.
 4. I have achieved a great deal but it's quite different from my original dream.
 5. I have never had a clear dream or aspiration.
 6. I am not sure whether I am on my way to achieving my dream.
 7. I will probably never achieve my original dream.
 8. I have achieved my original dream and haven't generated a new one.

- e. My financial situation
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- f. My health
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- g. Personal growth and development
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- h. Exercise and physical recreation
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

5. How have you been feeling about:
- a. My work or primary activity
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

 - b. My love relationship or marriage
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

 - c. Children and being a parent
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

 - d. Degree of recognition, success
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- i. Religion, spiritual life
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- j. My sex life
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- k. The way my spouse or lover's life is going
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- l. Friends and social life
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- m. My physical attractiveness
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- n. The degree to which I make a contribution
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- o. Balance of time between work, family, leisure, responsibilities, etc.
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- p. My life as a whole
 - 1. Delighted
 - 2. Pleased
 - 3. Mostly satisfied
 - 4. Mixed (about equally satisfied and dissatisfied)
 - 5. Mostly dissatisfied
 - 6. Unhappy
 - 7. Terrible
 - 8. Not applicable

- 6. In general, how would you describe your life?
 - 1. It's a very unusual life
 - 2. It's a fairly unusual life
 - 3. It's a fairly ordinary life
 - 4. It's a very ordinary life.

- 7. How much control do you have over the important events in your life?

1. Almost total control
 2. Mostly under my control
 3. About half the time I can control the
 4. Mostly not under my control
 5. Almost no control
8. Looking back over your adult life, how responsible you feel for the way it has turned out?
1. Totally responsible
 2. Very responsible
 3. Somewhat responsible
 4. Slightly responsible
 5. Not at all responsible
9. Are you currently in love?
1. Yes, for the first time
 2. Yes, but not for the first time
 3. No, but I have been
 4. I have never been in love

Appendix 1
Letter from Gail Sheehy

20 February 1986

Mr. Marc F. Mathias
Utah State University
Department of Family & Human Development
Logan, Utah 84322

Dear Mr. Matnias:

This is in reply to your letter of December 10th; I'm sorry for the delay.

To make matters worse, the data you ask about is filed away in the country and isn't easily retrievable. However, the scale was developed through a year of testing on six different groups, in conjunction with the Department of Psychology at New York University, and is reliable.

I'm sorry I can't be of more help, but wish you the best of luck with your research.

Sincerely yours,

GS/a~

Gail Sheehy
(Dictated but not Read)

Appendix J
Letter from Dr. Merrifield

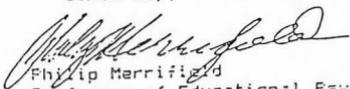
Mr. Mark Mathias
 Department of Family and Human Development
 Utah State University
 Logan, Utah. 84322

Dear Mr. Mathias:

After talking with you Friday morning, I went to the bookstore and found a copy of Sheehy's Pathfinders, published by Bantam, based on the 1981 William Morrow edition. The Well-Being Scale is presented as Appendix II, pages 562-569. It consists of 24 selected questions from the Life History Questionnaire, which itself is Appendix I, pages 540-561. In my opinion, the Well-Being Scale should not be used by itself without extensive separate validation, as the context in which questions are posed and answered matters a lot in questionnaires dealing with these sensitive areas. I can find nothing in the published book that relates to any statistical analysis at a level of detail that would be useful in research on this topic. There are, of course, acceptable ways of determining the stability of questionnaire responses, but there is no mention of their application to the data Sheehy cites. Her book is a culling of interviews of persons who were selected by telephone interviews after having responding to the questionnaire as offered in the popular magazines during the late 1970's. It seems to me that at the very least a reliability of some sort should be established for the current milieu on a substantial sample of the population to which inferences from the research findings are to be made. As noted above, I would hesitate to use the 24-item Well-Being Scale by itself without clearly establishing its reliability for the research setting in which it is to be used.

In her acknowledgements, Gail Sheehy credits Phillip Shaver and Carin Rubenstein of NYU Social Psychology (Graduate School of Arts and Sciences) with assistance in data processing and selecting interviewees. Dr. Shaver is now at the University of Denver, Department of Psychology, Denver, CO. 80208; telephone (303) 971-2478. Dr. Rubenstein's address is given in the current APA Directory as 7 W. 14th St, Apt. 16B, New York NY, 10011. Her telephone is (212) 675-1145.

Sincerely,



Philip Merrifield
 Professor of Educational Psychology
 New York University

Office: 1072 Shinkin Hall, Washington Square, 10003
 (212) 598-2281

Home: 110 Bleecker St. Apt. 5B, New York, NY. (212) 777-1206.

10/17

Appendix K
Letter from Dr. Littrell

Barksdale Self-Esteem Evaluation No.69
(from Dr. Robert Littrell)

We receive a number of requests each year from individuals in the process of doing research on self-esteem, self-concept, self-image, self-regard, self-acceptance, etc. A major problem in responding appropriately to these requests is in identifying the constructs being used by the investigators. You will find, if you haven't already, that the "self" definitions vary considerably, although they all seem to share some commonality of feeling and purpose. The Barksdale self-esteem instrument was developed for the purpose of identifying the relative degree to which an individual is able to respond about himself/herself within the construct as it is conceptually defined.

The Barksdale definition of self-esteem is: it is an emotion; it is how warm and loving one feels toward oneself, based on one's sense of self-worth and degree of self-acceptance.

We have been trying to compile a comprehensive list of research references where the Self-Esteem Evaluation has been used, but we haven't been too successful to date. Once we respond to individuals who request information, it is seldom that they provide us with an abstract or a reference to their studies. We are not too concerned about the studies of others, although we would like to know what is being done. We have developed adequate evidence for our purpose which is in support of the program.

Reliability: We have found the reliability of the Self-Esteem Evaluation to vary from .916 (N=372) to .968 (N=61). The coefficients are especially noteworthy when the number of items is considered.

Validity: Many researchers get carried away with the instruments they use to test behavioral hypotheses apart from processes. The Self-Esteem Evaluation's validity has been based on its sensitivity to the changes that occur as a result of the program experiences in effecting the self-esteem concept within the individual. The items are directly related to the behaviors (feelings) that reflect the extent of one's attitude toward self-worth and self-acceptance. Although we assume that some factors within the construct may be missing, the instrument is specific to the purposes for which it is used and it has demonstrated status validity. We realize that there is disappointment when we do not provide numerous and sundry sets of coefficients to prove (sic!) the Evaluation's value, but predictive validity is not the designed objective of the instrument and, therefore, is not central to its purpose.

Our current research is related to the changes in the attitudes and feelings of the program participants after a certain length of time, and we can assure you that the Self-Esteem Evaluation effectively reflects the individual's status. These findings should be published and available in the near future.

We would appreciate learning about your research after it is completed and, if we may be of any further service, please let us know. We suggest that you may find the book, "Self-Esteem: Its Conceptualization and Measurement" by L.E. Wells and G. Marwell, Sage Library of Social Research, 1976, to be of value to your project.

Barksdale Self-Esteem Evaluation No. 35

A copy of the research paper, "The Multi-dimensionality of a Measure of Adult Self-Esteem: Implications for Validity", by Fred Dagenais is in the RESEARCH file at Foundation HQ. Mr. Dagenais has not given us permission to send copies of this paper to other individuals, but we may give them his name and address as a contact person: Fred Dagenais, Assistant Professor of Medical Education, Department of Medicine, University of California, San Francisco, CA 94143.

To quote Mr. Dagenais' conclusion: "...The particular instrument analyzed, the Barksdale Self-Esteem Test, was shown to be normally distributed over a wide range of (total) scores, to have adequate 'ceiling' for the well-educated adult population sampled, and to have high internal consistency (reliability). Virtually all of the 50 test items were shown to be correlated with total score.

"...The Barksdale test seems to be independent of age, marital status, education, number of siblings, parents' education, and educational expectation. The Barksdale test total score and sub-scale scores are positively related to intellectual disposition, personal integration, and anxiety level, and negatively related to practical orientation and impulse expression as measured by the Omnibus Personality Inventory...The Barksdale test and its sub-scales were also negatively correlated with measures of powerlessness or personal alienation. It was seen that the relationship of self-esteem to powerlessness is primarily dependent upon a feeling of personal control over outcomes and a feeling of effectiveness based on professional expertise.

"...The relationship of several components of the Barksdale test and the total score to a variety of variables has been established. Generally, the correlations are in the predicted direction and contribute to the convergent validity of the concepts..."

Appendix L
Introductory Letter

Address
Address
Address

Dear

I am a professor in the College of Family Life at Utah State University. Presently, I am working with Gail Yost and the Bear River Community Health Services office on a study of the Displaced Homemaker Program offered there. The purpose of this study is to gather information about individuals who have participated in the Program in the Northern part of Utah. The information gathered will be very valuable in planning future programs.

Because you have passed through a very critical life experience, you can help provide Gail and I with understanding and insights into lives of displaced homemakers. In order to provide this information, would appreciate your cooperation in completing the attached questionnaires. All information you provide will be kept totally confidential. Your name will in no way be connected with the information you disclose to us.

Please answer each of these questions to the best of your ability. There are no right or wrong answers; just answer as accurately as possible according to how you feel at the present time. We are interested only in your feelings and opinions.

The materials will take you approximately twenty to twenty-five minutes to complete. When you have completed them, please use the envelope provided to return the questionnaire as promptly as possible.

May we thank you in advance for your help. Many Utah women will benefit from the information you share with us.

Sincerely,

Sharyn M. Crossman, Ph.D.
Assistant Professor

s1c

enclosures

Appendix M
Follow-up Interview

Name: _____

DISPLACED HOMEMAKER

Follow-up Interview (#1)

1. What were your initial goals for employment before entering this seminar?

2. Have your goals changed as a result of this seminar?

Yes _____ No _____ Undecided _____

2a. If yes, how have they changed? (after response move to #3)

2b. If no, why haven't they changed? (then move to #3)

2c. If undecided, are you aware of why you're having trouble making up your mind?

3. Are you presently seeking or planning to seek employment?

Yes _____ No _____ Undecided _____ (If yes, continue below. If no or undecided, move to question #4).

3a. If yes, how are you going about your job searching plans?

3b. Has this seminar effected your search plans? In what way/s?

4. Do you have any plans to seek more education?
Yes ____ No ____ Undecided ____
- 4a. Has this seminar effected those plans? How?
5. Do you have some important goals in your personal life you would really like to attain? Yes ____ No ____
- 5a. What are some of your goals?
- 5b. Has this seminar changed those goals?
Yes ____ No ____ Undecided ____
In what way/s?
6. Has your image of yourself changed as a result of this seminar?
Yes ____ No ____ (If yes, go to 6a. If no, go to 6c.)
- 6a. If yes, how has your image changed?
- 6b. Was there any particular event, seminar topic, instructor friendship that caused this image change? (then move to #7)
- 6c. If no, why do you suppose you've remained stable in your image?
- 6d. Was there any particular event, seminar topic, instructor friendship which contributed to your stability?

7. Of all the various classes you have experienced in this seminar, which has been the single most important class to you?
8. What part of the seminar was least helpful to you?
9. If it were your choice to make, would you make the duration of class: longer _____ shorter _____ keep the same length
- How much longer? _____
- Would you make each day longer? Yes _____ No _____
- How much longer? _____
10. Since experiencing this class, do you feel:
- _____ very capable of getting a job.
- _____ capable of getting a job.
- _____ no more capable than before.
- _____ less than capable of getting a job.
- _____ much less than capable of getting a job.
11. My job placement aspirations have:
- _____ greatly increased since I took this class.
- _____ increased since I took this class.
- _____ are about the same as before.
- _____ decreased since I took this class.
- _____ greatly decreased since I took this class.

12. I feel:

- much better prepared to deal with life now.
 better able to deal with life.
 about as prepared as I was before.
 less able to deal with life than before.
 much less able to deal with life than before.

13. I feel:

- much more interested in seeking further education now.
 more interested in seeking further education now.
 interest has not changed.
 less interested in seeking further education now.
 much less interested in seeking further education now.

14. Did this seminar prepare you to apply for nontraditional jobs?
(i.e., welder, plumber, construction worker)

Yes No

Did you expect it to do so? Please explain.

15. Will you attempt to get a nontraditional job? Yes No

Please explain.

16. Do you have health problems that you think will interfere in your hiring?

Yes ____ No ____ Don't know ____

Please explain.

17. Do you believe that you might experience sex discrimination in hiring?

Yes ____ No ____ Don't know ____

Please explain.

18. Do you think you will experience age discrimination in hiring?

Yes ____ No ____ Don't know ____

Please explain.

19. Do you believe that women are paid less than men for doing the same work?

Yes ____ No ____ Don't know ____

Please explain.

20. Has this program acquainted you with social services?

Yes _____ No _____ Don't know _____

20a. Have you used any services? Yes _____ No _____
(If don't know, terminate here.)

20b. If yes, which of these services has been the:

most helpful to you

least helpful to you

20c. If no, why not?