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Stress and Coping Experiences of Women in Transition: From Welfare to Work

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**STRESS AND COPING EXPERIENCES OF WOMEN
IN TRANSTION: FROM WELFARE TO WORK**

by

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B.A., With Distinction, May 1996, The University of Virginia**

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ABSTRACT

Stress and Coping Experiences of Women in Transition: From Welfare to Work

William Jesse Gill

Virginia Consortium Program in Clinical Psychology, 2001

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Welfare reform and the consequent emphasis on employment represent a stressful sequence of events in the lives of women who are already facing the chronic stressors associated with single parenting and poverty. The current study assessed the levels of distress, factors contributing to distress, and coping resources utilized among a sample of 60 mothers who were making the transition from welfare to work. Ninety percent of the women were single or separated, and 71 percent were African American. All were receiving public assistance from two neighboring social services agencies in Virginia.

Psychological distress was measured by the Brief Symptom Inventory (Derogatis, 1993). Coping resources included several specific coping strategies which were measured by the Ways of Coping scale (Folkman & Lazarus, 1988) and dispositional hardiness, measured by the Hardiness Scale (Bartone, Ursano, Wright, & Ingraham, 1989). Perceived Social Support from Family and Friends was also assessed (Procidano & Heller, 1983).

Findings greatly augment the research base on hardiness by demonstrating the importance of this construct among a sample of low-income minority women. Results indicated that Hardiness was associated with reduced distress ($r = -.35, p < .01$) and with working more months in the last year ($r = .27, p < .05$). Perceived Social Support from Friends was also associated with reduced distress levels ($r = -.29, p < .05$). None

of the coping strategies from the Ways of Coping scale related to reduced distress; however, women's attempts at Distancing from their problems were related to increased distress ($r = .42, p < .01$). Only two variables in the study accounted for a significant proportion of the variance in women's distress; these were Hardiness ($R^2 = .18, p < .01$) and Distancing ($R^2 = .09, p < .05$). Findings suggest the importance of assessing Hardiness among women in job readiness programs. Welfare recipients who try to distance from problems may experience greater distress and require intervention.

This dissertation is dedicated to the women of Charlottesville and Albemarle County, Virginia, who shared of themselves and from their life experiences as they were making the transition from welfare to work.

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INTRODUCTION

Recent national attention has been directed toward the lives of poor women who are making the transition from welfare to work. In 1996, President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, 1996) which replaced a 60 year-old federal commitment to providing benefits to unemployed single mothers and their children for an unlimited period of time. The new law gives states greater authority to determine eligibility and the degree of assistance which will be provided to unemployed and low-income families. At the core of the law is an emphasis on putting single mothers to work, along with the establishment of time limits for the receipt of benefits.

In most states women have been required to work within two years of receiving aid or else lose their benefits, and a lifetime cap of five years has been placed on the receipt of benefits. Even the name of the public assistance benefits provided to single mothers has been changed from Aid to Families with Dependent Children (AFDC) to Temporary Assistance to Needy Families (TANF), reflecting the transient nature of a benefits program which had previously been stable. In August of 1997 these welfare reform initiatives were fully implemented in the Commonwealth of Virginia through the Virginia Initiatives for Employment not Welfare (VIEW).

The advent of welfare reform has likely been experienced as a stressful life event by the many women receiving public assistance who are now required to find employment, daycare, and transportation in order to provide for their families. In

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previous literature, stress has been defined as a reaction to the environment in which there is a threat of loss of resources or actual loss of resources (Hobfoll, 1989).

Psychological stress derives from the interaction between a person and the environment in which demands upon the person are perceived as taxing his or her resources and endangering his or her well-being (Folkman & Lazarus, 1984).

Stressful life events are those experiences which exceed an individual's capacity to respond effectively (Lazarus & Folkman, 1984; Hobfoll, 1989). Stressors have been classified as acute, long-term and sequential, chronic intermittent, or made up of chronic strain (Elliot & Eisdorfer, 1982). Losses of any type fit into the category of long-term and sequential stressors. To the extent that welfare reform represents a loss of benefits or way of life to recipients, it may be experienced as a long-term and sequential stressor in the lives of women who are already facing the chronic strain of poverty, isolation, abuse, and, perhaps, mental illness. Indeed, welfare reform may be conceptualized as a stressful life event which is added to the chronic daily hassles of living in poverty.

High frequencies of stressful life events have been associated with psychological distress, and the effects of multiple negative events have been found to be additive (Sarason, Levine, Basham, & Sarason, 1983; Elliott & Eisdorfer, 1982). Research has consistently found that undesirable, uncontrollable, and unexpected major life events are associated with poor psychological outcomes, including psychological distress and depressive disorders (Pearlin & Aneshensel, 1986; Rabkin, 1993). In addition, the severity and frequency of daily hassles in a person's life have been associated with increased psychological symptoms and depression, especially for those hassles which

reflect ongoing themes or issues of particular concern for the individual (Gruen, Folkman, & Lazarus, 1988; Gruen, 1993).

Persons living in poverty experience higher rates of stressful life events, such as involuntary loss of employment, marital disruption, and death of a child (Elliott & Eisdorfer, 1982), and they are subject to the adverse effects and daily hassles associated with economic shortages. Poor women experience more frequent, more threatening, and more uncontrollable life events than the general population, including exposure to crime, violence, illnesses of children, and discrimination (Belle, 1990). Daily hassles and chronic conditions in the lives of poor women include inadequate housing, dangerous neighborhoods, sole responsibility for child rearing, and financial worries (Belle, 1990).

Research has consistently demonstrated the association between poverty and higher rates of psychological distress and disorder. Support has been found for the negative impact of economic hardship on the mental health of poor women (Belle, 1990; Taylor, 1997). Increased rates of depressive symptoms and anxiety have been found among welfare recipients, and general mental health may also be compromised (Taylor, 1997; Zuravin & Greif, 1989).

Welfare reform is a complex and large scale event in the lives of women who already face overwhelming problems which may limit their ability to cope effectively with such an event. Pearlin and Aneshensel (1986) have observed that, "Extreme economic deprivation, continued involuntary employment, ... having responsibility for young children as a single parent are a few examples of situations that may be stubbornly resistant... to coping efforts and social supports (p. 434)." Such a statement

highlights the difficulty and complexity of the task to which women on welfare must apply themselves. However, research indicates that not everyone who is exposed to a stressor or series of stressors will have adverse (health) effects (Elliott & Eisdorfer, 1982; Wickramasekera, 1988). There is a need to know who does well among welfare recipients despite high-risk circumstances (Leadbeater, 1998).

It's important for investigators to study the ways that those who are weak in resources nevertheless manage to cope (Hobfoll & Vaux, 1993). The Conservation of Resources Theory (Hobfoll, 1989) has been proposed as a broad scale theory of stress and coping. The current study will utilize this theory to conceptualize the status of welfare recipients who face the threat of losing previously secure resources and who must apply coping resources to make the transition from welfare to work.

Conservation of Resources Theory

Hobfoll (1989) proposed the Conservation of Resources Theory which defined stress as a reaction to the environment in which there is a threat of loss of resources, actual loss of resources, or the lack of resource gain following an investment of resources. Resources are those objects, personal characteristics, conditions, or energies that are valued by the individual and which may serve to obtain further resources. Resources include a sense of mastery, self-esteem, learned resourcefulness, socioeconomic status, and employment. Circumstances in the environment often threaten or cause a reduction in personal resources, which results in stress according to Conservation of Resources theory. When individuals are threatened with stress producing circumstances, they strive to minimize the loss of resources. When not under stress, individuals strive to develop resource surpluses to offset future loss. According

to this theory, one of the reasons that social support is effective in coping is that it allows individuals to preserve resources or bank resources for the future.

Individuals who are not equipped to gain resources are likely to be particularly vulnerable to stress (Hobfoll, 1989). Those lacking the options made possible by possessing abundant resources may attempt loss-control strategies which will fail in the long run. Conservation of Resources Theory predicts that individuals will cope with the loss of resources through resource replacement, conservation of resources, or reappraisal of resources, including reinterpreting threat as challenge and reevaluating the value of the resource (Hobfoll, 1989).

Applications of Theory to the Status of Welfare Recipients

Welfare recipients are faced with the loss of fiscal resources and a threatened sense of stability in the midst of current welfare reforms; it is likely that this is experienced as stress. Jarrett (1996) found that single mothers on welfare perceived welfare reform as threatening to their families' economic security. In addition, few women on welfare possess abundant resources, nor are they in a position to gain resources. Seldom do these women have the advantage of family and friends who can provide economic and social support to alleviate the stress in their lives during difficult times (Salomon, Bassuk, & Brooks, 1996).

High levels of stress in the lives of these women represent an impediment to their required task of making a successful transition from welfare to work. Research has demonstrated the viability of utilizing a conceptual model based on stress theory to examine economic outcomes among welfare recipients. Browne, Salomon, and Bassuk (1999) found that high levels of current psychological distress were negatively

associated with poor women's capacity to maintain work over a twelve-month period. Orthner and Neenan (1996) found that parenting stress served as a barrier to successful employment for parents attempting to shift the basis of their economic security from welfare to work.

Conversely, coping resources have been utilized by recipients to increase their chances of attaining positive economic outcomes. Parker (1994) found that psychosocial coping resources, including a sense of personal control and social support, mediated the effects of stress factors and contributed to increased economic self-sufficiency among welfare recipients. Such coping resources appear to buffer the effects of stress on individuals' health outcomes (Wickramasekera, 1988), which allows for continued work productivity.

The cumulative effects of stress may indirectly lead to economic failure through their contribution to physical illness and resultant job absenteeism. There is abundant evidence to support the association between stressors and adverse physical health consequences (Elliott & Eisdorfer, 1982). Retrospective studies and prospective studies have shown a consistent moderate relationship between increasing life change and the onset of physical illness and disease (Wickramasekera, 1988).

The physical health of AFDC recipients is frequently compromised. Salomon and colleagues (1996) found that nearly 45 percent of their sample of women on welfare reported one or more chronic medical conditions, and 20 percent had limitations in normal physical functioning. Parker (1994) drew data from a systematic random sampling of welfare recipients in the state of Washington and found that 29 percent of women reported health problems that limited employment.

Numerous other stress factors have been identified in research conducted with welfare recipients. The contribution of these factors may not be as apparent as the potential link between stress, physical illness, and job absenteeism; however, each stressor has bearing on women's ability to obtain and maintain gainful employment in the transition from welfare to work. Many of the stressors identified fall into the category of chronic stressors and daily hassles. Daily hassles are chronic small events that occur daily, weekly, and monthly. They are more malignant than major life changes because they occur more frequently, and they are more strongly related to the onset of mental and physical disorder than major life events (Wickramasekera, 1988).

Stressors Identified in Welfare Literature

Stigmatization. Stigmatization of the receipt of welfare benefits is a factor which influences recipients' perspectives of self and their relationship to their communities. Welfare recipients have indicated that they felt that reforms were guided by stigmatized perceptions of poor women and their families (Jarrett, 1996). Individuals receiving welfare tend to be stigmatized by those in the general public who value independence and view reliance on the government as indicative of personal failure (Jarrett, 1996). Welfare recipients are aware of the negative attitudes of others, and many recipients have experienced firsthand a variety of negative attitudes toward receiving public assistance (Rank, 1994; Seccombe, James, & Walters, 1998). Recipients of benefits have even cited benefits workers as treating them in a reproachful manner. Recipients have reported that they received uncaring, insensitive, and disrespectful responses from benefits workers who were part of a larger system which degraded recipients and discouraged recipient improvement (Kraft & Bush, 1998).

In coping with the stress of experiencing such negative attitudes, welfare recipients report adjusting their behaviors to minimize encounters with negative attitudes, eg. hiding their welfare status from others in the community (Rank, 1994). Many recipients utilize cognitive reappraisal to distance themselves from stigma by observing the situational factors which contribute to their welfare reliance while criticizing other recipients and deeming them to be worthy of blame (Rank, 1994; Seccombe et al., 1998). Recipients adhere to the widely held notion that welfare reliance is not an acceptable option, and they do not feel that welfare dependence is a good way of life for them (Seccombe et al., 1998, Taylor, 1997). In addition to dealing with the perceptions and attitudes of others about their utilization of welfare, recipients face more objective challenges involved in obtaining and maintaining employment.

Transportation. Transportation has been identified as a resource which many recipients lack in their attempts to find work (Brooks & Buckner, 1996). Ong and Blumenberg (1998) observed that most AFDC recipients depend on public transport; welfare recipients who lived in job rich neighborhoods were likely to find employment close to where they lived, which was beneficial to recipients due to the prohibitive costs of long commutes. Ong and Blumenberg (1998) found that working women on welfare were disproportionately (78%) concentrated in either the trade or service sectors, which are low-wage and low-skilled occupations. The low earnings yielded by these jobs made long-distance commutes too expensive, consequently decreasing the number of jobs available to these working women. In addition, longer commutes were associated with increased turnover rates among employees, and, therefore, lower earnings.

Childcare. Childcare is perhaps the most necessary resource which will enable female welfare recipients to find a job, and lack of affordable childcare is one of the greatest barriers to employment for welfare recipients (Brooks & Buckner, 1996).

Without the aid of government subsidized childcare programs, many working women on welfare would not be able to find employment outside of their homes. Piotrkowski and Kessler-Sklar (1996) found that the types of jobs which poor women usually obtain were low wage and service sector jobs. Such jobs seldom provide the employee with family supportive benefits, including employer assisted daycare, health insurance, paid sick leave, and schedule flexibility.

Family supportive benefits aid single mothers in retaining the jobs that they obtain, but few welfare recipients will have access to such benefits. Heymann and Earle (1999) found that most women leaving welfare for work lacked paid leave, sick leave, and flexibility in their work schedules, yet 37 percent of these women had a child with a chronic medical condition, frequently asthma, which required regular medical visits. Such circumstances make it very difficult for welfare recipients to succeed in the labor force and highlight the significance of the dual role that these women must maintain as parents and employees.

Parenting Stress. Parenting stress in the lives of welfare mothers has been found to be an impediment to obtaining their employment goals. Orthner and Neenan (1996) noted that children defined as problematic increased levels of parental stress, and parents of such children suffered from diminished mental health. They found that higher levels of child-related stress were associated with less likelihood of completing GED or other certificate programs among welfare recipients who were attempting to

increase their self-sufficiency. The significance of this finding is further revealed and enhanced through an exploration of the role of educational achievement in the lives of women receiving public assistance.

Education. Increased education, including the attainment of a high school diploma or GED, has been identified as an important resource which enabled some welfare recipients to find work (Leadbeater, 1998; Brooks & Buckner, 1996). However, few welfare mothers have been found to have this resource due to their elevated high school dropout rates and high rates of illiteracy (Pryor, 1994). Parker (1994) drew data from a large sample of welfare recipients in the state of Washington and found that 46 percent of women had less than twelve years of education. Further, the educational status of welfare recipients is not improving. Kates (1996) observed that welfare reform has been associated with increased dropout rates among welfare recipients in attempts to enter the work force more quickly. This information has negative implications for the prospects of these women obtaining employment with wages which are sufficient to support their families.

Not only is education an asset in obtaining career goals, but it also may contribute to individuals' abilities to cope with stressful situations. Research indicates that attainment of education is associated with increased abilities to cope with difficult circumstances and enhanced ability to adapt to those circumstances (Nettles & Pleck, 1994). Among disadvantaged populations, educational success is an important factor in determining adult life-styles and ensuring social inclusion (Jackson & Martin, 1998). However, among welfare recipients with a secondary degree or less, the effect of education in reducing welfare reliance is less pronounced (Parker, 1994; Taylor, 1997).

Welfare Reliance and Women who are “Hardest to Serve”

Numerous contributors to welfare reliance have been observed in research which examined patterns of welfare usage, and these contributors represent potential sources of stress in the midst of current welfare reforms. Among benefits recipients, women who had more children and younger children demonstrated an increased reliance on welfare (Parker, 1994; Boisjoly, Harris, & Duncan, 1998). Having increased numbers of children and becoming pregnant prior to the age of eighteen have been identified as barriers to employment (Brooks & Buckner, 1996). Women who were young at first receipt of benefits, never married, had less education, and women with little previous work experience have been found to rely on welfare for longer periods of time (Boisjoly et al., 1998; Parker, 1994; Sansone, 1998).

Duration. The average period of time that a single mother receives public assistance is short, typically lasting less than two years (Harris, 1997). However, most recipients have more than one spell of welfare utilization, and 60 percent of those who leave welfare eventually return because the types of low paying and low quality jobs available to them do not enable them to permanently exit from welfare status (Boisjoly et al., 1998). Single mothers' utilization of welfare benefits has been found to be somewhat episodic, intermingled with phases of relative self-sufficiency during periods of employment (Harris, 1997). Accounting for multiple utilization periods of welfare benefits, the median length of total time that recipients rely on welfare is less than four years, and more than 60 percent of recipients spend five or fewer years in their lifetimes (Boisjoly et al., 1998).

Hardest to Serve. However, a minority percentage of welfare recipients utilize welfare benefits for lengthier periods of time. Data from a 20-year longitudinal study of welfare usage among inner-city single mothers indicated that one quarter of recipients received benefits for ten years or more, and 10 percent were persistently dependent on welfare for more than fifteen years (Harris, 1997). This small percentage of welfare recipients who are highly welfare dependent, having received benefits for many years, are typically women who first became pregnant as teenagers, did not complete high school, have the fewest labor skills and less employment experience, or who have serious health problems (Rose, 2000).

These welfare recipients who receive AFDC for longer time periods are considered to be hardest to serve or “hard-to-employ”, and they comprise an increasingly significant percentage of the caseloads of benefits recipients nationwide (Rose, 2000). Sansone (1998) observed that those who are hardest to serve will soon reach the end of their two year time limits under the welfare reforms initiated by the PRWORA legislation (1996). At that time, many of these women will be required to find employment. Additional considerations in the lives of those women who are hardest to serve include the potential presence of domestic violence in their homes, personal mental illness, and substance abuse problems.

Domestic violence, mental illness, and substance abuse are more prevalent in welfare populations, in general, and pose a threat to those women’s ability to obtain and sustain gainful employment. Bassuk et al. (1996) studied the characteristics of women on welfare and found that 58 percent of recipients had been severely physically assaulted by an intimate partner in their adult lives. Additionally, they found that the

lifetime prevalence of major depressive disorder, post-traumatic stress disorder, and alcohol or other drug abuse was high compared to the general population. Salomon, Bassuk, and Brook (1996) found that long-term welfare recipients were more likely to abuse substances than short-term recipients.

Browne, Salomon, and Bassuk (1999) examined the impact of recent domestic abuse on welfare recipients' ability to maintain employment over a twelve-month period. They found that women who experienced recent partner violence were only one-third as likely to maintain employment at a rate of 30 hours per week for six months or more compared to women who had not been abused. Clearly, domestic abuse is a significant hindrance to some women's ability to become self-sufficient. The PRWORA legislation (1996) takes this into consideration and offers States a hardship exemption from work requirements for up to 20 percent of States' caseloads which are impacted by domestic abuse. Given the high rates of domestic abuse among welfare populations, many women with current or past history of domestic abuse will need to find employment in spite of such hardship.

Despite the numerous and significant stressors that women on welfare face in their daily lives, many women have already begun to make the transition from welfare to work. The first two years of welfare reform have been associated with drastic reductions in public assistance caseloads. Between August 1996 and March 1998 there has been a 27 percent decline in welfare rolls, an increase in the numbers of former welfare recipients finding employment, and a slight decline in child poverty rates (Department of Health and Human Services, 1998; cited in Rose, 2000). Although this reduction in caseloads is due in large part to the good economic conditions which our

nation enjoys, it also represents the most dramatic decline in program history and alludes to the abilities of women to make the transition toward self-sufficiency while dealing with adversity and numerous stressors (Mead, 1999).

For those women who remain on assistance, those women who are in between jobs, and for those women who are hardest to serve, a clearer understanding of the coping resources which may buffer stress in their lives would be beneficial for aiding their transition from welfare to work. Research on coping in general and findings from studies with welfare recipients have identified coping resources and processes which are applicable to these women's transition.

Coping Research and Applications to Women on Welfare

Coping refers to the things that people do on their own behalf to avoid or minimize the stress that would result from problematic conditions in life, particularly those demanding conditions which challenge the resources of an individual (Pearlin & Aneshensel, 1986). Coping resources play a significant role in mediating individual reactions to stressful conditions. Not everyone who is exposed to a stressor or series of stressors will experience the same type of effects or significantly adverse effects. Of particular importance are those aspects of personal disposition and/or social conditions which mediate an individual's response to stressful events (Elliot & Eisdorfer, 1982). Relevant aspects of personality include coping skills and personality style; social factors include the availability of helpful family and friends, access to helping resources, social class, and community attitudes (Rabkin, 1993). These coping skills, personality styles, and social supports may be conceptualized as resources which have the potential to buffer individuals from loss of resources or threat of such loss.

Personality Style: Hardiness

A specific personality style, dispositional hardiness, has been identified as a coping resource which is predictive of better health outcomes among persons dealing with stressful life events (Kobasa, 1979). Hardiness is thought to represent a characteristic way in which an individual approaches and interprets experience. It is described in terms of three interrelated dispositional tendencies: 1) commitment, a sense of meaning and purpose imputed to one's existence related to self, others, and work; 2) control, a sense of autonomy and ability to influence one's own destiny; and 3) challenge, a kind of zest for life and living that leads one to perceive changes as opportunities for growth rather than threats to security (Kobasa, 1979; Bartone et al., 1989; Ouellette, 1993).

Though findings on hardiness have been mixed, this trait has generally been associated with healthier outcomes of persons from a variety of populations who are facing chronic or acute stressors (Ouellette, 1993). For example, Bartone et al. (1989) found evidence for the health protective function of hardiness over time for persons who aided disaster victims in dealing with issues of loss. Hardiness research has yet to be conducted on samples of welfare recipients, and there is a clear need for investigators to bring hardiness research to bear on socially disadvantaged and more racially diversified groups (Ouellette, 1993). In addition, the hardiness construct's partial emphasis on commitment to work suggests its relevance in an analysis of the coping resources of women making the transition from welfare to work.

Sense of Control and Perceived Self-efficacy. Though no studies have been conducted on hardiness among welfare recipients, numerous studies on perceived self-

efficacy among welfare recipients yield implications for the potential importance of hardiness in contributing to reduced distress and increased self-sufficiency. The component of hardiness labeled as control, a sense of autonomy and ability to influence one's own destiny, is closely related to broad based conceptualizations of self-efficacy. Bandura (1990) defines perceived self-efficacy as "people's beliefs in their capabilities to mobilize the motivation, cognitive resources, and courses of action needed to exercise control over task demands" (p. 376). Individuals' self-beliefs of efficacy determine how much effort they will exert and how long they will persevere in the face of obstacles. Stronger beliefs in one's capabilities lead to greater and more persistent efforts to master challenges (Bandura, 1990).

A sense of personal control in the midst of life challenges has been identified as a coping resource for single mothers on public assistance (Parker, 1994), and the level of perceived self-efficacy among welfare recipients has important implications for their abilities to cope with hardship and succeed in employment. Among welfare mothers Popkin (1990) found that more lengthy periods of welfare usage were associated with decreased self-efficacy. Conversely, increased levels of self-esteem and self-efficacy have been associated with fewer years receiving welfare (Taylor, 1997).

Women on welfare who are more efficacious display more optimism about their circumstances and their prospects for improving their status (Popkin, 1990). Jackson (2000) studied a sample of current and former welfare recipients and found that employed women were significantly higher in self-efficacy. In addition, women with higher educational attainment reported more feelings of self-efficacy. Not only is self-

efficacy associated with increased educational and employment achievements, but it also has bearing on poor women's ability to parent their children.

Higher self-efficacy has been found to buffer, somewhat, the adverse effects of child behavior problems on parenting behavior (Jackson, 2000). Orthner and Neenan (1996) found that welfare mothers who saw themselves as being more in control of their lives were less likely to exhibit parent-child stress, suggesting higher levels of self-efficacy. There is a need for more research on how self-esteem and efficacy relate to successful transitions to work among welfare recipients (Taylor, 1997), and an assessment of dispositional hardiness among these women may provide insights into the role of perceived self-efficacy and sense of control in these transitions.

Processes of Coping: Coping Skills

While trait-oriented approaches to stress research are valuable, such as the assessment of hardiness described above, they tend to disregard the environmental context in which coping occurs (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). However, in a process-oriented approach to coping, the context is critical because coping is assessed as a response to the psychological and environmental demands of specific stressful encounters. In the process-oriented approach, stress is regarded as the product of the interaction between person and environmental antecedents, mediating processes, and short-term and long-term outcomes, which exert influence on one another (Gruen et al., 1988). Process-oriented coping theory has identified two processes, cognitive appraisal and coping, as critical mediators of stressful interactions between person and environment and their long-term outcomes (Lazarus & Folkman, 1984).

Cognitive appraisal is the process whereby an individual evaluates whether a particular encounter with the environment is relevant to his or her well-being and in what ways. In primary appraisal, individuals evaluate whether they have anything personally at stake in the encounter, and in secondary appraisal, the person evaluates whether anything can be done to overcome the challenge, prevent harm, or to improve the prospects for benefit (Lazarus & Folkman, 1984). The extent to which a harmful or potentially harmful encounter is stressful depends on the meaning or significance of that encounter, which in turn is based on the personal agenda and coping resources that the person brings to it (Gruen et al., 1988).

Coping may be viewed as the process through which an individual manages the demands of the person-environment relationship that are appraised as stressful and the emotions that they generate (Lazarus & Folkman, 1984). Although stable coping styles do exist, coping is highly contextual, since it must change over time and conditions to be successful. Coping has an impact on individual's stress reactions in two main ways. First, problem-focused coping describes an individual's efforts to change their relationship to their environment, which may change the conditions of psychological distress for the better (Lazarus, 1993). Second, emotion-focused coping involves coping processes which change only the way that individuals attend to or interpret what is happening, and this may distance a person from stress or reduce the intensity of their stress experience (Lazarus, 1993).

Several specific coping strategies have been identified in process-oriented research, including a) confrontive coping- aggressive efforts to alter the situation, b) distancing- describes efforts to detach oneself or create a positive outlook, c) self-

control- efforts to regulate one's feelings and actions, d) seeking social support- efforts to seek informational support and emotional support, e) accepting responsibility- acknowledging one's own role in the problem and trying to make things right, f) escape-avoidance- wishful thinking and behavioral efforts to escape, g) planful problem-solving- deliberate problem-focused efforts to alter the situation, and h) positive reappraisal- efforts to create positive meaning by focusing on personal growth (Folkman, Lazarus, Dunkel-Schetter et al., 1986). Persons encountering stressful situations may employ any number of these coping strategies or any combination at varying times in their sequence of coping (Lazarus, 1993).

Research has established the role of appraisal and coping strategies in mediating the psychological outcomes of stressful experiences (Lazarus, 1993). Folkman, Lazarus, Gruen, and Delongis (1986) found that the more individuals had at stake over diverse stressful encounters, the more they were likely to experience psychological symptoms. They found significant associations between problem-focused forms of coping and psychological symptoms. Specifically, planful problem-solving was negatively correlated with symptoms, whereas, confrontive coping was positively correlated.

Folkman, Lazarus, Dunkel-Schetter et al. (1986) identified some associations between the appraisal of a stressor and reliance on specific coping responses. When faced with a threat to self-esteem, people tend to use more confrontive coping, self-control, and to accept more responsibility. When situations are appraised as changeable, people rely more on coping strategies which directly face the challenge, including accepting responsibility, positive reappraisal, confrontive coping, and

problem solving. In contrast, when people encounter stressors that must be accepted, they rely more on distancing and escape-avoidance coping strategies.

Direct applications of process-oriented coping theory to welfare recipients are not evident in the research literature, though existing coping strategies research appears quite relevant to their current situation. It would be beneficial to understand the types of coping strategies that recipients utilize in the context of facing the stressor of being required to find employment while facing the threat of losing their benefits. One interesting study has been conducted which highlights the resourcefulness of welfare recipients in coping with the adversities of poverty and which alludes to their utilization of problem-focused coping strategies.

Edin and Lein (1997) found that welfare reliant mothers faced the predicament of only being able to cover three-fifths of their monthly expenses through their public assistance monies and resources. As a result, these women developed other income producing strategies which virtually none of the mothers reported to their caseworkers. Strategies included systematic acquisition of resources from private charitable organizations in the community. Forty-percent of mothers relied on funds from unreported work, including babysitting, cleaning, or taking jobs under a false identity, and eight percent found work in the underground economy, such as narcotics sales and prostitution. Mothers reported hiring shoplifters to provide goods and then purchasing goods at reduced prices.

In addition, mothers reported regular cash flow from live-in boyfriends, absent fathers, and other family members. The incredible resourcefulness that these women employed in order to make ends meet, indicates that they possess the will and ingenuity

to cope with adversity and survive. Further, it suggests that welfare recipients may employ planful-problem solving and, possibly, confrontive coping strategies when they face certain challenges.

Social Support

The final coping resource to be examined in this review, which has particular relevance to the well-being of welfare recipients, is that of social support. Research has substantiated the beneficial effects of positive social supports in buffering stress and improving well-being (Hobfoll & Vaux, 1993). Social supports represent the social resources which one is able to call upon in dealing with stressful conditions (Pearlin & Aneshensel, 1986). Social support serves to reduce an individual's propensity toward physical or psychological symptoms by directly protecting them or by buffering them from the negative consequences of major life changes and life hassles (Wickramasekera, 1988).

Women are more involved in social support interactions than men, and women's use of social supports as a coping response may be particularly important when they encounter stressful life events which are unique to the lives of women (Hobfoll, 1986; Hobfoll & Vaux, 1993). Particularly for women, social support has been found to be related inversely to states of psychological discomfort (Sarason et al., 1983).

Research conducted with welfare recipients highlights the importance of social support in their lives in mediating the harmful effects of stress and contributing to better economic outcomes. Anecdotally, women have cited the importance of a mentor in the workplace during the process of making the transition from welfare to work (Greenwald, 1997). Parker (1994) found that greater levels of workplace support,

including support from coworkers, emotional support on the job, and employee benefits, were associated with greater levels of economic self-sufficiency among women who were making the transition from welfare to work.

Social support in the workplace provides a valuable coping asset to welfare recipients, and the contribution of social support in their private lives has also proven beneficial. Increased levels of family support have been identified as a resource which enabled welfare recipients to work (Leadbeater, 1998). In addition, Sansone (1998) studied women who were long-term welfare recipients and found that higher levels of social support resources were associated with more successful outcomes in job training programs and with reduced welfare dependency.

Though social support has been demonstrated to be beneficial in the lives of welfare recipients, it may not be a readily available coping resource for many of them. Bassuk et al. (1996) found that women on welfare had very small social support networks, with most women citing fewer than five individuals in their networks, excluding social work and healthcare professionals. Few women on welfare have the advantage of family and friends who can provide economic and social support in difficult times (Salomon et al., 1996). A final caveat is particularly relevant for conceptualizing the role of social support among welfare recipients. Social support has been found to be beneficial provided that support givers are not encumbered by their own experience of a similar stressor (Hobfoll & Vaux, 1993). This may partially explain the finding that welfare recipients have small support networks, for they may experience social contact with their peers as burdensome at times rather than helpful.

One aspect of social support among welfare women which has been somewhat ignored is the presence of supportive male partners in their lives. The financial contributions of such men and their presence in the lives of the family children during visits have been identified as resources to women on welfare. Edin and Lein (1997) found that more than half of the welfare reliant women in their sample obtained financial support from men, including current boyfriends or absent fathers, and many women had boyfriends who stayed with them on occasion. The added income from a partner has been associated with an increased likelihood that poor mothers were employed (Brooks & Buckner, 1996).

Perloff and Buckner (1996) examined the impact of the contact that children on welfare had with their fathers and found that almost half of the children in their study had contact with their fathers regardless of the fathers' payment of child-support. Data indicated that father-child contact was associated with fewer behavior problems in children and with greater child adaptation. However, fathers also have the potential to impact their families adversely. Physical abuse, sexual abuse, or substance abuse by fathers has been associated with lower child adaptation and greater child behavior problems (Perloff & Buckner, 1996).

JUSTIFICATION AND HYPOTHESES

Research has recently focused on the economic impact of welfare reform on welfare recipients; however, little attention has been paid to the mental health of mothers on welfare (Leadbeater, 1998). Existing research has only indirectly addressed the needs and condition of the women who are placed in the position of dealing with welfare reform (eg. Taylor, 1997). Numerous studies have already documented the factors which contribute to stress among many women on welfare, including the hardships of poverty, childcare difficulties, lack of supportive work environment, domestic abuse, and mental illness (Belle, 1990; Brooks & Buckner, 1996; Heymann & Earle, 1999; Bassuk et al., 1996). Studies which examine the coping resources that these women utilize in the midst of their real life stressful situations are lacking from the research base; these are needed in order to increase scientists' knowledge of the factors which in interaction can influence the processes of coping and empowerment (Gutierrez, 1997). There is a need for research which relates the coping resources employed by welfare recipients to their current levels of distress.

A better understanding of who does well among welfare recipients despite high-risk circumstances may inform policy analysts, program developers, prospective employers, and the women themselves of the potential that exists for more positive futures (Leadbeater, 1998). Finally, stress research in general may benefit from investigations of resources that people find helpful in light of differing kinds of losses (Hobfoll, 1989). The current study assessed the current levels of distress among women experiencing the stressful life event of making the transition from welfare to work. The study assessed factors associated with increased distress, and it examined which coping

resources were associated with reduced levels of distress among these women. The study was conducted to provide a better understanding of their experience during this transition from a psychological perspective

Hypothesis #1: Time remaining for the receipt of welfare benefits will be inversely related to stress.

Women with fewer months of benefits remaining in their two-year limit are likely to be among those “hardest to serve”, representing a group of persons lacking in resources to obtain employment (Sansone, 1998; Rose, 2000), or they may be women who have gained employment and later lost it. In addition, the reality that welfare benefits may terminate should become more apparent as recipients approach the end of their two-year limit, and this is likely to be distressing.

Hypothesis #2: Women with fewer resources and women with greater resource expenditure will be more distressed. Specifically, lower levels of education, less employment experience, and increased numbers of children will be associated with higher levels of distress among these women making the transition from welfare to work.

Lower education level, less employment experience, and increased numbers of children have been identified as contributors to longer periods of welfare reliance (Boisjoly et al., 1998; Parker, 1994; Sansone, 1998; Rose, 2000). These factors decrease welfare recipients’ likelihood of gaining resources or attaining self-sufficiency, and Conservation of Resources theory predicts that individuals without the means to gain resources are likely to be particularly vulnerable to stress (Hobfoll, 1989).

Hypothesis #3: Increased levels of social support among welfare recipients will be related to lower levels of distress. Specifically, increased levels of perceived social support from family, friends, or a supportive male partner will be associated with lower levels of distress.

Research has demonstrated the beneficial effects of positive social support in reducing psychological distress (Hobfoll & Vaux, 1993). Among welfare women, social support from family, friends, coworkers, and partners has been identified as a resource which contributed to increased self-sufficiency (Parker, 1994; Leadbeater, 1998; Sansone, 1998; Brooks & Buckner, 1996). Conservation of Resources theory predicts that social support will be an effective coping resource, because it allows individuals to preserve resources and bank them for the future.

Hypothesis #4: Women who utilize planful problem-solving, positive reappraisal, and accepting responsibility coping strategies will be less distressed. Distancing and escape-avoidance coping strategies will be associated with greater distress.

Problem-solving strategies may be employed by welfare recipients, and these strategies are associated with fewer psychological symptoms (Folkman, Lazarus, Gruen, et al., 1986; Edin & Lein, 1997). Conservation of Resources theory predicts that individuals will cope with loss through reappraisal of the value of threatened resources (Hobfoll, 1989). To the extent that recipients develop a positive outlook regarding the transition experience, they are likely to be less distressed. The Conservation of Resources theory also predicts that those lacking the options made possible by possessing abundant resources may attempt loss-control strategies which are likely to

fail in the long run (1989). Accordingly, those with escape-avoidant strategies will be more distressed, especially as their months run out.

Hypothesis #5: Women with greater levels of hardiness will be less distressed.

Hypothesis #6: Increased hardiness among welfare recipients will be associated with the completion of more months of employment in the last 12 months.

Hardiness, a dispositional coping resource, has been associated with better psychological outcomes among persons encountering stress (Kobasa, 1979; Bartone et al., 1989; Ouellette, 1993). Conservation of Resources theory cites the sense of mastery, a component of hardiness, as a coping resource (Hobfoll, 1989). The theory also predicts that individuals will cope with resource loss by reinterpreting threat as challenge, yet another component of hardiness. In addition, hardiness encompasses commitment, a sense of meaning and purpose ascribed to one's existence and work; this should be predictive of greater success in maintaining employment.

METHOD

Participants

The sample was comprised of 60 women who were currently receiving TANF benefits from the City of Charlottesville and Albemarle County Departments of Social Services. Approval for the use of human subjects in this research was obtained from The College of William and Mary Human Subjects Institutional Review Board. The departments of social services did not have such a review board. However, approval for use of women from the social services caseloads was granted in writing by the supervisor of the Children's and Families Benefits Unit.

Charlottesville, Virginia, is a small city with a stable population of 45,049 persons, and it is surrounded by Albemarle County which has a growing population of 79,236 persons (United States (U.S.) Census, 2000). The city contains the University of Virginia which enrolls about 19,000 students and employs some 17,000 persons which increases the proportion of professional persons in the local population (Virginia Employment Commission, 1997). In 2000, Charlottesville's population was 69.6% White, 22.2% African American, 4.9% Asian, and 2.4% Hispanic (U.S. Census, 2000). In 2000, Albemarle County was 85.2% White, 9.7% African American, and 2.9% Asian. In 1990, Albemarle County was relatively wealthy with a median annual household income of \$36,886, while the city's median income was \$24,190 (U.S. Census, 1990). The city has lower income due in part to the large number of university students whose official income is below the poverty level.

In 1990, a significant proportion of families lived in poverty in the city (10%), while Albemarle County had only 4.8% of families living below the poverty level. The

number of families living in poverty in the city has increased in the last two decades; the majority of these families are headed by African American women with children less than 18 years of age (Charlottesville Office of Neighborhood Planning and Development, 2001). This growth in the city may be due in part to the greater availability of social services and subsidized housing in Charlottesville than in surrounding areas.

The majority of participants in the current study ($n = 51$) were from caseloads at Charlottesville, while 9 women were from Albemarle. The women ranged in age from 18 to 52 years old; the mean age was 28.1 years ($SD = 7.7$). The racial composition of the sample was representative of the caseloads at both agencies. The women had an average of 2 children ($M = 2.3$, $SD = 1.2$) ranging in age from 9 months to 19 years of age ($M = 7.8$ years, $SD = 5.1$). Fifty-three women were VIEW participants which meant that they were required to be working and limited to 24 months of benefits. Five women were temporarily exempt from VIEW. Two women received benefits for their children but were exempt from VIEW due to permanent disability status, and these women were not included in hypothesis analyses.

Measures

Demographic Information. A scale consisting of 30 items was constructed to assess ethnicity, age, education, household composition, number of children, and income. Past work experience, past benefits history, and barriers to employment were also measured in this scale. To measure attitudes about experiences with welfare and impressions of barriers to employment an 8-item survey was also administered.

Participants rated their agreement with attitude and opinion statements on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). See Appendix A.

Psychological Distress. The Brief Symptom Inventory (BSI, Derogatis & Melisaratos, 1983; Derogatis, 1993) is a measure of current psychological distress which was derived from the larger and widely used SCL-90-R (Derogatis, 1983). The BSI has been found to correlate highly with the SCL-90-R (Derogatis & Coons, 1993; Derogatis & Melisaratos, 1983) and is based on the assumption that the response of an individual to environmental events defines the presence of stress. Items assessed the degree to which 53 symptoms bothered the respondent during the past week, and were rated on a 5-point scale (0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, 4 = extremely). The BSI is copyrighted and distributed by National Computer Systems, Inc.

The BSI measures nine symptom dimensions (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism). The current study utilized the BSI's Global Severity Index (GSI), which combines information on the number of symptoms and intensity of distress, to assess participants' level of distress. The BSI has been used with welfare populations and deemed appropriate based on its prior use with ethnic minorities and with low-income or homeless populations, ease of administration, and demonstrated reliability and validity (Browne et al., 1999; Taylor, 1997; Derogatis & Coons, 1993).

The Parenting Stress Index- Short Form (PSI, Abidin, 1983; Abidin, 1995) was employed to measure the level of stress that participants have in their role as parents. The short form of the PSI (Abidin, 1995) consists of 36 items which assess the parent's

agreement with statements about the responsibilities of parenting, demands of caring for children, relationships with adults, and social isolation. Items are rated on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). Scores on all questions are summed for the Total Parenting Stress Index Score. The PSI and its short form have demonstrated good reliability and validity; they have been used with welfare populations (Abidin, 1995; Andra & Thomas, 1998; Taylor, 1997). The PSI is copyrighted and distributed by Psychological Assessment Resources, Inc.

Social Support. The Perceived Social Support Scale (PSS, Procidano & Heller, 1983) was used to assess levels of social support among participants. The PSS contains two subscales, including support from friends (PSS-Fr) and family (PSS-Fa). Each subscale contains 20 items, such as: “My friends (family) give me the moral support I need” and “I rely on my friends (family) for emotional support.” Participants were asked to indicate on a 5-point Likert scale (ranging from 1 = strongly disagree to 5 = strongly agree), the extent to which they agreed with each statement. This 5-point rating system represents a modification of the measure’s original rating system. It was modified to allow for continuity among rating systems in the test battery, and this is an acceptable modification of the measure (Ognibene & Collins, 1998). The PSS has demonstrated good reliability and validity (Procidano & Heller, 1983). It is easy to understand and has been used in research with welfare recipients (Jackson, 2000). See Appendix B.

Supportive Male Partner. Included in the 30-item demographic questionnaire were seven items which asked questions about the presence of a supportive male in the lives of participants. Two questions addressed perceived financial support from the

male, while three questions queried his relational support towards the women's children. Two questions addressed his emotional support toward the participant. Scores on the seven items were summed to produce a male partner support index score. Items were rated on a 5-point scale (1 = strongly agree, 5 = strongly disagree). Three items were negatively worded and four items were positively phrased regarding support. See Appendix C.

Coping Strategies. The Ways of Coping Scale (WOC, Folkman & Lazarus, 1985; Folkman, Lazarus, Dunkel-Schetter et al., 1986) was used to measure coping strategies among participants. The administration procedure of the WOC was modified from its original format in this study; participants were asked to think about a specific topic, their experience of "being required to find employment or else lose welfare benefits." See Appendix D. Modifying the WOC standard administration, which usually asks participants to identify a stressful situation (unique to them), is acceptable (Derogatis & Coons, 1993). Participants were asked to consider the potentially stressful situation of being "required to find employment..." and rate their reliance on 66 specific coping response items. Items were rated on a 4-point scale (0 = Does not apply/Not used, 1 = Used somewhat, 2 = Used quite a bit, 3 = Used a great deal).

Eight coping strategies were assessed by the scale, including: a) confrontive coping- aggressive efforts to alter the situation, b) distancing- efforts to detach oneself or create a positive outlook, c) self-control- efforts to regulate one's feelings and actions, d) seeking social support- efforts to seek informational support and emotional support, e) accepting responsibility- acknowledging one's own role in the problem and trying to make things right, f) escape-avoidance- wishful thinking or behavioral efforts

to escape, g) planful problem-solving- deliberate problem-focused efforts to alter the situation, and h) positive reappraisal- efforts to create positive meaning by focusing on personal growth (Folkman, Lazarus, Dunkel-Schetter et al., 1986).

The WOC scale has demonstrated good reliability and validity (Folkman, Lazarus, Dunkel-Schetter et al., 1986). The scale has been widely used in research to examine the personal and situational aspects of coping and to link coping processes to levels of adjustment and distress (Folkman & Lazarus, 1988). The WOC is copyrighted and distributed by Consulting Psychologists Press, Inc.

Dispositional Hardiness. The Hardiness Scale- Short Form (Bartone et al., 1989) was employed in the current study to assess dispositional hardiness as defined by Kobasa (1979). The hardiness scale developed from the initial inquiry into hardiness (Kobasa, 1979) has been subject to numerous studies which critiqued the factor structure of the scale and its applicability to samples other than White male professionals (Ouellette, 1993). Bartone et al. (1989) employed a modified version of the second generation hardiness scale which was developed for use with blue collar workers. This scale, the Hardiness Scale, corrected for problems found in the original hardiness measure including awkward wordings and exclusive use of negative item indicators (Bartone et al., 1989). In addition, Bartone and colleagues (1989) derived a short form scale directly from the items of the Hardiness Scale. See Appendix E.

The short form consists of 30 items which request ratings on a 4-point Likert scale, ranging from 0 (not at all true) to 3 (completely true). There are 10 items for each of the three subscales including Control, Challenge, and Commitment. Sample items include, “What happens to me tomorrow depends on what I do today” (Control), “I like

it when things are uncertain or unpredictable” (Challenge), and “By working hard you can always achieve your goals” (Commitment). The overall hardiness score is the sum of all items; item scores within subscales are added to yield the total subscale scores.

In studies of blue collar workers and army personnel the Hardiness Scale- Short Form has been found to demonstrate the originally theorized three factor structure of hardiness, including commitment, challenge, and control. These prospective studies demonstrated that the measure had good internal consistency and construct validity, overall (Bartone et al., 1989). The current study further supported the internal consistency of the measure with welfare recipients (Cronbach’s alpha = .61 for total hardiness score).

Procedure

Participants were recruited through mailings to all the women who were VIEW participants at the Charlottesville department of Social Services. These mailings invited them to participate in the survey, and benefits workers reminded women of the survey when they came to the agency for appointments. Albemarle County participants were recruited via flyers which workers distributed at that agency. In addition, the investigator recruited women from Albemarle County caseloads by visiting a job skills training program for welfare recipients. The investigator interviewed each woman individually and administered the measures. Interviews took place either in a private office at the department of social services or in the homes of participants and lasted an average of 60 minutes. Participants were assured of confidentiality and asked to give informed consent. They were paid 15 dollars at the end of the interview and debriefed regarding the details of the study. See Appendix F.

RESULTS

The demographic characteristics of the sample were analyzed and found to be representative of the caseloads at Charlottesville and Albemarle County Social Services. The sample was comparable to previous research samples of welfare recipients with regard to education level, marital status, and number of children ($M = 2.3$). The proportion of African American participants may have been greater than national averages among samples of welfare recipients. See Table 1.

The overall sample did not report clinically significant levels of distress (Global Severity Index (GSI): $M = .57$) compared to the cut-off score (GSI = .76) derived from research with non-patient female populations (Derogatis, 1993). Nearly one-fourth of the sample was clinically distressed, indicating that they would likely meet criteria for a psychiatric diagnosis. About 15 percent had significant symptoms of depression or anxiety, while one-fourth had significant obsessive-compulsive symptoms. Thirty percent had symptoms of hostility, such as getting into frequent arguments. Almost 30 percent of the sample had paranoid symptoms, while 25 percent had mildly psychotic symptoms such as social alienation, guilt feelings, and feeling controlled by others.

Participants responded to questions about parenting in a non-defensive manner, and half of the sample reported clinically significant levels of parenting stress (PSI, Abidin, 1995). Level of parenting stress was not related to the number of children that women had ($r = .11, p = .40$). Parenting stress was assessed to be different than clinical distress (GSI) due to a lack of correlation between the total index scores of the two measures ($r = .15, p = .26$). In other words, women's level of mental health distress did not appear to be directly linked to stress related to parenting their children.

Table 1**Sample Characteristics: Frequencies of Key Demographic Variables**

<u>Variable</u>	<u>n</u>	<u>Percentage</u>
<u>Agency:</u> Charlottesville	51	85
Albemarle	9	15
<u>Setting:</u> Home Interview	32	53.3
Agency Interview	28	48.7
<u>VIEW Status:</u> Active	53	88.3
Exempt: Baby (<18 months) in home	4	6.7
Exempt: Temporarily Disabled	1	1.7
Exempt: Permanently Disabled	2	3.3
<u>Race:</u> Caucasian	13	21.7
African American	43	71.7
African American/White	3	5.0
Native American/White	1	1.7
<u>Marital Status:</u> Single and Never Married	42	70
Married	6	10
Divorced	3	5
Separated	9	15
<u>Education:</u> Less than High School	26	43.3
High School or GED	18	30
High School plus Vocational	10	16.7
Some College	5	8.3
College Degree	1	1.7
<u>Work Status:</u> Full Time	16	26.7
Part Time	15	25.0
Volunteer	2	3.3
Not Working	27	45

Note. VIEW = Virginia Initiatives for Employment, not Welfare

Participants were divided into groups with regard to the setting in which the interview was conducted, the participants' social services agency, their race, and VIEW status (See Table 1). Analysis of variance was conducted to examine the effects of any potential group differences in participants' levels of psychological distress or parenting

stress. There were no differences in levels of distress or parenting stress among participants when accounting for agency, interview setting, race, and VIEW status.

Table 2

Means and Standard Deviations of Key Variables Examined in Research Hypotheses

Variable	<u>M</u>*	<u>SD</u>	Min.¹	Max.²	<u>n</u>
Global Severity Index Score	0.57	0.48	0.0	2.3	58
Months of Welfare Benefits Remaining	13.1	7.2	1	24	53
Number of Children	2.3	1.2	1	7	58
Number of Close Friends	3.7	4.2	0	20	58
Perceived Social Support: Family	74.6	18.9	21	100	58
Perceived Social Support: Friends	75.7	11.7	49	97	58
Social Support: Male Partner	26.8	6.7	12	35	46
Distancing	1.03	0.59	0.17	3.00	58
Escape-Avoidance	0.91	0.53	0.00	1.88	58
Planful Problem-Solving	1.76	0.55	0.50	3.00	58
Positive Reappraisal	1.77	0.66	0.43	3.00	58
Accepting Responsibility	1.00	0.60	0.00	2.25	58
Hardiness	60.2	6.6	47	78	58
Months Worked in Last 12 Months	6.1	3.4	0	12	58

Note. * Higher mean scores reflect greater quantities of the constructs in each scale.

¹ Min. = the minimum value recorded among participants.

² Max. = the maximum value recorded among participants.

Hypothesis #1. The first hypothesis, that women with fewer months of welfare benefits remaining in their two-year limit would be more distressed, was not supported by the results. There was no significant relationship between the number of benefits months remaining and participants' level of distress as measured by the GSI ($r = .08$, $p = .58$). Among the 53 women who were VIEW participants, the average number of benefits months remaining out of the 24 month limit was 13.1 months (Median value = 14 months). See Table 2. The distribution of scores for number of months remaining was fairly uniform and only slightly skewed in the direction of more months remaining.

Hypothesis #2. The second hypothesis was not supported by data analyses. There was not a significant relationship between participants' level of education and their level of distress as measured by the GSI ($r = -.15$, $p = .25$). Nor was there a significant association between years of employment experience before welfare reform and current distress ($r = .04$, $p = .77$). In the current sample the average number of years of job experience prior to welfare reform was assessed to be nearly three years. Finally, there was not a clear relationship between distress and the number of children belonging to the respondent ($r = .12$, $p = .39$). Also see Table 2.

Hypothesis #3. The third hypothesis, that increased levels of perceived social support would be associated with less distress, was supported in part by results. Greater social support from friends was related to less distress ($r = -.29$, $p < .05$) while social support from family approached significance ($r = -.21$, $p = .12$). The number of close friends that a woman cited did not significantly relate to her level of distress ($r = -.14$, $p = .92$). Fourteen women gave ratings about male social support, with the source identified as a male relative of the rater; these ratings of male relatives were not

included in analyses. Forty-six women rated their perceived level of social support from past or present male partners, including boyfriends and husbands. Results indicated no significant relationship between perceived support from these partners and current level of distress ($r = -.04$, $p = .78$). See Table 3.

Table 3

Bivariate Correlations Between Social Support, Ways of Coping, Hardiness, and Level of Distress Among Welfare Recipients

Variable	1	2	3	4	5	6	7	8	9	10
1. PSS-Fam ^a	--	.27*	.15	-.04	-.27*	-.23	.05	.09	.24	-.21
2. PSS-Friends ^b	--	--	.08	-.28*	-.16	-.28*	.04	-.07	.42**	-.29*
3. Support-Male	--	--	--	.07	-.21	-.07	.15	.03	.08	-.04
4. Distancing	--	--	--	--	.63**	.50**	.29*	.44**	-.15	.42**
5. Escape-Avoidance	--	--	--	--	--	.70**	.13	.22	-.27*	.33*
6. Accepting Responsibility	--	--	--	--	--	--	.14	.38**	-.19	.35**
7. Planful Problem-Solving	--	--	--	--	--	--	--	.71**	.33*	.04
8. Positive Reappraisal	--	--	--	--	--	--	--	--	.18	.08
9. Hardiness	--	--	--	--	--	--	--	--	--	-.35**
10. Distress (Global Severity Index)	--	--	--	--	--	--	--	--	--	--

Note. * $p < .05$. ** $p < .01$.

^a Perceived Social Support from Family. ^b Perceived Social Support from Friends.

Hypothesis #4. The fourth hypothesis regarding specific coping strategies was partially supported by results. As hypothesized, two strategies were associated with increased distress, including Distancing ($r = .42$, $p < .01$) and Escape-Avoidance

($r = .33$, $p < .05$). Contrary to expectations, Accepting Responsibility was associated with increased distress ($r = .35$, $p < .01$). Planful Problem-Solving ($r = .04$, $p = .75$) and Positive Reappraisal ($r = .08$, $p = .56$) were not significantly related to level of distress. Planful Problem-Solving and Positive Reappraisal were highly intercorrelated. In addition, Distancing, Escape-Avoidance, and Accepting Responsibility were positively intercorrelated with one another. See Table 3. The level of intercorrelation suggested that these variables were not measuring five distinct coping processes nor the exact constructs that they were designed to measure. A principal components factor analysis was conducted on an exploratory basis to analyze relationships among the mean scores of these Ways of Coping variables, and it yielded a two factor structure. The factors may be understood approximately as Disengaging (Factor 1) and Engaging (Factor 2) forms of coping. See Table 4.

Table 4

Summary of Principal Components Factor Analysis of Ways of Coping Variables

Variable	Factor 1 Loading	Factor 2 Loading
Escape-Avoidance	.92	.02
Accepting Responsibility	.86	.12
Distancing	.76	.32
Planful Problem-Solving	.04	.93
Positive Reappraisal	.26	.89

Note. Rotation Method: Varimax with Kaiser Normalization

Within the framework of the two factors displayed above, Accepting Responsibility appears not to be measuring what it was designed to assess. An item analysis was conducted on the questions which comprise the Accepting Responsibility scale to determine which items were most strongly associated with greater levels of distress. This scale, comprised of four items, is the smallest scale among the Ways of Coping scales. The item analysis indicated that one item came close ($p = .06$) to being significantly associated with greater levels of distress. This item, "I promised myself things would be different next time", might be viewed as a form of mentally disengaging or distancing from the problem at hand. Other items, including "I criticized or lectured myself" and "I apologized or did something to make up", appear to lack direct relevance to these women's unique situation of being required to find work or else risk losing their welfare benefits. See Table 5.

Table 5

Correlations Between Accepting Responsibility Scale Items and Level of Distress

Accepting Responsibility Scale Item	Current Distress Level (GSI)		
	r	p	n
I criticized or lectured myself.	.15	.26	58
I apologized or did something to make up.	.22	.10	58
I realized I had brought the problem on myself.	.22	.10	58
I promised myself things would be different next time.	.25	.06	58

Note. GSI = Global Severity Index of the Brief Symptom Inventory

Finally, an analysis of the relative usage of Ways of Coping scales was conducted. The relative usage of the scale signifies the extent to which participants used strategies from one scale in comparison with their total usage of strategies from all scales combined. Among the eight Ways of Coping scales, Planful Problem-Solving was the most frequently used strategy, while Positive Reappraisal was the second most common. Distancing and Accepting Responsibility were fifth and sixth, respectively. Escape-Avoidance was the strategy which was least frequently used by participants.

Hypotheses # 5 and #6. The fifth and sixth hypotheses of the study regarding dispositional hardiness were fully supported by study findings. Results indicated that increased Hardiness was associated with reduced levels of distress among participants ($r = -.35, p < .01$). See Table 6.

Table 6

Bivariate Correlations Between Hardiness, the Hardiness Subscales, Level of Current Distress, and Number of Months Worked in Past 12 Months

Coping Resource	Current Distress (GSI)		Months Worked in past 12	
	r	n	r	n
Hardiness	-.35**	58	.27*	58
Commitment	-.46**	58	.29*	58
Control	-.14	58	.17	58
Challenge	-.13	58	.09	58

Note. GSI = Global Severity Index of the Brief Symptom Inventory.

* $p < .05$, ** $p < .01$

Increased Hardiness was also associated with women working for a greater number of months within the past 12 months ($r = .27, p < .05$), where work was defined as “part-time or more hours”. Of the three Hardiness subscales, including Commitment, Control, and Challenge, Commitment was the only subscale which significantly related to decreased distress ($r = -.46, p < .001$); it was also associated with working more months in the last year ($r = .27, p < .05$). See Table 6.

In addition, an item analysis of the 10 Commitment subscale items was conducted. Results indicated that three items were significantly correlated with distress level. These items pertained to feeling hopeful about the results of working, having mental clarity, and finding life to be interesting. A fourth item, “Most of my life gets spent doing things that are worthwhile”, was nearly significant. See Table 7.

Table 7

Bivariate Correlations Reported for Items of the Commitment Subscale which Significantly Related to Distress Level

Subscale Item	Current Distress Level (GSI)		
	r	p	n
Most of my life gets spent doing things that are worthwhile.	-.26	.053	58
Trying your best at work really pays off in the end.	-.35	.008	58
Most days, life is really interesting & exciting for me.	-.32	.013	58
Lots of times, I don't really know my own mind.	.43	.001	58

Note. GSI = Global Severity Index score from the Brief Symptom Inventory.

Exploratory Analyses. Two exploratory analyses were conducted to determine which of the variables incorporated into the study's hypotheses would account for unique variance and the greatest proportion of variance in distress levels among women in the study. Demographic factors, including women's level of education, number of children, and number of years of work experience before welfare reform were utilized in the first backward elimination multiple regression analysis. These factors did not make a significant contribution to the prediction of variance in distress level.

The second exploratory backward elimination analysis was conducted to determine if any of the psychological coping variables from the study's hypotheses would be significant predictors. In order to limit the number of predictor variables examined, only those variables which displayed a significant or nearly significant bivariate correlation with distress level were used. Hardiness and Distancing emerged as significant predictors of women's level of distress. See Table 8.

Table 8

Backward Elimination Regression Analysis Examining the Contributions of Key Psychological Variables to Women's Level of Distress (N = 58)

<u>Variable Removed</u>	<u>R²</u>	<u>Adjusted R²</u>	<u>R² Change</u>	<u>Sig. F Change</u>
None (all included)	.296	.213	.296	.005
Social support - friends	.296	.228	.000	.89
Escape-avoidance	.288	.235	-.007	.46
Accepting responsibility	.280	.239	-.009	.42
Social support - family	.264	.237	-.016	.29
Hardiness & Distancing (remain)*				

Note. *Only those variables which significantly predict distress remain in the final step.

An additional analysis was conducted to assess the unique contributions of Distancing and Hardiness to the proportion of variance in distress. To accomplish this a stepwise multiple regression analysis was performed. Again, all psychological variables which displayed a significant or nearly significant bivariate correlation with distress level were used in this analysis, including Perceived Social Support from Family and Friends, Hardiness, Distancing, Escape Avoidance, and Accepting Responsibility. Due to the high correlation between several of these variables, tests of multicollinearity were conducted. Results indicated that levels of correlation among variables were within acceptable ranges. Hardiness and Distancing each emerged as the only significant predictors of women's level of distress. See Table 9.

Table 9

Stepwise Multiple Regression Findings of the Psychological Variables which Predicted a Significant Proportion of Women's Level of Distress (N = 58)

<u>Variable Entered *</u>	<u>R²</u>	<u>Adjusted R²</u>	<u>R² Change</u>	<u>Sig. F Change</u>
Distancing	.179	.165	.179	.001
Hardiness	.264	.237	.085	.015

Note. * Probability of F to enter $\leq .20$, Probability of F to remove $\geq .25$.

A third exploratory hierarchical multiple regression analysis was conducted to examine the relative contributions of demographic factors to women's distress level compared to that of their psychological coping resources. This two-step model comparison (Kirkpatrick & Sweeney, 2000) compared two hierarchical models and assessed whether psychological coping factors would account for greater variance in

distress level than demographic factors. Demographic variables included woman's age, her education, number of children, and years worked before welfare reform. Woman's age was included in the analysis, though it was not part of the research hypotheses, because it was deemed to be important in women's attempts to find employment.

Demographic variables did not account for a significant proportion of variance in distress. Psychological coping variables, including Perceived Social Support from Family and Friends, Hardiness, Distancing, Escape-Avoidance, Planful Problem-Solving, Accepting Responsibility, and Positive Reappraisal, accounted for significantly greater variance in distress than demographic factors. See Table 10.

Table 10

Summary of Hierarchical Regression Analysis Comparing the Relative Contributions of Demographic Versus Psychological Variables to Women's Level of Distress (N = 58)

Variable	R^2	Adjusted R^2	F	Significance
<u>Step 1: Demographics</u>	.14	.07	2.07	.097
Education, # of children, Woman's Age, # Years of worked				
<u>Step 2: (Demog.) + Psychological</u>	.46	.32	3.18	.002
(Education, # children, Age, # Years) + Hardiness, Perceived social support: family & friends, Distancing, Escape-avoidance, Accept responsibility Planful problem-solving, Positive reappraisal				

Note. $\Delta R^2 = .32$ for Step 2 ($p < .05$).

A final analysis was conducted to examine specific relationships among the nine symptom dimensions of the Brief Symptom Inventory and variables from the hypotheses of the study. In general, perceived social support was associated with less depression and paranoia. See Table 11. Hardiness was related to reduced symptoms.

Table 11

Bivariate Correlations Between Social Support, Ways of Coping, Hardiness, and the Nine Symptom Dimensions of the Brief Symptom Inventory (BSI)

Variable	<u>Symptom Dimensions of the BSI^a</u>								
	1	2	3	4	5	6	7	8	9
PSS-Fam ^b	.10	-.24	-.16	-.28*	-.02	-.26	.02	-.33*	-.14
PSS-Friends ^c	-.08	-.20	-.34**	-.34**	-.23	-.24	-.01	-.27*	-.35**
Hardiness	-.21	-.41**	-.30*	-.36**	-.27*	-.27*	-.17	-.12	-.40**
Distancing	.23	.37**	.34**	.34**	.26*	.39**	.09	.49**	.46**
Escape-avoidance	.24	.31*	.22	.21	.10	.42**	.06	.38**	.28*
Accept responsible	.25	.28*	.20	.18	.18	.40**	-.04	.48**	.34**
Plan/problem-solve	-.04	.01	-.01	.03	.00	.07	-.03	.21	-.03
Positive reappraise	.04	.01	.02	-.02	.09	.07	.00	.25	.07

Note. * $p < .05$. ** $p < .01$.

^a Symptom Dimensions: 1 = Somatization, 2 = Obsessive-Compulsive, 3 = Interpersonal Sensitivity, 4 = Depression, 5 = Anxiety, 6 = Hostility, 7 = Phobic Anxiety, 8 = Paranoid Ideation, 9 = Psychoticism.

^b Perceived Social Support from Family. ^c Perceived Social Support from Friends.

More specifically, Hardiness was associated with lower levels of symptoms on the Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, and Psychoticism dimensions. Distancing was associated with increased symptoms on seven dimensions, including Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Paranoid Ideation, and Psychoticism. See Table 11.

Both Escape-Avoidance and Accepting Responsibility were associated with increased Obsessive-Compulsive symptoms, Hostility, Paranoid Ideation and Psychoticism. There were no significant relationships between Planful Problem-Solving and the nine symptom dimensions. In addition, no significant relationships were found between Positive Reappraisal and any of the symptom dimensions. See Table 11.

DISCUSSION

The current study assessed the levels of distress and factors contributing to distress among women making the transition from welfare to work. Further, the study contributed to the existing knowledge base about the coping resources that these women who live in poverty utilize as they cope with stressors of everyday life and attempt to maintain employment. This information is particularly relevant to enhancing the understanding of what may benefit the increasingly greater percentage of remaining welfare recipients who are considered to be “hard-to-serve” (Rose, 2000; Sansone, 1998). Further, this study has augmented the research literature pertaining to dispositional hardiness by demonstrating the significance of this construct in a sample of welfare recipients, providing added evidence for the validity of the construct.

The sample in the current study was representative of the caseloads at the agencies where data was gathered. The sample was comparable to previous research samples with regard to participants’ education level, marital status, and number of children. More than 71 percent of the sample was African-American, which is representative of Charlottesville Social Services caseloads, but likely greater than national norms. Caution should be used in generalizing this study’s results to samples of a clearly different racial composition. However, in the current sample no significant racial differences were detected among scores for the key variables used to assess psychological distress.

Of importance, the sample had a larger percentage of women who were not working compared to that found in a study conducted at the same agencies one year earlier (Hinton, Blank, Brand, & Trivits, 2000). This suggests that the current study

may have had a substantial subset of women who were having difficulty obtaining or retaining employment. This is consistent with one characteristic of women who are considered to be “hard to serve”. One-fourth of the sample was clinically distressed, indicating that they might meet criteria for a psychiatric diagnosis (Derogatis, 1993). This is only an estimate of the proportion of women meeting criteria for a diagnosis; the number of actual diagnoses could be higher. Such a high proportion of potential psychiatric diagnoses among participants is characteristic of previous research findings about women living in poverty (Zuravin & Greif, 1989).

The first hypothesis was not supported by the results; there was no apparent relationship between the number of benefits months that women had remaining and their level of distress. Based on the results, it cannot be concluded that it is inherently more stressful to have fewer months of benefits remaining. Some participants may have found it stressful to reach the end of their 24-month limit, while others may have felt ready to embark upon the path of self-sufficiency. For other women, their current level of distress may have had more to do with the hassles of daily living and less to do with the number of benefits checks that they had remaining.

It is also important to consider that there was not necessarily a direct linear pattern of using up benefits months among the participants. These women did not frequently use up all of their months in succession. For many women the scenario would involve the usage of benefits months interspersed with some time periods of working and not using up benefits. Women articulated strategies of saving some months of benefits in the event of an emergency or unexpected unemployment period. Finally, at the end of the 24-month period, women were still eligible for one year of

reduced benefits. These reduced benefits did not include cash payments, but they did include daycare subsidies. The net effect was that the end of 24-months did not signify the total absence of benefits. All these factors may have contributed to variance in distress level at any given point along the 24-month spectrum. It is important to note that there was a fairly uniform distribution of months remaining, so that women at every stage of the 24-month limit were represented in the current study.

Finally, although there was not a clear relationship between benefits remaining and level of distress, this does not indicate that participants lacked a transitional status. All able-bodied women who receive public assistance in the current era of welfare reform are making a transition from welfare to work. The extent to which participants perceived this transition as distressing was not apparent in the current study, because there were numerous other stressors which could have been co-occurring in the lives of these single mothers who live in poverty. Their current distress in the midst of this transition did not appear to directly relate to the number of benefits months remaining. Distress may relate more strongly to a woman's sense of personal efficacy in addressing the challenge of finding employment, and distress may be related to the level of support that a woman perceives in the transition process which is consistent with the study's other findings.

The second hypothesis, which pertained to demographic factors, was not substantiated by findings in the current study. There was not a significant relationship between a woman's education level, number of children, or years of prior job experience and her current level of psychological distress. In the current sample more than 43 percent had not completed high school or obtained their GED. Only 27 percent

had more than a high school education. There may not have been sufficient variability in education to detect differences in distress. Also, at the high school level and below, the value of education as a coping resource may be less pronounced (Parker, 1994; Taylor, 1997).

Alternatively, higher levels of education may not have been associated with less distress. The author recalls interacting with one woman in particular who disparaged herself for having an education and yet failing to achieve self-sufficiency. With regard to number of children and level of distress, the relationship does not appear to be a linear one. This is also the case with parenting stress and number of children. Half of the sample reported clinically significant levels of parenting stress (PSI, Abidin, 1995), yet there was no clear relationship between number of children and level of parenting stress. It appears that women's level of parenting stress and psychological distress were related to other factors besides the number of children they had. Other contributing factors might include the ages of the children, the age of the mother when they were born, and the health characteristics of the children. Perhaps a composite variable which incorporates these factors would show a more significant relationship to distress. Lastly, although prior work experience did not relate directly to level of distress, it may still be an important factor to consider in welfare recipients' attempts to acquire jobs.

The third hypothesis was supported in part by results. Increased perceived social support from friends was associated with less distress. The same trend occurred for perceived social support from family, although the results were not quite significant. Having a greater number of close friends was not directly related to reduced levels of distress. Indeed, having one or two friends may have been more advantageous and less

burdensome, particularly in cases where support givers were also encumbered with similar experiences of life stressors (Hobfoll & Vaux, 1993).

Support from male partners was not related to reduced distress in the data analyses. Male support was assessed with a scale which was developed for the current study. The scale may need to be modified to more accurately assess this construct. For example, the current scale asked women to identify a male who they felt had the most important influence in their lives and in the lives of their children. This question allowed women to give responses and ratings for past partners who they were estranged from, even if they had a current partner who was supportive. In addition, several women chose to speak about the supportive relationship that they had with a male family member such as a brother or uncle. Taking these factors into consideration, it becomes apparent that a greater degree of specificity would be helpful in accurately assessing the construct of a supportive male partner in future research.

In general, the current findings are consistent with previous research on the beneficial effects of perceived social support in reducing distress (Hobfoll, 1986). It is important for welfare recipients to experience social support in the course of their daily lives. However, results from this study suggest that among welfare recipients the number of supports may not be a significant factor. Past research has demonstrated the potential value of supportive male partners in the lives of welfare recipients (Edin & Lein, 1997; Brooks & Buckner, 1996; Perloff & Buckner, 1996). Findings from the current study suggest that it is necessary to be specific in assessing the presence or absence of a supportive male partner. Further, the study indicated that male relatives of welfare recipients should be further examined as potential sources of support.

Specific coping strategies from the Ways of Coping scale were examined in the fourth hypothesis of the study. Results indicated that Distancing and Escape-Avoidance were associated with increased distress. However, Planful Problem-Solving and Positive Reappraisal were not associated with reduced distress. The function of Accepting Responsibility was less clear because it was associated with increased distress, which was inconsistent with the hypothesis. Upon further exploration, it appeared that Accepting Responsibility was measuring something other than what it was designed to assess. The item analysis indicated that the content of the items in this small subscale might not be fully relevant to welfare recipients' situation of being required to find work or else risk losing benefits. One item might be interpreted in terms of an effort to mentally distance oneself from the problems at hand.

An exploratory factor analysis revealed that the five hypothesized Ways of Coping processes fit within a 2-factor structure, which might be broadly described as disengaging and engaging forms of coping. Distancing and Escape-Avoidance fit accurately within Factor 1, which was characterized by disengaging forms of coping; Accepting Responsibility was placed in this factor as well. Planful Problem-Solving and Positive Reappraisal were placed in Factor 2, which was typified by engaging forms of coping. Ways of Coping processes have not been theorized to be mutually exclusive in their functions as coping mechanisms, but the factor analysis results raise questions about the validity of viewing the five Ways of Coping strategies as five distinct coping processes among this sample of welfare recipients. However, the results are still useful when considered in the broader context of the two factors that did emerge, namely disengaging and engaging.

Based on the results it appeared that welfare recipients could not employ engaging forms of coping in order to reduce their levels of distress. However, if participants used disengaging strategies to retreat from their problems, they might make their situation worse as evidenced by increased distress. This is particularly striking when one considers that these welfare recipients relied on engaging forms of coping as their dominant strategies, while they used disengaging strategies to a lesser degree. Participants may have had some perception that they were engaging in strategies which would benefit them, but the benefits were not associated with reduced distress.

Drawing upon the findings of Folkman, Lazarus, Dunkel-Schetter et al. (1986) it may be inferred that participants viewed their situation as changeable since they used the strategies of Planful Problem-Solving and Positive Reappraisal relatively more often than the other forms of coping. In the process of secondary appraisal an individual evaluates whether anything can be done to overcome the challenges of a situation (Lazarus & Folkman, 1984). If participants did view their situation as changeable, then longitudinal research might be conducted to determine whether their appraisals were accurate and whether they ultimately succeeded in attaining self-sufficiency. In addition, research with a larger sample would be beneficial in further assessing the validity of the eight Ways of Coping strategies among welfare recipients.

With regard to the fifth and sixth hypotheses, a valuable step has been taken in the current study to apply the construct of dispositional hardiness successfully to a sample of welfare recipients. These hypotheses were supported by the results which indicated that increased Hardiness was associated with reduced distress and with working a greater number of months in the last year among the women of this sample.

One of the reasons that Hardiness was included in the current study related to the theorized nature of its Commitment subscale. Commitment assesses a person's commitment to the values of work, self, and others. This subscale seemed to have particular relevance for persons making the transition from welfare to work, and this Commitment scale was the only subscale which significantly related to distress. Increased Commitment was associated with reduced distress and with working more months in that past year. Thus, the current study lends solid support to the notion that Hardiness, and Commitment in particular, have a direct application at a psychological level and pragmatic level to the lives of welfare recipients.

The results indicate that Hardiness is a valuable coping resource and asset among the women making the transition from welfare to work. Commitment also appears to have a particular bearing on women's level of distress and longevity in the workplace. The item analysis of the Commitment subscale suggests that having mental clarity, enjoying each day, and possessing a positive attitude about the rewards of work may contribute to reduced distress and a more stable employment history.

It is important to note that the directionality of the associations among Hardiness, Commitment, reduced distress, and work history are not indicated by the current analyses. It is plausible that some participants had a positive recent work experience which precipitated their current reports of greater levels of Hardiness and Commitment. Nonetheless, the current study's findings significantly augment the research base pertaining to dispositional hardiness.

The concept of Hardiness was derived from research which was originally conducted on White male executives (Kobasa, 1979). Later studies adapted the

measurement scale for Hardiness and applied the construct to military employees (Bartone et al., 1989). The current study demonstrated the value of Hardiness in a research sample of predominantly African-American women living in poverty. The importance of Hardiness is further illustrated by the results of the exploratory multiple regression analyses.

The multiple regression analyses of the study indicated that Hardiness was the only psychological variable which was predictive of women's distress and deemed to be a beneficial coping resource. Distancing was the other psychological variable which was predictive of level of distress, although it was deemed to be a liability to the process of coping with distress. It is unclear why Distancing was such a significant factor in predicting distress. It may be that it is of some importance for participants to not be in a state of mental denial, but to instead face the realities of their situation. The factor of time might enter into the equation, wherein women who engage in Distancing may lose precious opportunities to begin addressing their problems.

Distancing and Hardiness together accounted for approximately one quarter of the variance in women's level of distress. None of the other psychological variables, relating to social support and coping strategies, yielded statistically significant predictions. Together they accounted for less than ten percent of the variance in distress. This is comparable to the results which were produced when the demographic factors were entered into the regression including education, age, number of children, and years of work experience prior to welfare reform. Demographic factors did not individually or collectively predict a significant proportion of the variance in these women's levels of distress.

Psychological factors, predominantly Hardiness and Distancing, accounted for a significantly greater proportion of distress than did demographic factors. This does not mean that demographic factors should not be attended to in the study of welfare recipients. They may have significant bearing on other aspects of these women's lives, such as determining the quality and quantity of employment options available. In the final regression analysis less than half of the variance in distress was accounted for by all the study's variables combined. This indicates that there are additional unknown variables which need to be explored in the study of coping resources that women utilize as they transition from welfare to work.

The last analysis of the study was focused on the relationship between the nine symptom dimensions of the BSI and the psychological variables of the study hypotheses. In general, perceived social support was associated with reductions in depression and paranoia. This is consistent with existing literature about the importance of social support to the mental well-being of women (Sarason et al., 1983). These findings also suggest that women who have more social support are less guarded interpersonally and may have a broader base to support them in reality testing.

Hardiness was associated with reductions in 6 out of 9 symptom domains, which again illustrates its salience as a factor predicting reduced distress. Distancing was related to increased symptoms in 7 out of the 9 symptom dimensions. This highlights the strongly negative effect that Distancing can have on psychological well-being among these women. The strategies of Escape-Avoidance and Accepting Responsibility were associated with increased symptoms on the same dimensions. These included Obsessive-Compulsive, Hostility, Paranoid Ideation, and Psychoticism. Findings

suggested that retreating from problems could be caused by or contribute to feelings of hostility and losing touch with reality, among the women of this sample.

Many of the above findings make intuitive sense and are consistent with previous research. However, variance in the results may have been introduced by a number of limiting factors in the current study. It is notable that the sample size in this study was relatively small. But the sample actually represented a fairly significant portion of the cases at the two social service agencies. There has been a dramatic reduction in welfare caseloads in the past three years at both agencies. The current sample size of 60 participants, when partialled out by agency, comprised approximately 40 percent of Charlottesville's and 20 percent of Albemarle's welfare clients who were mandated to work. Thus, the study sample was likely quite representative of the populations at these agencies.

The question remains as to whether results from Charlottesville and Albemarle are generalizable to the rest of the nation. In the summer in which data was collected, the unemployment rate in Charlottesville, was only 2.1 percent (Virginia Employment Commission, 2001), which is quite low. Still, it is striking to note that nearly 40 percent of participants were unemployed, even in this robust employment climate. This suggests that findings from this particular sample do have something to offer to the nationwide study of welfare recipients who are "hard to serve".

One other limiting factor may pertain to the gender of the investigator, who was male. This has not been standard among research conducted with low-income women. However, the gender of the investigator probably exerted very little influence on this study's outcome. Women in the study seemed to feel quite comfortable with the

investigator. At the end of the interviews, many of the women expressed appreciation for the opportunity to be heard and for the chance to have someone listen to their story.

A final limiting set of factors in the current study relates to the methodology. This study was conducted in the course of one single assessment, and data was not gathered across multiple assessment times. This precludes the current study's ability to draw causal inferences. The study did not employ a random sample, for participants were gathered based on whether they were interested in study, nor were there any comparison groups of low-income women who were not receiving public assistance. In addition, two of the coping measures, Hardiness and Ways of Coping, had not been widely used among low-income women. The Hardiness scale appears to have been successfully applied to this sample, while the Ways of Coping scale did not appear to measure the specific coping strategies that have been found among other samples. These factors suggest that additional research may be needed in this area.

Further research is needed to examine additional coping resources that women use as they cope with the stressors of everyday life and make the transition from welfare to work. Research which employs a longitudinal design would be beneficial in this process. Longitudinal research would allow for an assessment of Hardiness in advance of women's entrance into the VIEW program, which might clarify whether Hardiness is a stable disposition that predicts employment success or a construct that improves in response to success. A comparison group might also be formulated using a sample of women who have successfully made the transition toward self-sufficiency and are gainfully employed.

In addition, a longitudinal design would allow for a more accurate appraisal of the extent to which the transition process itself is distressing to recipients. There are numerous stressors associated with living in poverty as a single mother which may have little to do with the transition from welfare to work. To isolate the effects of the transition process, it would be necessary to incorporate into the research design a comparison group of low-income single mothers who are working but not receiving public assistance. This would allow for a more clear assessment of the impact that reducing welfare reliance has upon welfare recipients' levels of distress.

Other outcome criteria and predictor variables may be needed, especially since the current study's predictors accounted for less than half of the variance in distress levels. Outcome criteria could incorporate measures of resilience and well-being in addition to measures of distress. Additional predictor variables might include the presence and use of spirituality among welfare recipients. Further research with the Ways of Coping scale might provide a chance to reexamine this study's mixed findings about the appropriateness of the scale's use among welfare recipients.

Finally, the author wishes to explicitly recognize that the current study was geared to an assessment of factors in the lives of these women at an individual and psychological level. This does not indicate that issues related to institutional barriers or systemic constraints are irrelevant in the lives of these women. Such issues have been and should continue to be addressed in other studies (eg. Brooks & Buckner, 1996; Heymann & Earle, 1999; Ong & Blumberg, 1998).

CONCLUSION

In conclusion, the current study has made a valuable contribution to an increased understanding of the coping resources and processes at work in the lives of women making the transition from welfare to work. Social support appears to be a significant factor in buffering stress among these welfare recipients. In working with these women, strategies designed to increase levels of social support should be employed. This could begin with efforts to foster and enhance the quality of the alliance between caseworkers and welfare recipients.

Although few specific coping strategies were implicated as significant, it became apparent that women could employ distancing strategies that actually worsened their state. Women who employ such strategies appear to be at risk for greater distress and may require additional intervention. The most encouraging finding pertains to the importance of Hardiness as a predictor of reduced distress and as a factor which is associated with greater longevity in the workplace. Therefore, Hardiness may be an important factor to assess in the process of screening welfare recipients for job readiness, and strategies might be explored which have the potential to enhance Hardiness among these women.

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APPENDIX A: DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Home : _____ Office : _____ Participant #: _____ Date: _____

(Please fill in the blanks with the requested information. Please remember that all your responses are confidential and will not be identified as coming from you. None of your individual information will be shared with any staff person from Charlottesville or Albemarle County Social Services.)

A. Background Information

1. Sex _____ Female _____ Male
2. Your age _____ Years Date of Birth _____ (month/day/year)
3. Race/Ethnicity _____ 1) White/European American
 _____ 2) Black/African American
 _____ 3) Hispanic/Latino
 _____ 4) Asian American
 _____ 5) Native American/American Indian
 _____ 6) Other _____ (Please Specify)
- 4) Highest level of formal education
- _____ 1) No high school (8th grade or less)
 _____ 2) Some high school, no degree
 _____ 3) High school graduate, or GED
 _____ 4) Vocational Training (specify) _____
 _____ 5) Some college, no degree
 _____ 6) Junior college degree, Associate's degree
 _____ 7) College degree (BA, BS)
 _____ 8) Master's Degree, or higher (Specify) _____
- 5) Marital status: _____ 1) Single, Never been married
 _____ 2) Married
 _____ 3) Divorced
 _____ 4) Separated
 _____ 5) Widowed
- 6) Total number of children _____
- 7) Ages of children who live with you (please include years and months)
- Child 1: _____
 Child 2: _____
 Child 3: _____
 Child 4: _____
 Child 5: _____
 Child 6: _____
 Child 7: _____

8) Do any of your children suffer from a serious medical condition?

Yes; Child # _____ (specify)
 No

Yes; Child # _____ (specify)
 No

9) Which best describes your present housing situation for you and your children?

- 1) Share home with one adult partner/friend (husband, boyfriend, close friend)
 2) Share home with multiple adult relatives or close friends
 3) Live with your mother/father in their home or in your home
 4) Share home with one adult relative (sister, aunt, cousin)
 4) No other adults live in household
 5) Other

10) How many adults (18 years or older) live in your household? _____

11) In general, how often do you receive support from the other adults in your household for expenses, such as rent, food, and utilities?

- 1) support provided very regularly, you can count on it
 2) occasional support, fairly regularly
 3) infrequent support, not on a regular basis
 4) no support provided

12) Total household Monthly Income:
 (Include TANF income)

- 1) \$100-\$299
 2) \$300-\$499
 3) \$500-\$699
 4) \$700-\$899
 5) \$900-\$1099
 6) \$1100-\$1299
 7) \$1300-\$1499
 8) \$1500-\$1699
 9) \$1700-\$1900
 10) Other: _____ (specify)

13) Monthly Income—List the dollar amount received each month from sources below:

- _____ 1) Employment or work
 _____ 2) Child support
 _____ 3) TANF
 _____ 4) Gifts
 _____ 5) Social Security
 _____ 6) SSI or Disability
 _____ 7) Other

The following questions will ask you about the contact that your boyfriend or the father(s) of your child/children has with your family. Please answer these questions thinking about just one man. Choose the man who you think has the most important influence on you and your family.

14. Who is this man? _____

Please circle the number that best applies to the following statements:

	<u>strongly</u> <u>agree</u>	<u>agree</u>	<u>neither</u>	<u>disagree</u>	<u>strongly</u> <u>disagree</u>
15. He provides regular (\$) support to me and my child/children.	1	2	3	4	5
16. He uses up money that my family and I need to live on.	1	2	3	4	5
17. He comes over for regular visits with my child/children and me.	1	2	3	4	5
18. He has a good relationship with my child/children.	1	2	3	4	5
19. He does not get along well with my child/children.	1	2	3	4	5
20. He is emotionally supportive of me.	1	2	3	4	5
21. He is abusive to me.	1	2	3	4	5

22. How many close friends do you have? (People you feel at ease with and can talk to about private matters and can call on for help).

_____ (number)

The next items ask about your work, welfare, and job training experiences:

23) What is your current work status? 1) working, full-time
 2) working, part-time
 3) volunteer work/community service
(not for pay)
 4) participating in Job Training (VIEW)
 5) looking for work (no training)
 6) not working

24) How much do you make per hour? \$ _____

25) In the last 12 months, how many months did you work at least part-time? _____
--in the last 6 months? _____

26) How many checks (TANF/VIEW) do you have left? _____

27) Do you receive TANF or VIEW?
If you are exempt from VIEW, what is the reason? _____

28) In your adult life, how long have you been receiving AFDC/TANF benefits?

- 1) less than 6 months
- 2) 6 months to almost one year
- 3) from one year almost to two years
- 4) from two years almost to three years
- 5) from three years to almost four years
- 6) from four years to almost five years
- 7) from five years to almost six years
- 8) from six years to almost seven years
- 9) from seven years to almost eight years
- 10) from eight years to almost nine years
- 11) from nine years to almost ten years
- 12) more than ten years

29) How many years of job/working experience did you have before welfare reform?

- 1) never worked before welfare reform
- 2) less than 6 months of working experience
- 3) less than one year of working experience
- 4) one to two years of job experience
- 5) three to five years of job experience
- 6) five or more years of job experience

30) Please circle the number that best applies to the following statements:

	<u>strongly agree</u>	<u>agree</u>	<u>neither</u>	<u>disagree</u>	<u>strongly disagree</u>
Welfare has been a good thing for me.	1	2	3	4	5
Finding transportation to get to work has been a problem for me	1	2	3	4	5
Finding daycare for my kids has been a problem	1	2	3	4	5
VIEW training has been helpful for me	1	2	3	4	5
I would rather work than be on welfare	1	2	3	4	5
It seems like others have been critical of my being on welfare	1	2	3	4	5
Welfare reform has been stressful for me.	1	2	3	4	5
My chances for the future look pretty good to me	1	2	3	4	5

The most stressful thing to me about having to find work or lose my welfare benefits has been: _____

The most helpful thing to me during these times of looking for work and working has been: _____

APPENDIX B: PERCEIVED SOCIAL SUPPORT SCALE

PSS-Friends

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationship with friends. For each statement there are 5 possible answers: **strongly disagree, disagree, neither, agree, strongly agree**. Circle the answer that best describes your experience.

	<u>strongly</u> <u>disagree</u>	<u>disagree</u>	<u>neither</u>	<u>agree</u>	<u>strongly</u> <u>agree</u>
1. My friends give me the moral support that I need.....	1	2	3	4	5
2. Most other people are closer to their friends than I am.....	1	2	3	4	5
3. My friends enjoy hearing about what I think.....	1	2	3	4	5
4. Certain friends come to me when they have problems or need advice....	1	2	3	4	5
5. I rely on my friends for emotional support.....	1	2	3	4	5
6. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.....	1	2	3	4	5
7. I feel that I'm on the fringe in my circle of friends.....	1	2	3	4	5
8. There's a friend I could go to if I were just feeling down, without feeling funny about it later.....	1	2	3	4	5
9. My friends and I are very open about what we think about things.....	1	2	3	4	5
10. My friends are sensitive to my personal needs.....	1	2	3	4	5
11. My friends come to me for emotional support.....	1	2	3	4	5
12. My friends are good at helping me solve problems.....	1	2	3	4	5
13. I have a deep sharing relationship with a number of friends.....	1	2	3	4	5
14. My friends get good ideas from me about how to do things or make things.....	1	2	3	4	5
15. When I confide in friends, it makes me feel uncomfortable.....	1	2	3	4	5
16. My friends seek me out for companionship.....	1	2	3	4	5
17. I think my friends feel that I'm good at helping them solve problems.....	1	2	3	4	5
18. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.....	1	2	3	4	5
19. I've recently gotten a good idea about how to do something from a friend.....	1	2	3	4	5
20. I wish my friends were much different.....	1	2	3	4	5

PSS-Family

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationship with families. Circle the answer that best describes your experience.

	<u>strongly</u> <u>disagree</u>	<u>disagree</u>	<u>neither</u>	<u>agree</u>	<u>strongly</u> <u>agree</u>
1. My family gives me the moral support that I need.....	1	2	3	4	5
2. I get good ideas about how to do or make things from my family.....	1	2	3	4	
3. Most other people are closer to their family than I am.....	1	2	3	4	5
4. When I confide in members of my family who are closest to me, I get the idea that it makes them uncomfortable.....	1	2	3	4	5
5. My family enjoys hearing about what I think.....	1	2	3	4	5
6. Members of my family share many of my interests.....	1	2	3	4	5
7. Certain members of my family come to me when they have problems or need advice.....	1	2	3	4	5
8. I rely on my family for emotional support.....	1	2	3	4	5
9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later...	1	2	3	4	5
10. My family and I are very open about what we think about things.....	1	2	3	4	5
11. My family is sensitive to my personal needs.....	1	2	3	4	5
12. Members of my family come to me for emotional support...	1	2	3	4	5
13. My family members are good at helping me solve problems..	1	2	3	4	5
14. I have a deep sharing relationship with a number of family members.....	1	2	3	4	5
15. Members of my family get good ideas about how to do things or make things from me.....	1	2	3	4	5
16. When I confide in family members, it makes me feel uncomfortable.....	1	2	3	4	5
17. Members of my family seek me out for companionship.....	1	2	3	4	5
18. I think my family feels that I'm good at helping them solve problems.....	1	2	3	4	5
19. I don't have a relationship with a member of my family that is as close as other people's relationships with family members.....	1	2	3	4	5
20. I wish my family were much different.....	1	2	3	4	5

APPENDIX C: PERCEIVED SOCIAL SUPPORT FROM A MALE

The following questions will ask you about the contact that your boyfriend or the father(s) of your child/children has with your family. Please answer these questions thinking about just one man. Choose the man who you think has the most important influence on you and your family.

Who is this man? _____

Please circle the number that best applies to the following statements: **

	<u>strongly agree</u>	<u>agree</u>	<u>neither</u>	<u>disagree</u>	<u>strongly disag</u>
15. He provides regular (\$) support to me and my child/children. (+)	1	2	3	4	5
16. He uses up money that my family and I need to live on. (-)	1	2	3	4	5
17. He comes over for regular visits with my child/children and me. (+)	1	2	3	4	5
18. He has a good relationship with my child/children. (+)	1	2	3	4	5
19. He does not get along well with my child/children. (-)	1	2	3	4	5
20. He is emotionally supportive of me. (+)	1	2	3	4	5
21. He is abusive to me. (-)	1	2	3	4	5

Note. ** Scores from statements numbered 15 to 21 were summed to form the male partner support index score. Items with a (+) are positively scored. Items with a (-) are negatively scored. Each item score ranges from 1 to 5.

APPENDIX D: WAYS OF COPING INSTRUCTIONS

Instructions for the WOC Measure:

For the following questionnaire you will be asked to rate items that describe things that people might do when they face a problem. For this questionnaire, please think about one specific problem. Please think about your experience of being required to find employment or else risk losing your welfare benefits. Think of this problem as you rate the following items.

APPENDIX E: HARDINESS SCALE- SHORT FORM

H**Instructions:**

Below are statements about life that people often feel differently about. Circle a number to show how you feel about each one. Read the items carefully, and indicate how much you think each one is true in general. There are no right or wrong answers; just give your own honest opinions.

	NOT AT ALL TRUE	A LITTLE TRUE	QUITE TRUE	COMPLETELY TRUE
	0	1	2	3
1. Most of my life gets spent doing things that are worthwhile.	0	1	2	3
2. Planning ahead can help avoid most future problems.	0	1	2	3
3. No matter how hard I try, my efforts usually accomplish nothing.	0	1	2	3
4. I don't like to make changes in my everyday schedule.	0	1	2	3
5. The "tried and true" ways are always best.	0	1	2	3
6. Working hard doesn't matter, since only the bosses profit by it.	0	1	2	3
7. By working hard you can always achieve your goals.	0	1	2	3
8. Most of what happens in life is just meant to be.	0	1	2	3
9. When I make plans, I'm certain I can make them work.	0	1	2	3
10. It's exciting to learn something new about myself.	0	1	2	3
11. I really look forward to my work.	0	1	2	3
12. If I'm working on a difficult task, I know when to ask for help.	0	1	2	3
13. I won't answer a question until I'm really sure I understand it.	0	1	2	3
14. I like a lot of variety in my work.	0	1	2	3
15. Most of the time, people listen carefully to what I have to say.	0	1	2	3

H

	NOT AT ALL TRUE	A LITTLE TRUE	QUITE TRUE	COMPLETELY TRUE
	0	1	2	3
16. Thinking of yourself as a free person just leads to frustration.	0	1	2	3
17. Trying your best at work really pays off in the end.	0	1	2	3
18. My mistakes are usually very difficult to correct.	0	1	2	3
19. It bothers me when my daily routine gets interrupted.	0	1	2	3
20. Most good athletes and leaders are born, not made.	0	1	2	3
21. I often wake up eager to take up my life wherever it left off.	0	1	2	3
22. Lots of times, I don't really know my own mind.	0	1	2	3
23. I respect rules because they guide me.	0	1	2	3
24. I like it when things are uncertain or unpredictable.	0	1	2	3
25. I can't do much to prevent it if someone wants to harm me.	0	1	2	3
26. Changes in routine are interesting to me.	0	1	2	3
27. Most days, life is really interesting and exciting for me.	0	1	2	3
28. It's hard to imagine anyone getting excited about working.	0	1	2	3
29. What happens to me tomorrow depends on what I do today.	0	1	2	3
30. Ordinary work is just too boring to be worth doing.	0	1	2	3

APPENDIX F: INFORMED CONSENT, DEBRIEFING

Information About the “Welfare Survey”

This study focuses on welfare reform and looks at the ways that women who receive TANF have been affected by changes in the welfare system. The researcher, Jesse Gill, is conducting this survey through his psychology research at the College of William and Mary. Jesse Gill is not an employee of Charlottesville Social Services, but he is interested in the lives and opinions of women who receive public assistance.

If you choose to participate in this survey, you will be providing important information about the impact of welfare reform on women. The survey asks questions about you, your family, and your experiences with welfare. The researcher will meet with you for approximately 1 hour to collect this information. You will receive **\$15.00** when the survey is completed.

Risks and Benefits. The risks of taking part in this study are small. There’s a small chance that you’ll feel somewhat tired from spending the time needed to complete the survey. Although you might feel some slight discomfort due to the personal nature of a couple of the questions, this won’t likely cause any lasting distress. If you decide to participate, you will be providing valuable information from the point of view of women who receive assistance. This information may help provide a better understanding of women and families in need of aid, which could help Social Services agencies in general to improve the ways that they provide services. Finally, there’s no guarantee that any negative or positive effects will occur as a result of your participation in this survey.

Confidentiality and Alternatives to Participating. All answers you give will be kept confidential and will not be shared with any person at Charlottesville Social Services. You are not required to participate in this survey, and you have the right to stop participating at any time. If you would like to take part in this valuable survey, please turn the page.

Informed Consent Form

The general nature of this "Welfare Survey" conducted by Jesse Gill has been explained to me. I understand that I will be asked to complete a survey which asks questions about my opinions, feelings, behaviors, and experiences with welfare. I know that this survey will take about 1 hour and that I will receive \$15.00 when I have completed the survey.

I understand that all of my answers will remain confidential and that my name will not be associated with any of my responses or with the results of the study. I further understand that my confidential answers will not be shared with my caseworker or any other staff at Charlottesville Department of Social Services. My participation in this survey will have no bearing on any of the services or benefits that I receive from Charlottesville Department Social Services.

I know that I may refuse to answer any question asked and that I may stop participating at any time. I know that I can report any dissatisfactions with any aspect of this experiment to W. Larry Ventis, Psychology Department Chair at (757) 221-3870. I know that I must be at least 18 years old to participate. My signature below signifies my voluntary participation in this study.

Signature

Date

If you want to know about the results of this study, please fill in your address below:

I have received payment of \$15.00 for my participation in the "Welfare Survey":

Initials: _____

Debriefing for the “Welfare Survey”

Thank you for participating in this survey about welfare. In this survey we were examining the things which women find to be stressful in their personal lives and work lives. We were also examining the things which may prove to be helpful to welfare recipients who are required to find employment or else lose benefits.

Your valuable information may help provide a better understanding of the experiences that women receiving aid have as they face current welfare reforms. Also findings may suggest ways that Social Services agencies in general can improve the services which they provide. In order for this research to be successful, it's very important that you not discuss any of the details of this survey with anyone. You could tell others that you participated in this survey and whether you enjoyed it, but please don't discuss any specific questions or the survey's specific focus on stress. Thank you again for helping out in this important research.

VITAE

William Jesse Gill has completed this dissertation in partial fulfillment of the requirements for the degree of Doctor of Psychology. This degree is offered through the Virginia Consortium Program in Clinical Psychology. The Consortium is jointly sponsored by The College of William and Mary, Eastern Virginia Medical School, Old Dominion University, and Norfolk State University. Mr. Gill has been attending the Virginia Consortium since August, 1997. The Virginia Consortium is accredited by the American Psychological Association. The mailing address for the administrative office is: The Virginia Consortium Program, Pembroke Two/Suite 301, 287 Independence Boulevard; Virginia Beach, Virginia, 23462.

Mr. Gill completed his undergraduate study of psychology at the University of Virginia, where he obtained his Bachelor of Arts, With Distinction in May of 1992. At the time that this dissertation was submitted, Mr. Gill was completing a one-year predoctoral internship in clinical psychology. The internship site was Philhaven Behavioral Healthcare, in Mount Gretna, PA, which offered generalist training and was accredited by APPIC.