

Stress According to Breastfeeding Counsellors: A Personal Construct Study

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Introduction

'Overcommitment', and its almost inevitable consequence, 'Burnout' are terms generally applicable to most individuals involved in the caring professions. This study seeks to identify how a representative group of seven Breastfeeding Counsellors from the Brisbane Branch of the Nursing Mothers' Association of Australia (NMAA) construed, or perceived, a set of stressors identified by the author as generally applicable to NMAA Counsellors. In so doing, it seeks to isolate the basic causes of fatigue and disillusionment, so often experienced by Counsellors, and seen often to be a primary reason for resignation.

While Seyle (1975) states that stress is "the spice of life", and assumes that an individual's ability to adapt to stressors can maximise potential, Lazarus and Launier (1981) construe the individual as in a transactional relationship with the environment. Stress, therefore, occurs when there is a misfit between the characteristics of the person and the environment. Coping is said to take place when there is a state of fit or balance between the two. For the purposes of this study, the latter definition is assumed.

This essentially cognitive approach to the subject of stress is endorsed by Woolfe (1984). Furthermore, Sparkes (1982) states that because we have control over our cognitive processes, their modification represents a powerful tool for managing distress. Cognitive processes determine emotional states, which in turn produce physiological changes. His assumption that relaxation techniques are based on the relationship between thoughts, feelings and physiological responses, coincides with that of Murphy (1984), who states that specific benefits of a cognitive approach cannot be disentangled from the combination of cognitive and relaxation procedures; and Benson (1975), who has outlined an easily learned relaxation theory based on the modification of cognitive processes so that emotional and physical changes will occur.

Rationale

Crump et al. (1984) report that one of the main methodological difficulties in carrying out research in the field of occupational stress is the almost total reliance on pre-designed health and behavioural questionnaires. Stress research is in need of more sophisticated, client-orientated measures of stress.

Kelly's Personal Construct Theory (1955), provides one such avenue. It assumes that an individual's actions are governed by constructs or concepts, that is current abstractions, which are placed on past experiences in order to cope with and predict future events. Constructs not only represent an individual's and a group's version of reality, but also set limits beyond which they find it difficult to perceive reality. Thus, personal and shared constructs can facilitate or restrict a range of action.

These assumptions derive from Kelly's (1955) fundamental postulate:

"that a person's processes are psychologically channelised by the ways in which [she] anticipates events." (p. 223);

and his commonality corollary which further states that:

"to the extent that one person employs a construction of experience which is similar to that employed by another, [her] processes are psychologically similar to those of another person." (p. 229)

Despite their individuality, Breastfeeding Counsellors may be similar to each other to the extent that they may view or construct things in similar fashion. Members of such a group are similar because events or other people have approximately the same psychological meaning for them. Commonality thus

enables the study of similarities among Breastfeeding Counsellors while individuality explains unique perceptions of their roles.

Repertory Grid technique is Kelly's best known method of eliciting constructs from a person or group with a view to their better self-understanding. The mathematical base of the technique allows the Psychologist to draw forth from the individual's subconscious, his or her most deeply held (but often not consciously recognised) tenets. It allows the practitioner to discover, in a quantifiable way, what it really is that causes individuals to act in particular ways; and/or why their perceptions about events are shaped the way they are. Grids, therefore, potentially reveal the perspectives of organised sets of constructions within which members of a group construe, define and act towards situations; and are a usefully consistent means of predicting how members of any group are likely to react in any given situations. Crump et al. (1980), Cooper et al. (1982) and Diamond and Thompson (1985) have particularly demonstrated the usefulness of employing Repertory Grid techniques in analysing the perceptions of individuals in the caring professions.

Grids potentially reveal the perspectives or organised sets of orientations within which members of a group construe, define and act towards situations. That is, they are a usefully consistent means of predicting how members of any group are likely to act or react in any given situation. Grids, which are amenable to descriptive, quantitative analyses, were therefore developed within this context to provide evidence of the coherent picture that Breastfeeding Counsellors have of themselves and others.

Design

The design of this study presupposes that constructs either change as a result of the intervention programme, or stay the same. Thus the pre and post-programme use of grids provides a means of monitoring the psychological effects of the programme.

In a grid form of Kelly's Role Construct Repertory Test, subjects were presented with a prepared matrix. After consultation with another Counsellor who was the then local Area Representative of the Organisation, nine commonly identifiable sources of stress in the life of a Breastfeeding Counsellor were selected as the elements to be construed. These were listed along the horizontal axis, that is, the columns, and comprised the following set of elements: Straightforward Counselling Call; Distressful Counselling Call; NMAA Paperwork; NMAA Group Responsibilities; Trainees; Other Health Professionals; Mother who chooses to Bottlefeed; Community Responsibilities and Family Responsibilities.

These elements (or triads) were systematically selected to be construed for each row. For example, for row one, elements 1, 2 or 5 were to be compared. Subjects were asked to decide one way, for them individually, in which two were alike and the third different. They were then asked to write (verbal labels of) the constructs of similarity and difference in the columns headed Construct Emergent Pole and Construct Contrast Pole respectively for that row. This procedure was continued with each row presenting a different triad, until all the rows were completed.

In a rated form of the grid, elements were rated in terms of all the elicited constructs. Each element was thus placed along

the scales defined by the construct poles from 1 to 5 (that is, from 'most' to 'least', on each of the emergent and contrast poles), and its allotted values recorded.

As well as eliciting constructs by the triadic method and rating them, construct labels may be supplied by a researcher. On this occasion the constructs *Most Stressful* and *Least Stressful* were supplied to focus the individual's construing of themselves in that direction.

Method

Subjects: A group of seven Breastfeeding Counsellors undertook to complete the programme. Experience as Counsellors ranged from six months to ten years. The members of the group ranged in age from 30 to 46, with a mean of 39 years.

Procedure: This researcher explained that the purpose of the study was to explore the Breastfeeding Counsellors' personal and collective perceptions to the concept of stress in their occupational roles and how these might change as a result of undertaking the programme. To allow for maximum freedom, no names were used, and a numerical coding scheme of 1-7 was adopted. A pre- and post-programme grid was completed by each Breastfeeding Counsellor. After the first occasion a group discussion ensued during which the concept of stress was explored. In particular, each individual was asked to define the term and to list her personal manifestations of stress. She was then asked to define the role of an NMAA Breastfeeding Counsellor and to make a list of those things which gave her satisfaction in that role. Each was then asked to identify and list her personal and professional strengths. Collectively, the group made a list of those factors which were commonly perceived to produce stress, and to list those factors which contributed to reducing stress. Members of the group then participated in a relaxation session which lasted about twenty minutes.

During the intervening two weeks, group members were asked to allocate some time each day to a relaxation exercise, and to keep a diary which enabled each participant to collect a daily record of how much time she allocated to herself, her family, NMAA and her community.

Analysis: Shaw's (1980) multivariate Focus computer Programme was used to analyse each Counsellor's pair of grids. This provided a two-way cluster analysis in each case to reorder the rows of constructs and the columns of elements to produce a FOCUS-ed grid in which there was the least variation between adjacent constructs and adjacent elements. This was done with respect to the way the elements were ordered by the constructs. The relationships were visualised as tree diagrams for the constructs and elements which showed the highest similarities in the clusters. (See Figures 1 and 2.)

The Sociogrids Programme (Shaw 1980) was used on the two occasions to analyse similarities and differences in construing among Breastfeeding Counsellors. Two Mode Grids were thus extracted from the group to indicate the impact of the programme. The computer programme analysed each set of repertory grids elicited from the group and based construct similarity in terms of the ordering of the element set. Independently of the verbal labels of the constructs, the 'pairs' algorithm computed the measure of similarity between each pair of constructs to produce a continuum ranging from those which were most shared by the group to those which were least common. At the beginning and end of the programme,

Repertory Grid Form

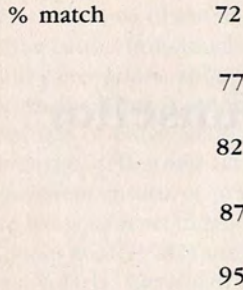
Perceptions of Stress in the Breastfeeding Counsellor

Construct Emergent Pole	1	2	3	4	5	6	7	8	9	Construct Contrast Pole
	Straightforward Counselling Call	Distressful Counselling Call	NMAA Paperwork	NMAA Group Responsibilities	Trainees	Other Health Professionals	Mother Who Wants To Bottle Feed	Community Responsibilities	Own Family Responsibilities	
As potential Stressors, what do the pair have in common?										What makes the singleton different?
Facing the unknown; time element also unknown	*	*	*							Done in own time
Can't be avoided	1	2	4	2	5	3	2	4	1	Can be delayed to suit self
Often needing attention when unable to deal with it	1	1	4	1	2	5	2	4	1	Often only have to deal with in small doses
Needing to be dealt with when it happens				*	*	*				Dealing with on own terms
Regular; know it has to be done	2	2	4	5	2	5	5	1	1	Usually occurs infrequently
Straightforward dealing with the known	2	4	2	2	1	5	4	2	1	Sense of guilt if not dealt with well
Can happen at any time . . . anything can happen	*	*	*							Sense of guilt if not dealt with well
Inability to cope with time factors etc.	4	1	4	2	4	4	4	1	1	Organised dealing with a known quantity
Constant won't go away	4	2	4	5	5	5	5	2	1	Known
Most stressful	2	2	2	1	3	3	4	2	1	Irregular
	3	2	3	2	4	4	4	3	1	Least stressful

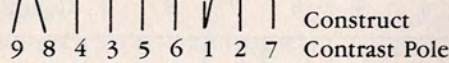
* Denotes triads

FOCUS-ed Mode Grid 1

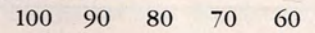
Element Tree:



Construct
Emergent Pole



Construct Tree
% match



Acceptance and some pleasure in doing	10	1	2	2	4	3	4	3	5	5	Inadequate	G4C9	10
Needs of family paramount	9	1	2	2	4	3	4	3	3	5	Frustration Anger	G4C3	9
Involvement	5	2	2	1	2	3	4	3	3	5	Non involvement	G7C5	5
Always there	6	2	2	2	2	3	3	4	4	4	Guilt	G1C8	6
Constant													18
Never ending guilt making	8	1	1	1	1	3	3	5	4	4	Pressure on coping	G1C5	8
Acceptance	7	1	1	3	1	3	5	5	4	4	Non acceptance	G6C6	7
No real involvement	1	1	1	2	2	3	4	5	3	5	Over-involvement	G2C3	1
Responsibility	2	1	1	2	2	2	3	5	5	5	No responsibility	G5C3	2
Community/Family Responsibilities coincide	3	1	1	1	2	2	4	4	5	5	No relevance	G3C3	3
Difficult to refuse	4	1	1	1	2	2	2	4	4	5	Irregular	G1C3	4

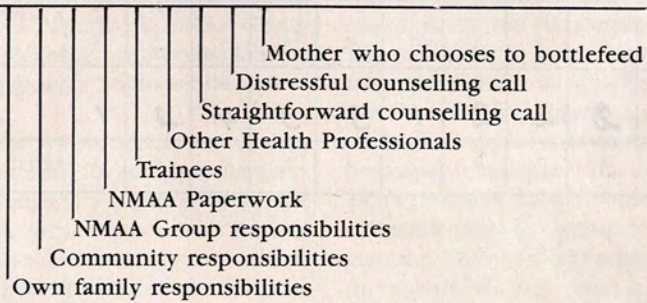


FIGURE 1

FOCUS-ed Mode Grid 2

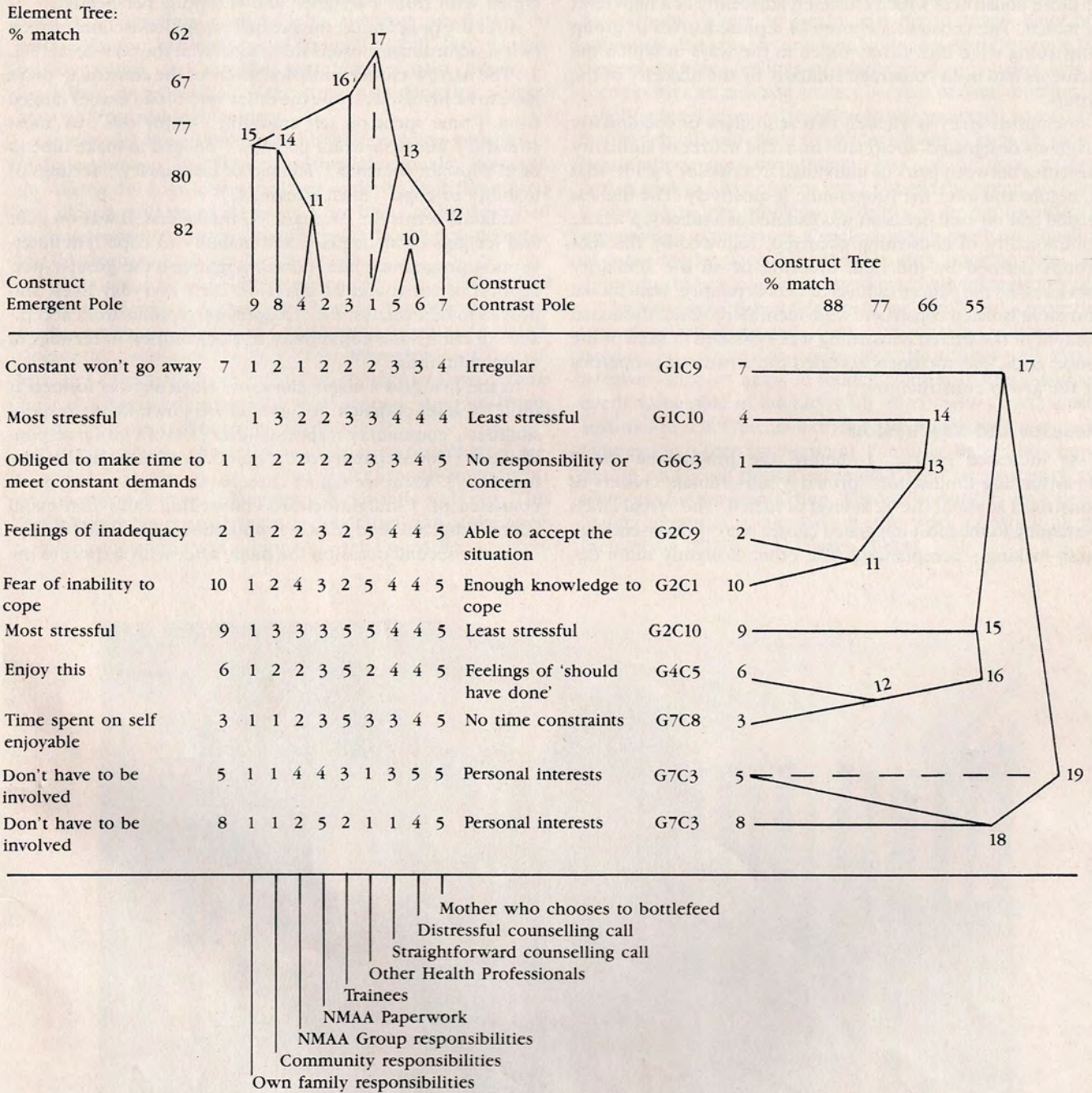


FIGURE 2

a mode grid was extracted from the most similarly used constructs. Every occasion where two constructs from different grids were adjacent was considered and the occurrence was weighed with the level of match in which it occurred.

The City Block Matrix provided a distance measure of similarity with respect to matching. It ranged from -100% (for maximum reversed similarity) through 0% (for complete dissimilarity) to +100% (for maximum similarity). Using this stable but sensitive measure, each of the mode grids consisted of those constructs which clustered adjacently at a high level of match. The constructs chosen as representatives of group construing were thus firmly based in the ways in which the elements had been construed similarly by the majority of the group.

Sociogrids analysis yielded two sequences of sociometric diagrams designated 'socionets' from the matrix of similarity measures between pairs of individual Counsellor's grids; that is, before and after the programme respectively. The highest related pair on each occasion was featured as a subgroup whose commonality of construing occurred, followed by the subgroups defined by the rank ordering of all the similarity measures. As the pattern of links or nets developed, both modal and more isolated construers were identified. While the actual content of the shared construing was exhibited in each of the mode grids, the socionets revealed the structural properties of the group constructions.

Results and Discussion

As indicated in Fig. 1, before the programme the 7 Breastfeeding Counsellors formed 3 sub-ordinate clusters of constructs at about the 72% level of match. The verbal labels pertaining to the most integrated cluster were: ['never-ending'; 'guilt-making'; 'acceptance']. The other 2 slightly more dis-

persed clusters consisted of: ['pleasurable acceptance'; 'needs of family paramount'; 'involvement'; 'always there-constant'] and ['no real involvement'; 'responsibility'; 'community/family responsibilities coincide'; 'difficult to refuse'].

In literal terms then, the most basic constructs emphasised 'guilt/acceptance' and 'responsibility/involvement.' In other words, these counsellors tended to perceive their personal and social responsibilities as having a seemingly inescapable inevitability about them which, although guilt-inducing, is best coped with from a resigned and accepting perspective.

After the programme, the Breastfeeding Counsellors formed two superordinate clusters more loosely at the 66% level (Fig. 2). The narrow cluster consisted solely of the construct; 'don't have to be involved', while the other very broad cluster ranged from: ['time spent on self enjoyable'; 'enjoy this'; to 'most stressful'; 'constant-won't go away'; 'obliged to make time to meet constant demands'; 'feelings of inadequacy'; 'feelings of inability to cope'; 'most stressful'].

In literal terms the emphasis on this occasion was on guilt and feelings of inadequacy and inability to cope. The intervention programme had indeed heightened the groups' perception of stress and its effect on their everyday lives, and proved to be a catalyst for changing perceptions from acceptance of family and community responsibilities, to feelings of overcommitment.

In the first grid a major cluster of elements was formed at the 77% level of match. It consisted of: ['own family responsibilities'; 'community responsibilities'; 'NMAA group responsibilities'; 'NMAA paperwork'; 'trainees and other health professionals']. A smaller, tighter cluster at the 82% level of match consisted of: ['straightforward counselling call'; 'distressful counselling call' and 'mother who chooses to bottlefeed'].

On the second occasion the mode grid, with respect to the



elements, revealed a more balanced picture. Interestingly, both clusters again formed at the 77% level of match. One contained the elements: ['own family responsibilities'; 'NMAA group responsibilities' and 'distressful counselling call']. The other consisted of: ['straightforward counselling call'; 'trainees'; 'other health professionals' and 'mother who chooses to bottle-feed']. The element 'NMAA paperwork' was placed on its own between the two clusters and perhaps is therefore not seen as significant.

It would appear that, before the Programme, these Breastfeeding Counsellors grouped the elements pertaining to counselling (i.e. 'straightforward counselling call' and 'distressful counselling call') together with 'mother who chooses to bottle-feed' as reflections of the constructs depicting acceptance and no real involvement.

On the post-Programme grid this tendency was widened to include 'trainees' and 'other health professionals'. However, the 'distressful counselling call' was removed from this cluster and placed with those elements more likely to be described by those constructs pertaining to stress i.e. constancy; demanding; inadequacy and inability to cope.

The constructs denoting acceptance, responsibility and involvement which feature significantly in mode grid 1 are further emphasised by the descriptions of the role of a NMAA Counsellor as provided by each of the Breastfeeding Counsellors immediately following the first testing occasion. Words such as: inform; educate; nurture; encourage; support; listen; assist; promote and organise, predominate.

Correspondingly, constructs denoting stress feature more predominantly in Mode Grid 2. These refer broadly to concepts of constancy, demand, inadequacy and inability to cope. This is not surprising considering that the desired aim of the intervention programme was to pinpoint each Counsellor's percep-

tion of stress as an entity in her life. This process was initiated by the group discussion which followed the first testing occasion, and conceptualised each individual's personal perceptions of this often unrecognised, but potent force in her life. The request that a daily diary be kept and time be allocated to relaxation, proved to be an irksome task for all participants.

As part of the intervention programme each Breastfeeding Counsellor was asked to define the concept of stress and list her personal signs. Common definitions included: inability to cope; severe state of tension; having so much to do that you don't know where to begin; having so many emotional upheavals that you are drained; having so many changes that prevent routine; feelings of inadequacy; not being able to accomplish a set task and anxiety because of overcommitment.

Following a group discussion it was generally agreed that factors which contribute to producing stress include; lack of organisation; overcommitment; lack of support; external factors such as loss of job or work outside the home; accidents (or illness); money problems, priorities in the wrong order (i.e. succumbing to pressures of society which emphasise qualities of super-mother/lover/housekeeper etc.); poor physical condition due to lack of time to exercise and attend to proper diet.

The group established that stress can be reduced if more time is made available for self. That is, to do what you want and need to do; such as sleep, relax, exercise and eat well. Having adequate support helps to reduce emotional stress; and one needs to be able to interact with others who reflect similar attitudes to self. One needs to feel appreciated and good communication is seen as important. Planning, delegation, organisation and goal setting were also seen as necessary prerequisites for stress reduction. These observations are reflected in the literature; particularly in the work of Woolfolk and Richardson (1978) and Gmelch (1983).



Apart from the two Breastfeeding Counsellors who were Group Leaders, remarkably little time was allocated each day to NMAA activities and even less time was devoted to self. Most women reported that family and community took up most of their time . . . in some instances up to 18-20 hours a day. This fact is reinforced by Mode Grid 1 where the two constructs 'needs of family paramount' and 'community/family needs coincide' appear. Furthermore, on both Mode Grids 1 and 2, the elements 'own family responsibilities' and 'community responsibilities' have identical approximations. All women reported great difficulty with trying to allocate some time each day to perform a relaxation session. Two of the seven Breastfeeding Counsellors in fact did not even attempt to allocate any time to performing this task and reported that the only time spent on themselves was that which elapsed during daily ablutions.

Significantly, the computer programme defined one of these women (BFC 02) as modal. That is, her constructs generally reflected those of the group as a whole, and she was deemed to be typical. The demands of her family and her community involvement are such that little time is left for self; planning and organisation are haphazard and overcommitment and lack of priorities are a big problem. At the end of the second testing session this Counsellor was heard to say something which seemed to epitomise the general problems faced by these women . . . "I know what I have to do in order to become less stressed . . . but I just don't have the time to do it!"

Not surprisingly, Bishop (1980) has noted "that a common feature of the occupations affected most by burnout is that they attract people who measure success and failure largely by standards other than pay scales, profits, or status symbols. Psychologists say that many such people enter their occupations with unrealistically high expectations of making the world a better place. Sooner or later they're disillusioned." Certainly the perceptions of this group seem to bear this out. As a result of the intervention programme, the members of this group came to realise that their involvement in family and community matters caused enormous personal and emotional burdens; but that work done for NMAA, (especially the routine work), was not necessarily stress-inducing. Overcommitment, an apparent inability to prioritise and say "no!", and, most significantly, the consistent lack of allocating 'personal time' for relaxation, seem to be common characteristics of the typical person attracted to this kind of work.

In order to circumvent these problems, organisations dependent upon the continuing services of Counsellors (especially those who work in a voluntary capacity), may well benefit from giving occasional attention to 'in-service' training which places less emphasis on techniques designed to help Counsellors help others; and more emphasis on helping Counsellors to help themselves. 'Burnout', which often leads to a loss of commitment and eventual resignation, would then perhaps be less of a problem.

Conclusion

Kelly's Repertory Grid Theory proved to be a valid and reliable method for eliciting constructs previously unrecognised on a cognitive level. Interestingly, many of the perceptions noted by the Mode Grids mirrored those formulated on a cognitive level during the Intervention Programme. There appeared to be a high level of consistency thus validating the usefulness of this approach.

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