



Evaluation of a Stress-Preventive Approach with Students Concerning Management of Stress

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Abstract

This study examines a multivariate stress management approach for application in college student prevention programmes.

The author presents a description of a broad model of stress management that has three primary components (physical, cognitive, and lifestyle) and then evaluates this model based on how it is presented in a classroom environment. An analysis of variance was used for this study to assess participants' gain scores on nine different stress management activities. The control group for this study was a similar class. In addition, an overview of the therapy, complete with information on the content of the lessons and the methodology used to teach them, is included in this document.

Four of the nine categories revealed significant differences: routine relaxation, relaxing in certain situations, cardiovascular activity, and affirmations to oneself may all help. The author presents an explanation as well as an analysis of these data, as well as a discussion on the differences between short-term and long-term improvements, and anecdotal evidence taken from student ratings. The paper makes recommendations for future research.

Introduction

There are many different preventative methods of stress management that are described in the literature for college students. These are distinct from the more targeted therapeutic techniques such as biofeedback, cue-controlled relaxation, and hypnosis, which are commonly used in individual counselling or psychotherapy[1]. In most cases, these preventative measures entail instructing students in a range of ways for stress management so that the students may learn how to handle stress before it produces psychological or physiological difficulties. These curricula often make use of a variety of different research approaches and are commonly delivered in the form of seminars, classes, or lectures [2].

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There are many different preventative methods of stress management that are described in the literature for college students. In contrast to more concentrated therapeutic procedures like as biofeedback, cue-controlled relaxation, and hypnosis, which are often used in individual counselling or psychotherapy[3,4], these are more generalised methods that may be applied to a variety of situations. In most cases, these preventative measures entail instructing students in a range of ways for stress management so that the students may learn how to handle stress before it produces psychological or physiological difficulties. These programmes often make



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In the category of internal processes, include relaxation and cognitive methods. In the category of external pressures, include lifestyle choices. This core concept has been outlined in the book "Archer," and a number of other authors have used equivalent models for the management of general stress [5-7].

A persuasive argument can be made for seeing stress as a dynamic process as a result of all of these many manifestations of it. Both the link between a person's lifestyle choices and the ways in which those decisions impact both the cognitive and physical domains of a person's life [8-14] and the relationship between the bodily symptoms of stress and the cognitive process of worrying and event interpretation are very important. As opposed to a remedial strategy, this technique is preventive and educative in nature. The model gives an understanding as well as a framework for trainees to learn about their own stress responses from a range of angles [15]. Additionally, it enables people to pick stress management practises that seem to be the most successful.

Method

Students at a prominent institution located in the southern region of the United States who was enrolled in a stress management class as well as a control class on career choice and professional decision making served as the subjects of the study. Students who are interested in personal development are likely to enrol in both of these classes since they are required components of a curriculum for practical human development. Students that fell into either of these two groups reflected all four years of the undergraduate programme (for example, freshmen, sophomores, etc.) in addition to a wide variety of academic fields of study.

On the first and last day of class, questionnaires assessing the prevalence of stress management behaviours were distributed. Participation in the study was voluntary, and the university's Human Subjects committee gave its approval. Each cohort had 43 pupils who completed both the pre- and post-questionnaires. This corresponds to a return rate of 83% for the stress group and 86% for the control group.

Students in the control group were told that they could expect their other stress management behaviours to improve as a result of their work in learning how to choose a career. This was done to control for the effect of expectation that one might anticipate. This is a plausible assertion given that many students enrol in this course out of a desire to find employment.

Due to the fact that the students were asked to report directly on their stress management practises, the possibility of inaccurate self-evaluations was minimised. The behaviour areas (described in Figure 1) were chosen to represent the course's primary stress management

strategies. Students were asked to rate the incidence of behaviours in each area on a five-point Likert scale ranging from "very often" to "never." The students in the control group had substantially higher initial ratings in two of the nine behaviour domains (relaxation and aerobic exercise).

1. *Regular relaxation*—Deep relaxation, a conditioned relaxation response, usually practiced on a daily basis. Often achieved through meditation, deep muscle relaxation, biofeedback, self-hypnosis or some other relaxation technique.
2. *Situational relaxation*—Deep relaxation during stressful situations. Includes early awareness of tension and anxiety and the ability to produce a conditioned relaxation response on cue (usually by taking a deep breath and telling oneself to relax).
3. *Aerobic exercise*—Practice of a vigorous exercise for at least 20 minutes per day. To achieve the aerobic effect, an individual's heart rate must be elevated for at least 15 to 20 minutes. Sports like running, swimming, and bicycling create this aerobic effect.
4. *Limited use of sugar/caffeine*—Self-monitoring of these substances so that one's tension level is not elevated. Acceptable use levels vary with individuals. Tension created by these substances makes one more susceptible to other kinds of stress.
5. *Rational beliefs*—Use of a rational, nonperfectionist belief system. Usually involves the ability to catch oneself when stress is caused by an irrational belief (i.e., everyone *must* like me) and the ability to substitute a more rational belief to reduce the pressure (i.e., everyone *doesn't* have to like me.)
6. *Positive self-statements*—Use of positive self-statements when confronted with stressful situations. Often used to help one keep on task and to combat negative self-statements that create anxiety.
7. *Assertion*—Timely expression of one's feelings and opinions. Combats the stress and anxiety caused by bottling up feelings and opinions.
8. *Supportive relationships*—Discussion of problems and anxieties with others. Indicates an effective support system and willingness to talk through troubles with a close friend.
9. *Time management*—Use of a personally effective system for managing time and avoiding the feeling of being rushed. Usually involves clear priorities and an understanding of personal limitations.

FIGURE 1

Stress management skill or behavior area

The gain scores on the nine stress management behavior scores for the stress management class wcompared to those of the control group using variance analysis.

The class met for a total of fifteen weeks, each week being two hours long and consisting of one hour of lecture and one hour of discussion in smaller groups. The lectures were provided either by the principal teacher or by guest speakers (a nutritionist, an instructor of physical

education, and graduate students, respectively); counselling or psychology graduate students facilitated the small group discussions. The lectures introduced students to various methods and techniques, and they were required to apply each method and record their reactions. In the discussion sections, students discussed these diaries and conducted structured exercises to aid in the instruction of the analysed techniques. A weekly feedback and oversight meeting was held by the principal teacher as well as the moderators of the discussion groups. The teacher recommended that the pupils get acquainted with the different methods first, and then decide which ones seemed to be the most beneficial for them personally. The final project for the class was a personal stress management plan, and the students were given the directive to discuss the different techniques and devise a strategy that would work best for them.

They informed other members of their discussion groups of their intentions. They relied primarily on textbook containing chapters on the various approaches.

Students who took the stress management class had substantially higher mean gain scores than those who were in the control group in four of the behaviour rating categories (see Table 1), including positive self-statements, aerobic activity, regular relaxation, and situational relaxing.

TABLE 1

Stress management behavior inventory: pre, post, and gain mean scores

Stress management behavior rating	Stress management class (N = 43)						Control class (N = 43)						
	Pre		Post		Gain		Pre		Post		Gain		
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	
Regular relaxation	9.63	2.87	14.07	2.83	4.44	3.58	12.35	3.53	13.37	3.56	1.02	2.72	*
Situational relaxation	10.42	2.43	13.79	2.63	3.37	2.95	11.91	2.78	12.91	3.16	1.00	2.51	*
Aerobic exercise	12.28	4.91	14.77	4.19	2.49	4.36	16.37	3.52	15.98	3.49	(-.40)	2.38	*
Monitoring caffeine/sugar	13.44	4.82	15.14	4.48	1.70	4.23	12.58	4.21	13.72	3.61	1.14	3.81	
Rational beliefs	13.53	2.95	15.79	2.59	2.26	2.85	13.60	3.24	14.95	3.17	1.34	3.01	
Positive self-statements	12.79	2.77	15.28	2.47	2.49	2.83	13.02	3.00	13.81	3.19	.80	2.91	*
Assertiveness	14.63	3.15	16.23	2.69	1.60	2.81	14.88	2.90	15.05	3.73	.16	3.13	
Supportive relationships	14.30	3.73	15.74	3.18	1.44	3.04	13.26	3.69	14.33	3.64	1.07	2.64	
Time management	12.98	3.36	14.30	2.53	1.32	3.92	14.18	3.10	14.95	3.25	.77	2.07	

*p < .05 for ANOVA comparison of gain score means.



DISCUSSION

Two significant limitations of this investigation are notable.

First, there was no random assignment of students to treatment and control groups. Although not optimal, the use of a comparable class as a control provided a comparable comparison group.

The second limitation pertains to the effect of anticipation.

An attempt was made to generate comparable expectations in the control group; however, the expectations were not comparable.

produced might not have been identical. The use of nine distinct behavioural ratings and the disparate results provide some evidence against the existence of a robust expectancy effect.

There are numerous plausible explanations for the results. Three of the four areas that showed significant improvement were associated with muscle relaxation. The literature aimed at college students describes a great deal of information pertaining to a variety of preventive strategies for the management of stress. These are more generalist treatments that may be used to a range of settings, as opposed to more focused therapeutic procedures such as biofeedback, cue-controlled relaxation, and hypnosis, which are often utilised in individual counselling or psychotherapy[3,4]. In the majority of situations, these preventive measures consist of training students in a variety of methods for stress management. The goal of this instruction is to teach students how to deal with stress before it develops psychological or physiological consequences. Workshops, courses, and lectures are the most typical modes of delivery for these programmes, while they often make use of a diverse array of research methodologies. Exercise and deep muscle relaxation are examples of techniques that are specific and simple to practise and therefore may be easier to acquire. In addition, physical techniques provide almost instantaneous tension alleviation, whereas development in other areas (such as more supportive relationships) may take considerably longer to materialise.

Positive self-statements were the other area where there was significant improvement. These statements are relatively simple to create and employ. Their use frequently provides immediate respite from high-stress situations, particularly for students who can substitute positive self-statements for negative ones.

Students did not demonstrate growth in the other cognitive behaviour domain, the modification of irrational behaviour.

beliefs. This may be due to the fact that it is much simpler for a student to learn and apply specific positive self-statements than it is for them to confront and modify irrational beliefs and attitudes that have been formed over a lifetime. It is probable that a more intensive or extended training programme would be required to induce these belief system alterations.



In fact, the duration and intensity of training may also account for the absence of significant gains in other areas. Relationship, self-perception, and lifestyle modifications may be too difficult to implement in a relatively brief course or workshop. Or, participants may not yet be aware of the changes.

The perceived value of a behaviour may also play an essential role. The value of physical relaxation and exercise as stress relievers may be more apparent to students than the value of time management and supportive relationships.

In addition to the specific behaviour assessments, the course evaluations also included student responses and comments. In general, students preferred small group activities to seminars, despite the fact that both were beneficial. Students' responses to the various techniques and approaches varied greatly. They appeared to respond better to techniques that were simpler to learn and apply, such as relaxation, exercise, and positive self-statements. In fact, these were the areas in which they made the most progress. A small number of students who limited their caffeine consumption during the nutrition section obtained remarkable results. Some students struggled especially with the rational beliefs portion of the course.

The instructor and discussion moderators concluded that it was challenging to cover topics related to altering fundamental lifestyle beliefs in this course format. This section contributed to a number of referrals to individual counselling.

Students complained aloud that the section on time management was improperly situated (it was at the conclusion of the course). By the time it was discussed in class, they were under such academic duress that many of them appeared incapable of altering their time management strategies. During the relationship portion of the class, a number of students discussed challenging relationship issues, the majority of which centred on the difficulty of finding supportive and intimate relationships. Significant numbers of students reported difficulties with assertiveness; however, many had not made the correlation between stress and lack of assertiveness.

In addition to the specific learning that takes place in such a preventive educational approach, self-awareness and comprehension increase. Although the effects of immediate behaviour modification may not be readily apparent, a deeper understanding of stress and stress management techniques will enable students to reevaluate their behaviours and apply the acquired knowledge.

It is necessary to conduct research to determine which stress management techniques can be taught in a limited amount of time. In order to accurately assess the prospect of delayed improvement that may result from less specific approaches such as time management, assertiveness, and rational beliefs, outcome measures should include delayed measures. By their very nature, preventive programmes may provide knowledge and instruments that are not promptly utilised.



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