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ANNEXURE A: RECRUITMENT LETTER



Lesego Primary School
P O Box 4015
Lesedi
2525

17 November 1998

Dear Principal and staff

RESEARCH: TEACHERS SUFFERING FROM STRESS

Research that has already been done on the incidence of stress among teachers indicate that the problem is extensive. Relatively little has so far been done, however, to support teachers who suffer from stress.

Education is currently characterised by continuous change. Donald, Lazarus and Lolwana (1997:16) are of the opinion that the change in the structure of education has been preceded by the appearance of a much broader spectrum of far-reaching policy documents on education the past year than in any other period in the past. This process is still continuing and often creates tremendous work stress among teachers. Work stress has, what can be called, a "spillover" effect, since stress can become an important determinant of a person's quality of life, including his/her physical, psychological and social well-being. This "spillover" also has a reversed effect - not only do various demands at work function as stressors, but various events outside of the work environment also contribute to work stress, such as family, personal, social, health, financial, crime, and political problems.

Research done in South Africa indicates that 48% (in some instances even higher) of people who visit general practitioners do not suffer from illnesses of a physical nature. The most common form of treatment often consists of the prescribing of psychotropic medication - tranquillisers and anti-depressants in particular. Considering that the educational changes are a part of much broader social, economic, and political changes in the country, and mostly fall outside the control of most of the people involved in education, this percentage of 48% might even be higher for teachers

High stress can have many negative effects on a person. Examples are:

Behavioural effects: socialising problems, conflict, impatience, excessive use of medication and alcohol, excessive smoking, et cetera.

Psychological effects: anxiety, depression, irritation, aggression, anger, et cetera.

Physiological effects: endocrine system (secondary problems due to the excessive excretion of hormones, for instance chronic high cortisol levels suppress the immune


system), gastrointestinal problems, cardiovascular problems (such as increased heartbeat, heightened blood pressure, damaged blood vessels, higher levels of serum cholesterol, and cardiovascular illnesses), suppressed immunity system. Stress can therefore be associated with the development of other illnesses, such as cancer, as well.

Due to the serious, even deadly, results of stress, the condition ought to be addressed through research if teachers are to become resilient to its effects. Very positive results have already been reported in research done in other countries among other professions. In South Africa little has been done, however.

I hereby request you to inform your staff of the doctoral research I am undertaking under the supervision of Prof. J.L. Marais of the Faculty of Education Prof. Hans van der Merwe of the Department of Psychology, and in co-operation with Prof. Nico Malan of the Department of Physiology. Prof. Marais and I would appreciate an opportunity to explain the research we are undertaking, since we need some teachers to participate in the research as experimental subjects during the end of the second semester of 1999. I hope and trust that some members of your staff will be interested in becoming involved in the research. The research will be to their advantage and there is no cost involved.

I would gladly answer any questions you might want to ask.

Greetings



Mr. G.J.C. Kirsten
Lecturer/Psychologist

Prof J.L. Marais

DOPGJCK@PUKNET.PUK.AC.ZA c:\winword\stresbrf.doc

ANNEXURE B: NEWSPAPER ARTICLE

Teachers required for Stress Management Programme

Cheryl Botha

Despite popular misconceptions, stress among the teaching fraternity is a reality. With retrenchments looming, economic and crime factors as well as wide-ranging changes within the profession, teachers are very definitely at risk.

Tiaan Kirsten, educational psychologist and lecturer at the Potchefstroom University is currently busy with his PhD on stress among teachers. Although much has been written about the problem, very little is known about addressing the problem, he said. He is dedicating this year of study to the management of stress among teachers and is looking for about forty volunteers to participate in his study.

His study will include various forms of relaxation based on sound professional ethics and focuses on emotion-focused coping skills to foster resilience to cir-

cumstances beyond the control of the teacher. Tiaan believes that stress is born out of perceptions.

If a person believes that he is helpless to change his circumstances, he may develop stress-overload symptoms such as lack of concentration, anxiety, depression, low self-esteem, irritability. Often he experiences conflict with others, migraine, cardio-vascular disease as well as a deterioration in his immune system.



Tiaan Kirsten.

Any member of the teaching profession who would like to become involved in this highly beneficial research should contact Tiaan at (018) 297-0018.

**ANNEXURE C: INFORMATION LETTER,
DISTRESS SYMPTOM SCALE AND FORM OF
PERSONAL DETAILS AND CONSENT**



10 Maart 1999

Dear Participant

TAKING PART IN RESEARCH CONCERNING STRESS MANAGEMENT

These questionnaires form part of doctoral studies about providing support to teachers with stress. The title of the research is: "Meditation as a strategy for stress management in teachers: An educational psychological study".

Stress and more specifically distress, as has been explained, has got a huge impact on the well-being of all people - physical, psychological, social and meta-physical. The people of South Africa are currently facing huge changes and transformational processes which are of cause also being reflected in education. I am sure that you are all familiar with the situation. These changes present itself more or less on all the spheres of life of teachers - maybe also on yours, and if not now, maybe later.

This research is my endeavour to do something about the situation. I do this research with a very positive intention with the hope that you will gain just as much as I have in learning the technique that I am going to teach you. The pre- and post-tests that I will conduct will take some time, but due to thoroughness of the research it has to be done now and later on. We - you and I - will be busy with ground breaking work in South Africa which will hopefully lead to not only our own enrichment, but also the enrichment of those around us - in the person of our colleagues and learners. To reach this ideal we must be able to substantiate our activities and research results so that the results can also be used to motivate other to consider this technique as a possibility for the promotion of their well-being. The research itself is my worry, (but I ask your help to lighten the load!), in exchange I will offer you an interesting experience and hopefully a life skill for life.

You must consider the material and especially the technique of Clinically Standardized Meditation which I am going to teach you as your own. You can adapt the technique which I am going to teach you to suit your own situation - you will be taught everything you need to know in the program. This form of scientific-therapeutic meditation will not change you into another person, but it will help you to develop and grow more according to you potential to take on the challenges of life even better.

You are very wellcome to contact me if you feel that would like to talk to me about a personal matter or something in general about the program while this program is running. My skills and knowledge is available to you because I care about your well-being. Lastly I would like to thank you for your willingness and positive reaction to partisipate in this research - I therefore dedicate this research to you - the partisipants.

Thank you for your cooperation.

A handwritten signature in black ink, appearing to read 'Klaan Kirsten'. The signature is stylized and cursive.

Klaan Kirsten
Lecturer/Psychologist.

Application Exercise 5-8
Distress Symptom Scale

Complete the following inventory of your current distress signals. While some of these items may reflect positive stress (for example, talking faster than usual or difficulty falling asleep), the scale as a whole is intended to measure distress. It correlates highly with a number of other stress-related scales, suggesting that it is a valid measure of distress symptoms. The most important thing for you is that it will give you a fairly vivid picture of what you are experiencing in mind, body, and behavior. When you are finished, add your score, using the numbers given at the top of the scale.

Indicate which of these occurred during the past two weeks. Use numbers as follows:
 0 Did not occur
 1 Occurred once or twice
 2 Occurred several times
 3 Occurred almost constantly

- | | |
|--|---|
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Grinding teeth |
| <input type="checkbox"/> Depressed feelings | <input type="checkbox"/> Difficulty sitting still |
| <input type="checkbox"/> Dryness of mouth or throat from | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Irritation | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Irritable, spur-of-the-moment | <input type="checkbox"/> Verbal attack on someone |
| <input type="checkbox"/> actions | <input type="checkbox"/> Mental block |
| <input type="checkbox"/> Emotional ups-and-downs | <input type="checkbox"/> Frequent need to urinate |
| <input type="checkbox"/> Strong urge to cry | <input type="checkbox"/> Upset stomach |
| <input type="checkbox"/> Strong urge to "run away from it | <input type="checkbox"/> Headache |
| <input type="checkbox"/> all" | <input type="checkbox"/> Neck pain |
| <input type="checkbox"/> Strong urge to hurt someone | <input type="checkbox"/> Pain in back |
| <input type="checkbox"/> Fuzzy, foggy thinking | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Talking faster than usual | <input type="checkbox"/> Decreased interest in sex |
| <input type="checkbox"/> General fatigue or heaviness | <input type="checkbox"/> Increased appetite |
| <input type="checkbox"/> Feelings of being "overwhelmed by | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> it all" | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Feelings of being emotionally | <input type="checkbox"/> Significant interpersonal conflict |
| <input type="checkbox"/> unstable | <input type="checkbox"/> Struggling to get up to "face an- |
| <input type="checkbox"/> Feelings of joylessness | <input type="checkbox"/> other day" |
| <input type="checkbox"/> Feelings of anxiety | <input type="checkbox"/> Feelings things are "out of control" |
| <input type="checkbox"/> Emotional tension | <input type="checkbox"/> Feelings of hopelessness |
| <input type="checkbox"/> Easily startled | <input type="checkbox"/> Difficulty staying with one activity |
| <input type="checkbox"/> Hostility | <input type="checkbox"/> very long |
| <input type="checkbox"/> Trembling or nervous twitch | <input type="checkbox"/> Short-tempered |
| <input type="checkbox"/> Stuttering or stumbling in speech | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> Difficulty falling asleep |
| <input type="checkbox"/> Difficulty organizing thoughts | <input type="checkbox"/> Slow recovery from a stressful |
| <input type="checkbox"/> Difficulty sleeping through the | <input type="checkbox"/> event |
| <input type="checkbox"/> night | <input type="checkbox"/> Frowning of heart from tension |
| <input type="checkbox"/> More impatience than usual | |

Personnlke besonderhede Nr. toegestaan:

U Distress Symptom Scale telling:

Naam en van: _____

Onderdom: _____

Gedrag: _____

Stoel: _____

Postbetywing: _____

Posvlak: _____

Posadres: _____

Tel: _____ (R) _____ (W)

Hiermee omdraai om ek en gee ek die verskeiding as navorsers om u aan geen aktiwiteite bloot te stel wat ernstig, u welkyn negatief sal aflekteer nie en tweedens, dat ek u wouder hier in sal respektee. Alle lading in verband met u sal vertroulik hanteer word.

Sied u belang om deel te neem aan die navorsingsprojek, en gee u u toestemming om deel te neem aan die battery toetsing voor en na die toetsing?

Ja

Nee

Handtekening: _____

**ANNEXURE D: QUESTIONNAIRES /
INVENTORIES / SCALES AND FORM FOR
NON-INTRUSIVE PHYSICAL EXAMINATION**

BIOGRAFIESE VRAELYS

Vir Kaartgebruik

Vraelysnummer

Kaartnommer

			1

(1-3)

(4)

1	AAN WATTER SKOOL IS U VERBONDE / TO WHICH SCHOOL ARE YOU ATTACHED			
	Sekondêre Skool / Secondary School	<input type="checkbox"/>	1	
	Primêre Skool / Primary School	<input type="checkbox"/>	2	(5)
	Ander / Other	<input type="checkbox"/>	3	
	Spesifiseer / Specify	<hr/> <hr/> <hr/> <hr/>		
2	POS / POST			
	Skoolhoof / Principal	<input type="checkbox"/>	1	
	Adjunkhoof / Vice Principal	<input type="checkbox"/>	2	
	Departementshoof / Head of Department	<input type="checkbox"/>	3	
	Onderwyser / Teacher	<input type="checkbox"/>	4	(6)
3	GESLAG / SEX			
	Manlik / Male	<input type="checkbox"/>	1	(7)
	Vroulik / Female	<input type="checkbox"/>	2	
4	HUWELIKSTAAT / MARITAL STATUS			
	Getroud / Married	<input type="checkbox"/>	1	(8)
	Ongetroud / Unmarried	<input type="checkbox"/>	2	

Vir Kartoorgebruik

5.	OUDERDOM / AGE		
		20-30	<input type="checkbox"/> 1
		31-40	<input type="checkbox"/> 2
		41-50	<input type="checkbox"/> 3
		51-60	<input type="checkbox"/> 4
6.	DIENSTYD IN ONDERWYS (JARE) / TIME OF SERVICE IN TEACHING (YEARS)		
		0-1	<input type="checkbox"/> 1
		0-5	<input type="checkbox"/> 2
		6-10	<input type="checkbox"/> 3
		11-20	<input type="checkbox"/> 4
		21-30	<input type="checkbox"/> 5
		31+	<input type="checkbox"/> 6
7.	HOOGSTE KWALIFIKASIE / HIGHEST QUALIFICATION		
		Diploma	<input type="checkbox"/> 1
		B-graad / B-degree	<input type="checkbox"/> 2
		Honneursgraad/Honours Degree	<input type="checkbox"/> 3
		M-graad / M-degree	<input type="checkbox"/> 4
		D-graad / D-degree	<input type="checkbox"/> 5
		Ander / Other	<input type="checkbox"/> 6
8.	BENOEMING / APPOINTMENT		
		Permanent	<input type="checkbox"/> 1
		Tydelik / Temporary	<input type="checkbox"/> 2

(9)

(10)

(11)

(12)

PERCEIVED STRESS SCALE (PPS)
(Cohen et al, 1983)

Vir Kantoorgebruik

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought in a certain way. Although some of the questions are similar, there are differences between them and you should treat each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate. For each question choose from the following alternatives

- 0. never
- 1. almost never
- 2. sometimes
- 3. fairly often
- 4. very often

1.	In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4	(54)
2.	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4	(55)
3.	In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4	(56)
4.	In the last month, how often have you dealt with irritating life hassles?	0	1	2	3	4	(57)
5.	In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	0	1	2	3	4	(58)
6.	In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4	(59)
7.	In the last month, how often have you felt that things were going your way?	0	1	2	3	4	(60)
8.	In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4	(61)
9.	In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4	(62)
10.	In the last month, how often have you felt that you were on top of things?	0	1	2	3	4	(63)
11.	In the last month, how often have you been angered because of things that happened that were outside your control?	0	1	2	3	4	(64)
12.	In the last month, how often have you found yourself thinking about things that you have to accomplish?	0	1	2	3	4	(65)
13.	In the last month how often have you been able to control the way you spend your time?	0	1	2	3	4	(66)
14.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4	(67)

PROFILE OF ADAPTATION TO LIFE

HOLISTIC FORM

INSTRUCTIONS:

- Before answering the questions below, please read the information provided to you about the purpose of this questionnaire, protection of privacy, etc.
- Answer each question below to the best of your ability. Do not spend too much time on any one question. Your first impulse is generally your best answer.

PLEASE COMPLETE THE FOLLOWING BACKGROUND INFORMATION:

Your Name: _____ (Please Print)
 Today's Date: _____
 Month Day Year

- A. SEX (Check one)**
 (1) Male
 (2) Female
- B. MARITAL STATUS (Check one)**
 (1) Currently married
 (2) Separated, divorced, or widowed
 (3) Never married
- C. EDUCATION (Check one)**
 (1) Less than high school
 (2) High school graduate
 (3) Some college
 (4) College graduate
- D. YOUR MAJOR SOURCE OF INCOME (Check one)**
 (1) Money earned from work I do now
 (2) From spouse, relative or friend
 (3) Public funds (welfare, etc.)
 (4) Retirement or Social Security
 (5) Alimony or child support
 (6) Other, WHAT _____
- E. YOUR AGE** _____
- F. YOUR HEIGHT** _____ Feet _____ Inches
- G. YOUR WEIGHT** _____ lbs.

INSTRUCTIONS: Mark your answer to each question by making a check in the box under your answer choice. Like this: --

DURING THE PAST MONTH, HAVE YOU... (Please answer each question)	Answer Choices				SUM
	1 Never	2 Rarely	3 Some-times	4 Often	
1. Worried about something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Felt gloomy, blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Been on edge, tense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Felt uneasy, troubled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Been unhappy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 577 College Avenue, Palo Alto, CA 94306

DURING THE PAST MONTH, I'VE... (Please answer each statement below)	Answer Choices				SUM
	1 Rarely	2 Some-times	3 Often	4 Almost Always	
6. Enjoyed talking with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Felt trusting of people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Found work useful and interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Been involved, interested in things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Felt needed and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DURING THE PAST MONTH, HAVE YOU...	Answer Choices				SUM
	1 Rarely	2 Some-times	3 Usually	4 Always	
11. Had money for unexpected expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Had enough money to pay your bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Been free from worry about debts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DURING THE PAST MONTH, HAVE YOU...	Answer Choices				SUM
	1 Not Once	2 1-2 Times per MONTH	3 1-2 Times per WEEK	4 Almost Daily	
14. Had headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Felt hot, feverish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Had spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Waken from sleep feeling tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Had nausea (sick to stomach)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Taken medication for headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Taken medication for stomach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DURING THE PAST MONTH...	Answer Choices				SUM
	1 Not Once	2 1-2 Times per MONTH	3 1-2 Times per WEEK	4 Almost Daily	
21. Have you used alcohol or mood-altering drugs (Valium, "pot", etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you gotten high on alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has alcohol or drugs caused problems between you and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Has alcohol or drugs caused problems in your thinking clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ARE YOU LIVING WITH A SPOUSE, PARENT, OR SOMEONE IN A CLOSE RELATIONSHIP?
 ___ No (If you marked "no", skip the next 5 questions)
 ___ Yes (If you marked "yes", please answer the 5 questions below)

	Answer Choices				SUM
	1 Rarely	2 Some-times	3 Often	4 Almost Always	
25. Been able to talk it out when angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Spent enjoyable times together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Discussed important matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Felt close to each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Agreed on social activities, friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ARE THERE CHILDREN WHERE YOU LIVE? (Mark one)
 ___ No (If you marked "no", skip to Question 35)
 ___ Yes (If you marked "yes", please answer the next 5 questions)

	Answer Choices				SUM
	1 Rarely	2 Some-times	3 Often	4 Almost Always	
30. Spent time talking with each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Spent time doing things together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Treated each other with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Felt close to each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Done things for each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Answer Choices				SUM
	1 Not Once	2 1-2 Times per MONTH	3 1-2 Times per WEEK	4 Almost Daily	
35. Spent time with a close friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Entertained friends in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Attended meetings of civic or other organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Gone to parties or social activities outside the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Answer Choices				SUM
	1 Never/Rarely	2 1-2 Times per WEEK	3 3-5 Times per WEEK	4 Each Day	
39. Taken time to be by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Spent time outdoors enjoying nature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Meditated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Answer Choices				SUM
	1 Never/Rarely	2 1-2 Times per WEEK	3 3-5 Times per WEEK	4 Each Day	
42. Eaten fresh fruits (apples, oranges, bananas, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Eaten natural foods (whole grains, nuts, seeds, sprouts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Done physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Answer Choices				SUM
	1 Never/Rarely	2 1-2 Times per WEEK	3 3-5 Times per WEEK	4 Each Day	
45. Read something about personal psychological growth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Read something about mystical or spiritual things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Participated in a study group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Answer Choices				SUM
	1 Not Agree	2 Not Sure	3 Agree	4 Strongly Agree	
48. Spiritual or psychic healing is often as effective as medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Mental telepathy (ESP) is a reality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Many people have "out of body" experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Problems in life are really opportunities to learn and grow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. People create their own reality by the kinds of thoughts they let themselves have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Thank you for completing the questionnaire. Please check back to make sure you have not left any questions unanswered.

GENERAL HEALTH QUESTIONNAIRE (GHQ)

(Goldberg & Hillier, 1979)

Vir Kantoorgebruik

We should like to know if you have had any medical complaints, and how your health has been in general over the past few weeks. Please answer ALL the questions simply by underlining or marking the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints not those that you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your cooperation

HAVE YOU RECENTLY

		1	2	3	4	
A1	Been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual	(13)
A2	Been feeling in need of a good tonic?	not at all	No more than usual	Rather more than usual	Much more than usual	(14)
A3	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual	(15)
A4	Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual	(16)
A5	Been getting pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual	(17)
A6	Been getting a feeling of tightness or pressure in your head	Not at all	No more than usual	Rather more than usual	Much more than usual	(18)
A7	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual	(19)
B1	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual	(20)
B2	Had difficulty in staying asleep	Not at all	No more than usual	Rather more than usual	Much more than usual	(21)
B3	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual	(22)
B4	Been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual	(23)
B5	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual	(24)

		1	2	3	4	
B6	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual	(25)
B7	Been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much less than usual	(26)
C1	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual	(27)
C2	Been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much more than usual	(28)
C3	Felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much more less well	(29)
C4	Been satisfied with the way you've carried out your task	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied	(30)
C5	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful	(31)
C6	Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable	(32)
C7	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual	(33)
D1	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual	(34)
D2	Felt that life is entirely hopeless	Not at all	No more than usual	Rather more than usual	Much more than usual	(35)
D3	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual	(36)
D4	Thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have	(37)
D5	Found at times you couldn't do anything because your nerves were to bad?	Not at all	No more than usual	Rather more than usual	Much more than usual	(38)
D6	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual	(39)
D7	Found that the idea of taking your own life kept coming into your head?	Definitely not	I don't think so	Has crossed my mind	Definitely has not	(40)

QOLI[®]



QUALITY OF LIFE
INVENTORY

Michael B. Frisch, PhD

Hand-Scored Answer Sheet

DIRECTIONS:

1. Print your name, identification number, age, gender, and test date on the right side of the page.
3. Use a black lead pencil only and make heavy, dark marks when responding to the questions.
4. If you want to change an answer, erase it carefully and then fill in your new choice.
5. Do not make any marks outside the circles.

Last Name	First	MI
ID Number		
Age	Gender	Test Date



**National Computer Systems P. O. Box 1416 Minneapolis
MN 55440 Phone 1-800-627-7271**

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Product Number
02104

DIRECTIONS:

This survey asks how **satisfied** you are with parts of your life such as your work and your health. It also asks how **important** these things are to your happiness. Special definitions are used for words like "money," "work," and "play." Keep these definitions in mind as you answer the questions. Answer every question, even if it does not seem to apply to you. It is your feelings and opinions that are important, so there are no right or wrong answers. Just give the answers that best describe you.

The survey asks you to describe how **important** certain parts of your life (such as work and health) are and how **satisfied** you are with them.

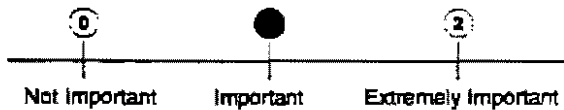
Important means how much this part of your life adds to your overall happiness. You can say how important something is by picking one of three choices: "Not Important" (0), "Important" (1), or "Extremely Important" (2).

Satisfied means how well your needs, goals, and wishes are being met in this area of life. You can say how satisfied you are by picking one of six choices from "Very Dissatisfied" (-3) to "Very Satisfied" (+3).

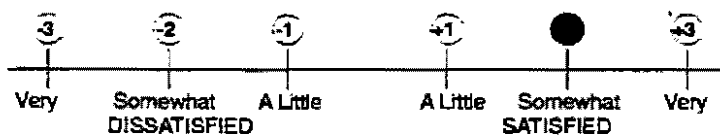
For each question, blacken the circle that best describes you.

EXAMPLE:

This is how you would answer if WORK was "Important" to your overall happiness:

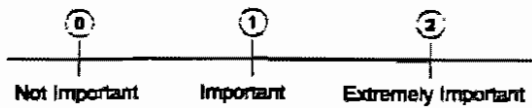


You would answer this way if you were "Somewhat Satisfied" with your WORK:

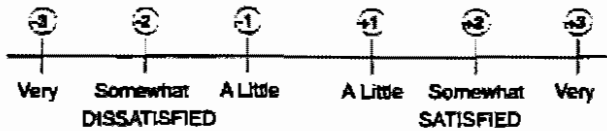


HEALTH is being physically fit, not sick, and without pain or disability.

1. How important is HEALTH to your happiness?

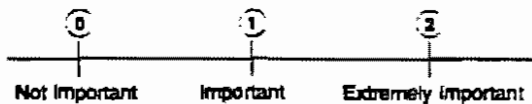


2. How satisfied are you with your HEALTH?

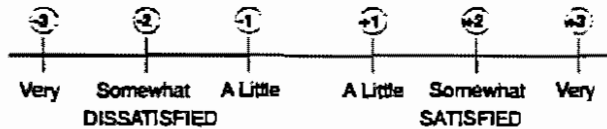


SELF-ESTEEM means liking and respecting yourself in light of your strengths and weaknesses, successes and failures, and ability to handle problems.

3. How important is SELF-ESTEEM to your happiness?

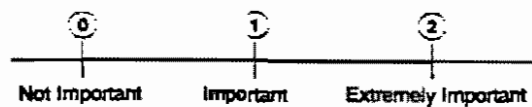


4. How satisfied are you with your SELF-ESTEEM?

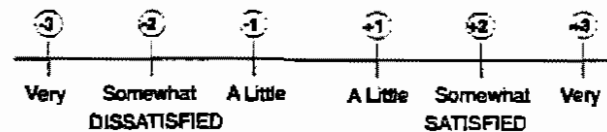


GOALS-AND-VALUES are your beliefs about what matters most in life and how you should live, both now and in the future. This includes your goals in life, what you think is right or wrong, and the purpose or meaning of life as you see it.

5. How important are GOALS-AND-VALUES to your happiness?



6. How satisfied are you with your GOALS-AND-VALUES?

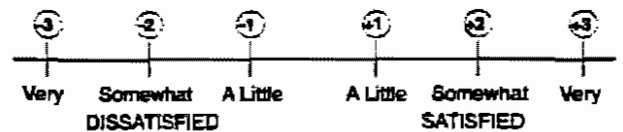


MONEY is made up of three things. It is the money you earn, the things you own (like a car or furniture), and believing that you have the money and things that you need in the future.

7. How important is MONEY to your happiness?

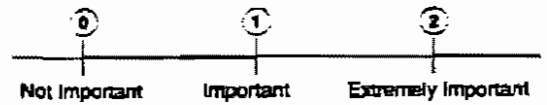


8. How satisfied are you with the MONEY you have?

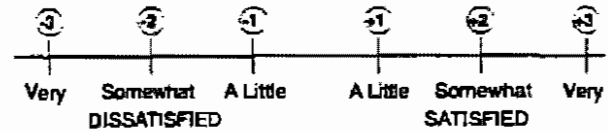


WORK means your career or how you spend most of your life. You may work at a job, at home taking care of your family, or school as a student. WORK includes your duties on the job, money you earn (if any), and the people you work with. (If you are unemployed, retired, or can't work, you can still answer the questions.)

9. How important is WORK to your happiness?

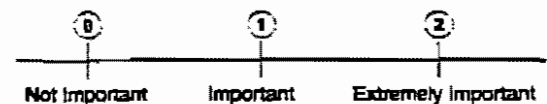


10. How satisfied are you with your WORK? (If you are not working, say how satisfied you are about not working.)

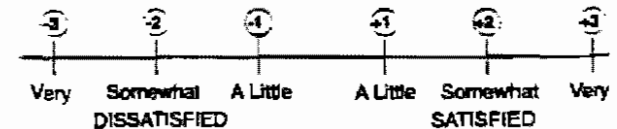


PLAY is what you do in your free time to relax, have fun, or improve yourself. This could include watching movies, visiting friends, pursuing a hobby like sports or gardening.

11. How important is PLAY to your happiness?

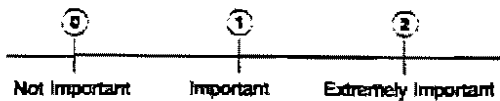


12. How satisfied are you with the PLAY in your life?

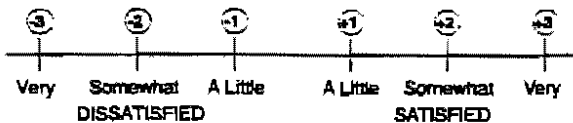


LEARNING means gaining new skills or information about things that interest you. LEARNING can come from reading books or taking classes on subjects like history, car repair, or using a computer.

5. How important is LEARNING to your happiness?

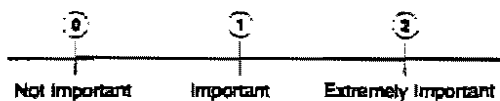


6. How satisfied are you with your LEARNING?

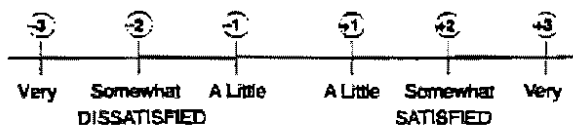


CREATIVITY is using your imagination to come up with new and clever ways to solve everyday problems or to pursue a hobby like painting, photography, or needlework. This can include decorating your home, playing the guitar, or finding a new way to solve a problem at work.

5. How important is CREATIVITY to your happiness?

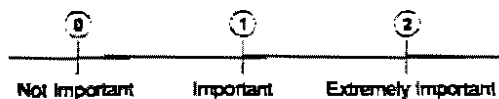


6. How satisfied are you with your CREATIVITY?

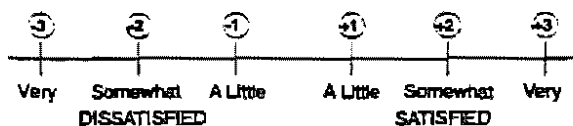


HELPING means helping others in need or helping to make our community a better place to live. HELPING can be done on your own or in a group like a church, a neighborhood association, or a political party. HELPING can include doing volunteer work at a school or giving money to a good cause. HELPING means helping people who are not our friends or relatives.

7. How important is HELPING to your happiness?

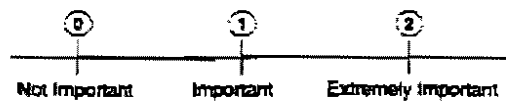


8. How satisfied are you with the HELPING you do?

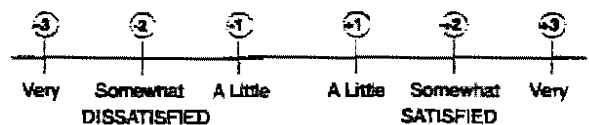


LOVE is a very close romantic relationship with another person. LOVE usually includes sexual feelings and feeling loved, cared for, and understood. (If you do not have a LOVE relationship, you can still answer these questions.)

19. How important is LOVE to your happiness?



20. How satisfied are you with the LOVE in your life? (If you are not in a LOVE relationship, say how satisfied you feel about not having a LOVE relationship.)

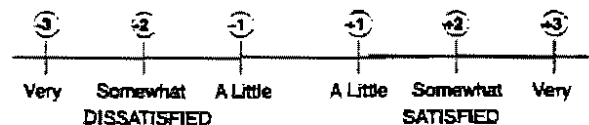


FRIENDS are people (not relatives) you know well and care about who have interests and opinions like yours. FRIENDS have fun together, talk about personal problems, and help each other out. (If you have no FRIENDS, you can still answer these questions.)

21. How important are FRIENDS to your happiness?



22. How satisfied are you with your FRIENDS? (If you have no FRIENDS, say how satisfied you are about having no FRIENDS.)



PROBLEMS THAT GET IN THE WAY OF YOUR SATISFACTION

List any problems that get in the way of your satisfaction in each area of life. For example, if you do not get along with your boss and this makes WORK less satisfying, you may write "Don't get along with boss" on this section of the answer sheet. Please take your time, be specific, and *write as much as you can* to help explain what reduces your satisfaction in each area of life.

Health _____

Self-Esteem _____

Goals-and-Values _____

Money _____

Work _____

Play _____

Learning _____

Creativity _____

Helping _____

Love

Friends

Children

Relatives

Home

Neighborhood

Community

Please list additional problems or concerns

INSTRUCTIONS:

Below is a list of problems people sometimes have. Please read each one carefully, and blacken the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Blacken the circle for only one

number for each problem and do not skip any items. If you change your mind, erase your first mark carefully. Read the example before beginning, and if you have any questions please ask them now.

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Bodyaches

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	HOW MUCH WERE YOU DISTRESSED BY:
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness or shakiness inside
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Repeated unpleasant thoughts that won't leave your mind
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Faintness or dizziness
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of sexual interest or pleasure
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling critical of others
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The idea that someone else can control your thoughts
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling others are to blame for most of your troubles
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble remembering things
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Worried about sloppiness or carelessness
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling easily annoyed or irritated
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pains in heart or chest
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling afraid in open spaces or on the streets
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling low in energy or slowed down
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of ending your life
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hearing voices that other people do not hear
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trembling
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling that most people cannot be trusted
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor appetite
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Crying easily
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling shy or uneasy with the opposite sex
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feelings of being trapped or caught
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suddenly scared for no reason
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Temper outbursts that you could not control
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling afraid to go out of your house alone
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blaming yourself for things
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pains in lower back
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling blocked in getting things done
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling lonely
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling blue
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Worrying too much about things
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling no interest in things
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling fearful
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Your feelings being easily hurt
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other people being aware of your private thoughts
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling others do not understand you or are unsympathetic
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling that people are unfriendly or dislike you

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	HOW MUCH WERE YOU DISTRESSED BY:
38	0	1	2	3	4	Having to do things very slowly to insure correctness
39	0	1	2	3	4	Heart pounding or racing
40	0	1	2	3	4	Nausea or upset stomach
41	0	1	2	3	4	Feeling inferior to others
42	0	1	2	3	4	Soreness of your muscles
43	0	1	2	3	4	Feeling that you are watched or talked about by others
44	0	1	2	3	4	Trouble falling asleep
45	0	1	2	3	4	Having to check and double-check what you do
46	0	1	2	3	4	Difficulty making decisions
47	0	1	2	3	4	Feeling afraid to travel on buses, subways, or trains
48	0	1	2	3	4	Trouble getting your breath
49	0	1	2	3	4	Hot or cold spells
50	0	1	2	3	4	Having to avoid certain things, places, or activities because they frighten you
51	0	1	2	3	4	Your mind going blank
52	0	1	2	3	4	Numbness or tingling in parts of your body
53	0	1	2	3	4	A lump in your throat
54	0	1	2	3	4	Feeling hopeless about the future
55	0	1	2	3	4	Trouble concentrating
56	0	1	2	3	4	Feeling weak in parts of your body
57	0	1	2	3	4	Feeling tense or keyed up
58	0	1	2	3	4	Heavy feelings in your arms or legs
59	0	1	2	3	4	Thoughts of death or dying
60	0	1	2	3	4	Overeating
61	0	1	2	3	4	Feeling uneasy when people are watching or talking about you
62	0	1	2	3	4	Having thoughts that are not your own
63	0	1	2	3	4	Having urges to beat, injure, or harm someone
64	0	1	2	3	4	Awakening in the early morning
65	0	1	2	3	4	Having to repeat the same actions such as touching, counting, or washing
66	0	1	2	3	4	Sleep that is restless or disturbed
67	0	1	2	3	4	Having urges to break or smash things
68	0	1	2	3	4	Having ideas or beliefs that others do not share
69	0	1	2	3	4	Feeling very self-conscious with others
70	0	1	2	3	4	Feeling uneasy in crowds, such as shopping or at a movie
71	0	1	2	3	4	Feeling everything is an effort
72	0	1	2	3	4	Spells of terror or panic
73	0	1	2	3	4	Feeling uncomfortable about eating or drinking in public
74	0	1	2	3	4	Getting into frequent arguments
75	0	1	2	3	4	Feeling nervous when you are left alone
76	0	1	2	3	4	Others not giving you proper credit for your achievements
77	0	1	2	3	4	Feeling lonely even when you are with people
78	0	1	2	3	4	Feeling so restless you couldn't sit still
79	0	1	2	3	4	Feelings of worthlessness
80	0	1	2	3	4	The feeling that something bad is going to happen to you
81	0	1	2	3	4	Shouting or throwing things
82	0	1	2	3	4	Feeling afraid you will faint in public
83	0	1	2	3	4	Feeling that people will take advantage of you if you let them
84	0	1	2	3	4	Having thoughts about sex that bother you a lot
85	0	1	2	3	4	The idea that you should be punished for your sins
86	0	1	2	3	4	Thoughts and images of a frightening nature
87	0	1	2	3	4	The idea that something serious is wrong with your body
88	0	1	2	3	4	Never feeling close to another person
89	0	1	2	3	4	Feelings of guilt
90	0	1	2	3	4	The idea that something is wrong with your mind

· SPIRITUAL WELL-BEING SCALE (SWS)**(Ellison & Smith, 1991)**

Vir Kantoorgebruik

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience.

SA = Strongly Agree D = Disagree
 MA = Moderately Agree MD = Moderately Disagree
 A = Agree SD = Strongly Disagree

1.	I don't find much satisfaction in private prayer with God	SA	MA	A	D	MD	SD	(36)
2.	I don't know who I am, where I came from, or where I am going	SA	MA	A	D	MD	SD	(37)
3.	I believe that God loves me and cares about me.	SA	MA	A	D	MD	SD	(38)
4.	I feel that life is a positive experience	SA	MA	A	D	MD	SD	(39)
5.	I believe that God is impersonal and not interested in my daily situations	SA	MA	A	D	MD	SD	(40)
6.	I feel unsettled about my future	SA	MA	A	D	MD	SD	(41)
7.	I have a personally meaningful relationship with God	SA	MA	A	D	MD	SD	(42)
8.	I feel very fulfilled and satisfied with life	SA	MA	A	D	MD	SD	(43)
9.	I don't get much personal strength and support from my God	SA	MA	A	D	MD	SD	(44)
10.	I feel a sense of well-being about the direction my life is headed in.	SA	MA	A	D	MD	SD	(45)
11.	I believe that God is concerned about my problems	SA	MA	A	D	MD	SD	(46)
12.	I don't enjoy much about life	SA	MA	A	D	MD	SD	(47)
13.	I don't have a personally satisfying relationship with God	SA	MA	A	D	MD	SD	(48)
14.	I feel good about my future	SA	MA	A	D	MD	SD	(49)
15.	My relationship with God helps me not to feel lonely	SA	MA	A	D	MD	SD	(50)
16.	I feel that life is full of conflict and unhappiness	SA	MA	A	D	MD	SD	(51)
17.	I feel most fulfilled when I'm in close communion with God	SA	MA	A	D	MD	SD	(52)
18.	Life doesn't have much meaning	SA	MA	A	D	MD	SD	(53)
19.	My relation with God contributes to my sense of well-being.	SA	MA	A	D	MD	SD	(54)
20.	I believe there is some real purpose for my life.	SA	MA	A	D	MD	SD	(55)

WORK ENVIROMENT SCALE FORM R

(Paul M. Insel & Rudolf H. Moos)

Vir Kantoorgebruik

Vraelysnommer

Kaartnommer

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This questionnaire contains 90 statements. They are statements about the place in which you work. The statements are intended to apply to all work environments. However, some words may not be quite suitable for your work environment. For example, the term supervisor is meant to refer to the boss, manager, department head, or the person or persons to whom an employee report. You are to decide which statements are true of your work environment and which are false.

If you think the statement is TRUE or mostly TRUE of your work environment, make an X in the box labeled T (true).

If you think the statement is FALSE or mostly FALSE of your work environment, make an X in the box labeled F (false)

Please be sure to answer every statement.

		T	F
1.	The work is really challenging		
2.	People go out of their way to help a new employee feel comfortable		
3.	Supervisors tend to talk down to employees.		
4.	Few employees have any important responsibilities.		
5.	People pay a lot of attention to getting work done.		
6.	There is constant pressure to keep working.		
7.	Thing are sometimes pretty disorganized.		
8.	There's a strict emphasis on following policies and regulations.		
9.	Doing things in a different way is valued.		
10.	It sometimes gets too hot.		
11.	There's not much group spirit.		
12.	The atmosphere is somewhat impersonal		
13.	Supervisors usually compliment an employee who does something well.		
14.	Employees have a great deal of freedom to do as they like.		
15.	There's a lot of time wasted because of inefficiencies.		
16.	There always seems to be an urgency about everything.		

		Vir Kantoorgebruik	
		T	F
17.	Activities are well-planned.		
18.	People can wear wild looking clothing while on the job if they want		
19.	New and different ideas are always being tried out.		
20.	The lighting is extremely good.		
21.	A lot of people seem to be just putting in time.		
22.	People take a personal interest in each other.		
23.	Supervisors tend to discourage criticisms from employees.		
24.	Employees are encouraged to make their own decisions.		
25.	Things rarely get "put off till tomorrow".		
26.	People cannot afford to relax.		
27.	Rules and regulations are somewhat vague and ambiguous.		
28.	People are expected to follow set rules in doing their work.		
29.	This place would be one of the first to try out a new idea.		
30.	Work space is awfully crowded.		
31.	People seem to take pride in the organization.		
32.	Employees rarely do things together after work.		
33.	Supervisors usually give full credit to ideas contributed by employees.		
34.	People can use their own initiative to do things.		
35.	This is a highly efficient, work-oriented place.		
36.	Nobody works too hard.		
37.	The responsibilities of supervisors are clearly defined.		
38.	Supervisors keep a rather close watch on employees.		
39.	Variety and change are not particularly important.		
40.	This place has a stylish and modern appearance.		
41.	People put quite a lot of effort into what they do.		
42.	People are generally frank about how they feel.		
43.	Supervisors often criticize employees over minor things.		

		Vir Kantoorgebruik	
		T	F
44.	Supervisors encourage employees to rely on themselves when a problem arises.		
45.	Getting a lot of work done is important to people.		
46.	There is no time pressure.		
47.	The details of assigned jobs are generally explained to employees.		
48.	Rules and regulations are pretty well enforced.		
49.	The same methods have been used for quite a long time.		
50.	The place could stand some new interior decorations.		
51.	Few people ever volunteer.		
52.	Employees often eat lunch together.		
53.	Employees generally feel free to ask for a raise.		
54.	Employees generally do not try to be unique and different.		
55.	There's an emphasis on "work before play."		
56.	It is very hard to keep up with your work load.		
57.	Employees are often confused about exactly what they are supposed to do.		
58.	Supervisors are always checking on employees and supervise them very closely.		
59.	New approaches to things are rarely tried.		
60.	The colours and decorations make the place warm and cheerful to work in.		
61.	It is quite a lively place.		
62.	Employees who differ greatly from the others in the organization don't get on well.		
63.	Supervisors expect far too much from employees.		
64.	Employees are encouraged to learn things even if they are not directly related to the job.		
65.	Employees work very hard.		
66.	You can take it easy and still get your work done.		
67.	Fringe benefits are fully explained to employees.		
68.	Supervisors do not often give in to employee pressure.		

Vir Kantoorgebruik

		T	F
69.	Things tend to stay just about the same.		
70.	It is rather drafty at times.		
71.	It's hard to get people to do any extra work.		
72.	Employees often talk to each other about their personal problems.		
73.	Employees discuss their personal problems with supervisors.		
74.	Employees function fairly independently of supervisors.		
75.	People seem to be quite inefficient.		
76.	There are always deadlines to be met.		
77.	Rules and policies are constantly changing.		
78.	Employees are expected to conform rather strictly to the rules and customs.		
79.	There is a fresh, novel atmosphere about the place.		
80.	The furniture is usually well-arranged.		
81.	The work is usually very interesting.		
82.	Often people make trouble by talking behind others' backs.		
83.	Supervisors really stand up for their people.		
84.	Supervisors meet with employees regularly to discuss their future work goals.		
85.	There's a tendency for people to come to work late.		
86.	People often have to work overtime to get their work done.		
87.	Supervisors encourage employees to be neat and orderly.		
88.	If an employee comes in late, he can make it up by staying late.		
89.	Things always seem to be changing.		
90.	The rooms are well ventilated.		

GENERALIZED SELF-EFFICACY SCALE



Name:

Date: Record Number:

	Not at all true	Barely true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
2. If someone opposes me, I can find means and ways to get what I want.	1	2	3	4
3. It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
4. I am confident that I could deal efficiently with unexpected events.	1	2	3	4
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
6. I can solve most problems if I invest the necessary effort.	1	2	3	4
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
8. When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
9. If I am in a bind, I can usually think of something to do.	1	2	3	4
10. No matter what comes my way, I'm usually able to handle it.	1	2	3	4

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Physical Examination

Name: _____ Research number: _____

Age: _____

Gender: _____

Date: (pre test) _____ (post test) _____

Pre test	Post test
Bloodpressure	Bloodpressure
Heart frequency	Heart frequency
Weight	Weight
General <u>observations</u> and <u>remarks</u> i.t.o. health: (eg. problems, medication used, dose, et cetera)	General <u>observations</u> and <u>remarks</u> i.t.o. health: (eg. problems, medication used, dose, et cetera)

ANNEXURE E: LIST OF EXTRA GREEK EN HEBREW WORDS

ALTERNATIVE MANSTRA'S / FOCUS WORDS

Old Testamental Hebrew words and their meanings

Word	Afrikaans	English
Shalom	Vrede	Peace
Bareg	Seën	Blessing
Kaadoosh	Heilig	Holy
Beriet	Verbond	Covenant
Mitbar	Woestyn	Desert
Tsaadik	Wyse man	Wise man
Jom	Dag	Day
Emet	Waarheid	Truth
Kippurim	Vergiffenis	Forgiveness/Pardon
Menucha	Rus/rustigheid	Rest/Calm/Tranquility/Serenity

New Testamental Greek words and their meanings

Word	Afrikaans	English
Oeranou	Hemel	Heaven
Garis	Genade	Grace
Agias	Heilig	Holy
Aschatos	Laaste	Last
Protos	Eerste	First
Teleio	Perfek	Perfect
Agape	Liefde	Love
Eirene	Vrede (rus)	Peace/serenity
Aletheia	Waarheid	Truth

ANNEXURE F: MEDITATOR'S DIARY

Mediteerder se dagboek

U nommer _____

Meditators' diary

Your number _____

**Teken asb. die aantal kere, tydsduur en ervarings met
betrekking tot u meditasie ter wille van
wetenskaplikheid noukeurig aan.**

**Please indicate the number of times, the duration and
experiences you had concerning your meditation
accurately for the sake of being scientific.**

15-21 Maart/ March

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vri/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

Algemene ervarings: dag of week/ General experiences: day or week

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

5-11 April

Ma/Mo Tyd/Time 1. _____ 2. _____

Di/Tu Tyd/Time 1. _____ 2. _____

Wo/We Tyd/Time 1. _____ 2. _____

Do/Th Tyd/Time 1. _____ 2. _____

Vr/Fr Tyd/Time 1. _____ 2. _____

Sa Tyd/Time 1. _____ 2. _____
--

So/Su Tyd/Time 1. _____ 2. _____

Algemene ervarings: dag of week/ General experiences: day or week

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

12-18 April

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vr/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

19-25 April

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vr/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

26 April - 2 Mei /May

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vri/Fri
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

Algemene ervaringen: dag of week/ General experiences: day or week

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

3-9 Mei/ May

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo

Tyd/Time

1. _____

2. _____

Di/Tu

Tyd/Time

1. _____

2. _____

Wo/We

Tyd/Time

1. _____

2. _____

Do/Th

Tyd/Time

1. _____

2. _____

Vr/Fr

Tyd/Time

1. _____

2. _____

Sa

Tyd/Time

1. _____

2. _____

So/Su

Tyd/Time

1. _____

2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

10-16 Mei/ May

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vri/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

17-23 Mei/ May

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vr/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

24-30 Mei/ May

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vr/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

14-20 Junie/ June

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vr/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

21-27 Junie/ June

Algemene ervarings: dag of week/ General experiences: day or week

Ma/Mo
Tyd/Time
1. _____
2. _____

Di/Tu
Tyd/Time
1. _____
2. _____

Wo/We
Tyd/Time
1. _____
2. _____

Do/Th
Tyd/Time
1. _____
2. _____

Vr/Fr
Tyd/Time
1. _____
2. _____

Sa
Tyd/Time
1. _____
2. _____

So/Su
Tyd/Time
1. _____
2. _____

NB Tyd = lengte van meditasie sessie in minute.

NB Time = duration of meditation session in minutes.

ANNEXURE G: WHY MEDITATE? / WHEN THINGS BECOME STUCK

Why Meditate?

People meditate for different reasons. Some meditate to relax: to get relief from muscular tensions due to mental stress. Others meditate to get well. Meditation has been known to help people suffering from high blood pressure and other illnesses which might be caused by stress, like migraine headaches; eating, drinking and smoking addictions; drug addictions; asthma; colitis and ulcers; and in some instances cancer.

Many people who meditate regularly say that meditating produces a definite sense of calm and stability. They claim to feel less anxious, to suffer less from depression, to control their anger better, to sleep better, and to be able to stop obsessive thoughts. They further claim that concentration, memory, creative thinking, and self-control seem remarkably to improve.

Students who regularly meditate seem to show greater increases in intelligence in school, improvement in learning ability, increased speed in solving problems accurately, and improved academic performance in university. Workers who regularly meditate seem to show increased productivity in general, improved job performance, increased job satisfaction, improved relations with others, faster reaction time, and superior perceptual-motor performance. That's a lot to claim for a no-cost, do-it-yourself activity.

Some recommend meditation as a way of getting to know yourself, your capabilities, your limitations, and your motivations. Others choose to meditate as a way to self-actualization, a way to realize their highest potentials and to experience peak performance, as in the case of athletes. Such a purpose for meditating is also extremely attractive to writers, musicians, dancers, actors, artists, sculptors and all working in the creative and performing arts.

Others claim that meditating will help you to experience greater love, a love that is free from narrow self-interest, a love that expands the ego to reach out to all human-kind, a love devoted to the service of others. For the anyone so gifted, feeling and intellect harmonize easily and naturally.

Many claim that meditation is necessary to experience an uplifting of spirit, a sense of inner quiet, inner strength, accompanied by a peace surpassing ordinary human experience. This calm, inner peace is not simply a passive state; it is something more than simply the experience of mental and physical well-being. It can be experienced even when suffering great physical pain or emotional anguish. Some describe the experience as a special kind of release, a special kind of freedom, a freedom of the spirit, a feeling of being freed from

the limitations of our false beliefs about the human condition, about the meaning of life, a freedom to aspire to higher dimensions of consciousness, beyond the physical and mental limits of normal intelligence.

There are those who meditate for religious reasons, to commune with the Deity: to commune with God. The meditator disposes himself hoping that the Creator will be pleased to reveal His Word to them so that as creatures they will know how to act in conformity with the Divine Will. Divine revelation or prophecy is considered by some to be the highest consciousness to which the meditator can aspire.

Perhaps the best way to define meditation is to describe it as a special state of alertness in which we are physically and mentally quiet for more than several seconds. For most of us this is difficult to do; it may take us years of practice before we can achieve any degree of competence at meditating. Practice is the key.

The words 'meditation' and 'prayer' are sometimes used interchangeably. What's the difference? Meditating in a prayerful way usually refers to some kind of verbal communion with God. This verbal communion can be either aloud in concert with others or mentally in private. Through public prayer we worship; in private prayer we enter into an internal dialogue with God. The question here is: can we meditate without using words? Some writers believe that meditation can be nonverbal, as when we are instructed to meditate in heart and spirit (Psalm 77:7), seeking spiritual enlightenment through meditation in the sense of inner isolation. Enlightenment is not an intellectual process; it is the outcome of a spiritual process. Hence, as such it is a nonverbal experience aided by meditation.

Music may be helpful in meditating, especially a repetitive melody. This works to inhibit distracting thoughts, to clear the mind. Here we call upon our emotions to help us meditate. This way is typical of classical meditation methods.

Music can help dispel anger and dispose us to be in harmony with others who may be meditating with us. Once we are into meditation, some recommend that the music be stopped. Being depressed seems to be mostly incompatible with achieving meditative enlightenment, which appears possible only in a happy mood, a mood of especial receptivity and good will. The appropriate music can help us cultivate this mood.

Suggested readings

Herbert Benson: *The Relaxation Response*; Helen L. Bonny and Louis M. Savary: *Music and your mind. Listening with a new consciousness*; Patricia Carrington: *Freedom in meditation*;

21

When It Doesn't Come Easy— Getting Unstuck

This book has covered many techniques to reduce stress and tension. Essentially they provide alternatives to our old stressful habits. You may have found that just practicing the new skills and observing the positive effects has caused you to give up the old habits. For instance, you may have found that practicing slow, deep breaths rather than short, constricted breaths results in a relaxed sense of well being. This positive feedback from your body may have provided ample motivation for you to give up your old anxiety provoking shallow breathing habit. However, if you are like most people, at some point you probably encountered some difficulty in exchanging old familiar habits for new ones. This chapter takes a look at why old habits are hard to part with, even when they are obviously contributing to your stress. It also offers some suggestions for how to deal with your own resistance to change.

If you find yourself skipping an exercise session you have contracted with yourself to do, or are aware that you are just going through the motions of the exercises, ask yourself some of the following questions:

- Why am I doing these exercises?
- Are these reasons really important to me?
- What am I doing or would I like to be doing instead of these exercises?
- Is this alternative activity more important to me than my doing the exercises?
- Can I schedule my life so that I can do the exercises *and* this alternative activity?
- If I do not want to do the exercises now, exactly when and where will I do them next?
- What would I have to give up if I succeeded with my exercises?
- What would I have to confront if I succeeded with my exercises?

Taking Responsibility for Your Decisions

It is difficult to learn new habits on your own, especially when, at least at first, the rewards for your efforts may be minimal. When distractions occur, decide whether you want to be detoured or you want to continue on your chosen route. If you decide to take the detour, do so with full awareness, after weighing the pros and cons. Before going off on the detour, make an appointment with yourself for when and where you are next going to do your exercises. In this way you are taking responsibility for your decision. In addition, you are less likely to feel bad about yourself for not following through on your original plan, if that is your conscious choice.

Questioning Your Excuses May Prove Enlightening

When you slack off on your exercises, it is often illuminating to examine the reasons you tell yourself this is happening. Typical reasons are: "I'm too busy today," "I'm too tired," "Missing once won't hurt," "David needs my help," "This isn't working," "This is boring," "I feel relaxed and unstressed today, so I don't need to exercise," or "I feel too bad today to do exercises." These excuses are seductive because they are partially true. That is, you may really feel very busy or tired, somebody may want your help, and missing one session probably won't hurt. The part that isn't true is the implication that because you are busy or tired or someone needs your help, you cannot do the exercise sessions. A more truthful statement would be, "I am tired. I could do the exercises, but I choose not to," or "I could do my exercises, but I choose to help David rather than do them." The important point here is that you take responsibility for your decision to choose one activity over another, rather than pretend that you are the passive victim of circumstances such as your fatigue, David's demands or other priorities that keep you busy.

You may find yourself repeatedly using the same reason or similar reasons for not doing your exercises. A common theme with many variations is: "I'm indispensable. Things won't get done without me and may even fall apart." For example, one very bright, middle-aged housewife and mother could rarely find time to do her exercises because her housework was never done. She believed that she could not take time out for herself or the pile of chores would grow rapidly into an unassailable mountain. After years of doing continuous housework with no time set aside to relax, she was run down, depressed, anxious, having migraines and lower back pain, and getting work done at a fraction of her previous rate. Her perfectionistic belief that she had to do all of her work before she had a right to relax had caused a gradual depletion of her energy. The result was inevitable physical and emotional signs of stress.

The excuses you give yourself for not doing your exercises are likely to be the same ones that you have used for years to keep yourself locked into a stressful situation. These excuses are based on faulty premises. For example, the middle-aged woman mentioned above believed erroneously that she had no right to relax until all her work was done. But the work of a housewife and mother is never done; therefore she could never relax. Furthermore, she had overlooked her innate right (and some would call it an obligation) to relax and replenish her vital store of energy. This woman had defined her priorities as being "housewife first" and "me second," without taking into account the importance of relaxation and getting away from stressful activities for

If you are an energetic person who likes to succeed, who likes to get things done yesterday, slow down your pace when learning these exercises. Enthusiasm may push you to take on many exercises at once and do the sessions for too long. You run a high risk of burning out and losing interest if you do too much too fast. Furthermore, you are likely to feel guilty for not keeping up the rigorous program you have set for yourself. Soon you will find yourself coming up with excuses to avoid exercising at all ("I'm over-extended already in many areas of my life. Why add to the burden?").

You may feel confused when you begin to experience *more* energy as a result of doing the relaxation and stress reduction exercises. Resist the temptation to pour this extra energy back into your work. Rather, use it for further rest and enjoyment.

Common Roadblocks in the Road to Relaxation

If you read this workbook without doing any of the exercises, you have reason to expect that you are only dabbling. Intellectually, you see the value of the exercises, but you somehow never get much past the stage of thinking about them; or you may actually do some of the exercises, but never apply them to everyday situations. For the dabbler, this is just another book with some interesting ideas, rather than a workbook promoting experiential learning of new ways to deal with stress.

There are some individuals who are frightened by novel experiences, and this fear becomes a roadblock to success. You might become overwhelmed by some side effect of a relaxation technique such as tingling in your arms and legs. Unfortunately, you may then stop the exercise instead of going on to find that the tingling is not harmful and goes away with time. You can get turned off by a single element of an exercise and, rather than changing the exercise to fit your needs, drop the exercise. Perhaps you don't understand a step in the instructions and rather than ad lib, you chuck the whole thing. It can be a valuable growth experience to work through these difficulties on your own.

When Symptoms Persist

Sometimes symptoms of stress persist in spite of regular relaxation and stress reduction. If you are a conscientious person, and have been practicing regularly, this is disheartening. The following are just a few of the most common reasons why this might be happening to you.

Some people are highly suggestible and begin to experience every symptom that they hear about. For example, one very tense policeman joined a relaxation group to overcome his tendency to hyperventilate when under stress. He found himself experiencing all of the physical symptoms described by the other group members: migraines, lower back pain, rapid heartbeat, and so forth. These tendencies may be combatted by combining thought stopping or coping statements with progressive relaxation.

A surprising number of people are attached to their symptoms, which serve a very definite purpose. For example, your headaches may get you out of interpersonal situations you want to avoid, without having to take responsibility for disappointing others. You can soon find out whether your symptoms rescue you from more unpleasant experiences by keeping a log of the symptoms and the activities (or would-be activities) that surround them. If

you suspect that your symptoms provide you "secondary gain" in this manner, refer to the chapter on assertiveness training. It should provide you with the incentive and the tools to be more direct in saying "no."

Your symptoms of tension may be a signal that you are not dealing effectively with something in your life and that you are covering up your feelings. For example, you may be angry with your family but not sharing this fact with them. You might be putting off talking about a particular conflict because you don't see any way of improving matters. A nurse was visited every other weekend by a very spoiled stepdaughter. She had agreed to the arrangement when she married and now felt trapped by it. Within three years the visits invariably produced a migraine headache. To counteract this symptom, she finally negotiated a new contract with her husband to spend Sundays on her own while he babysat.

The people around you are apt to be aware that you are withholding stressful feelings and that something is wrong. Nevertheless they cannot read your mind, and are unlikely to come to your rescue. You know best what you need. Letting others know your feelings and what you want opens the way to engaging them in helping you make a change.

Your symptom may be a way of getting taken care of when you feel that you cannot directly ask for help or consideration. If you feel tired and have a backache, someone else may have to do the cooking and cleaning and keeping the house quiet. Ask yourself when your symptoms first began. What was going on in your life that might have contributed to them? One elderly woman who had suffered from periodic colitis since childhood recalled that her abdominal cramps began when her younger twin brothers were born. She remembered that the only time her busy mother ever held her and rocked her was when she had the symptoms. She noted that she tended to get colitis only when her husband left her alone in the evenings.

It is possible that you have developed a symptom of an important person in your life as part of your identification with them. For example, you may not only have learned to be hard working and successful from your father, but also to deal with stress in a similar manner. Carrying your tension in your stomach, you may come to the point of getting an ulcer just like your father. Since characteristic ways of responding to stress are generally learned, ask yourself who in your family shares your same symptoms. It's often easier to learn how they are not dealing effectively with the stress in their lives than to see it in yourself. The next step is to observe and see if the same is true for you.

If you continue to have difficulty reducing the stress in your life, consider consulting a professional. You may be interested in one-on-one sessions, or in joining one of the relaxation and stress reduction groups that are becoming more and more common. Your medical doctor, company health plan, community health organization, adult education program, or community college are good places to start looking for professional help.

Persistence Pays

Finally, don't give up. Your ability to relax, learn to handle stress, and heal yourself is a tremendous power. Change might not always come easy—you may feel stuck in your old stressful habits—but you can do it. All it takes is patience, persistence . . . and time.

ANNEXURE H: ORGANISING LETTER



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vir Christelike Hoër Onderwys

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E-Pos doggick@puknet.puk.ac.za

15 June 1999

Dear Participant

COMPLETING RESEARCH CONCERNING STRESS MANAGEMENT

I would hereby like to thank you once more for your willingness to participate in the research I am doing. Without your kind participation it will indeed not be possible to conduct this research. With your participation we will hopefully contribute to the understanding of a strategy to manage stress in teachers.

We have come to the end of this leg of the research. I would hereby like to inform you about the **date for conducting the post-testing** which is the last and most crucial event in this research to enable me to make certain conclusions. I have scheduled two days in June, immediately after the school has closed for the holidays, for the post-testing. **You can decide which one of the two days will suit you best.** Here is the information:

Post-testing: 25 or 26 June 1999 (choose any one)

Time: 08:00 - 17:00

Venue: J. Chris Coetzee Building, Room 128

I will be at the test venue between 08:00 and 17:00 as indicated, but you can start any time **between 08:00 and 09:00**. I would like to ask that everyone start in the morning so that Rouxwald Marais can take your **blood pressure and conduct your medical interview**. I would also like to conduct a **short interview with each of the members of the experimental group for the purpose of qualitative research**. You can finish your questionnaires all on one day (25th or 26th), or start in the morning and finish it in the afternoon, or start on the first day and end on the second day - the choice is yours.

I would like to ask the members of the experimental group to each supply me with **two telephone numbers**: one where I would be able to conduct a short telephone interview with a spouse or very close friend, and one of a colleague with whom they work together closely. The members of the experimental group must also please bring back and hand in their **diaries**.