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# CHAPTER 1:

## ORIENTATION TO THE RESEARCH

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### 1.1 INTRODUCTION

Stress is a multidimensional phenomenon which is experienced by every person and it affects all persons. Teachers experience stress and tension due to their own typical professional-specific stressors as well as general stressors from the collective environment. How they perceive these stressors will ultimately determine the effect it will have on them. For various reasons, some will cope better and some not. The point is, that teachers should be educated, trained and enlightened and that help should be available for those who need it.

If one thinks of the technological advances that have been made, and the explosion of knowledge and information that have been taking place in the twentieth century, it is indeed strange that most people still employ coping strategies developed in eras with different demands that are probably not as effective any more. Changing professional and life styles also compound the situation. The high and increased use of medication for stresses, strains and tension is probably as good an indicator of this as anything else. The dawning of the new millennium might bring about the realisation that people, analogous to computer technology, need to upgrade the functioning of their "hardware" (central nervous system) and make use of new "software" (strategies) to help them cope better with stress, such as a modern, well researched forms of meditation, for increased well-being, happier living and greater effectiveness and productivity – in short, to promote their wellness. Because of the important role teachers play in potentialising the lives of the adults of tomorrow, they need to make use of strategies to improve their own wellness, for themselves and for the young people they are working with. This research is an attempt to facilitate this process.

## 1.2 ORIENTATION, MOTIVATION AND STATEMENT OF THE PROBLEM

Although stress is often treated in an oversimplified and negative manner in the popular media, it is in fact a complicated phenomenon resulting in either positive or negative responses. Strümpfer (1983:5-6; 1985:61-62) distinguishes between eustress ("good stress") and distress ("bad stress"). Eustress refers to a positive, pleasant and facilitating response, which is necessary for keeping people physically healthy, psychologically energised and self-actualising. Distress, however, results from exposure to demands which are experienced as overwhelming and uncontrollable. These circumstantial demands, particularly when of a long duration, often compromise the physical, psychological and social well-being of individuals, groups and even whole communities, and can sometimes result in burnout in some individuals. Distress has a negative effect on personal, social and vocational functioning. According to Stroebe (1993:27), it impacts on the affective, behavioural, physiological, cognitive, health and organisational functioning of a person.

People in the teaching profession experience a much higher level of stress than people in most other vocations (Tuettemann & Punch, 1990:25, Blackburn, 1990:4). More than a decade ago the American Association of School Administrators was already of the opinion that the teaching profession rated as one of the three most stressful vocations (Halpin, Harris & Halpin, 1985:136). Gold and Roth (1993:vii) concur by stating that "*Studies have shown that the profession with the greatest vulnerability to these illnesses (stress and burnout) is teaching*". Gold and Roth (1993:vii) also refer to the enormously detrimental effect that stress and burnout can have on the teaching-learning process, among others that teachers deliver outputs far beneath their potential regardless of the amount of preparation they do. Considering the research indications that between 30% and 90% of teachers report high levels of stress and that their psychological and physical well-being is being negatively affected (Travers & Cooper, 1996:19), one can understand that it could result in lower effectiveness and productivity. Although it has been found that approximately 30-40% of South Africans suffer from high stress (Van Zyl & Van der Walt, 1994:22), no research data on the actual levels of stress among teachers in South Africa could be found by this researcher or by Van Zyl and Pietersen (1999:74). Van Zyl and Pietersen (1999:75-76) did, however, find in a small study with an exploratory nature, that the group of teachers involved obtained a mean score on *The Experience of Work and Life Circumstances Questionnaire* that implied the experience of high levels of stress. Hayward (1994:84) indicates that teachers in South Africa probably experience

school, from a managerial point of view, can do to implement strategies for the handling of organisational stress and/or burnout in staff (Hayward, 1994; Van der Linde, 1998). Little research has been done not only on the implementation of programmes for coping with stress and/or strategies or techniques directed at the individual, and the evaluation of their effects and effectiveness for combating the sources of, or effects of stress, but also on the associated promotion of wellness of a person in all of the contexts of his/her existence.

Concerning the handling of stress, Lazarus and Folkman (1984:150-152) discuss two ways of coping with stress, namely problem-focused coping and emotion-focused coping. Problem-focused coping focuses on the understanding and defining of the problem and the formulation of possible solutions.

Emotion-focused coping is aimed at the management of emotional distress. When the problem encountered or challenge experienced is perceived to be beyond the control of the individual (for instance, when a country, society or community is in a process of transformation and restructuring, as is the case in South Africa at present), people employ more emotion-focused coping. Typical constructive strategies, which could form part of this way of coping with stress, are, for example, physical exercise, meditation, expressing feelings, and the seeking of support (Lazarus & Folkman, 1984:151). The first two of these strategies can be planned and used with more singleness of purpose in mind. Lazarus and Folkman (1984:150) are also of the opinion that persons are more likely to engage in problem-focused coping when they feel that there is something they can do about a problem or challenge. When a problem or challenge, on the other hand, appears beyond their control, they rely more on emotion-focused coping.

It has been reported that about 48% of patients consulting general medical practitioners in South Africa experience psychological or psychiatric problems and the most general method of treatment for these problems is the prescription of psychotropic medication - especially tranquillisers and anti-depressants (Bulletin, 1990:5). This was a decade ago. Considering that the changes in the spheres of education are currently a part of larger social, economic and political changes in the country, and that they are mainly beyond the control of most of the people in education, it could be possible that this figure of 48% could be even higher for teachers. Papaikonomou (1991:101) points out that, as medical science is rapidly developing new medication, treatments and instruments, there is a genuine concern that humanistic dimensions of health care have not paralleled these

scientific achievements. Although people are assisted medically, their health or sense of well-being is not necessarily enhanced, it is also frequently ignored that the individual's psychosocial environment may be more central to his/her distress than the symptom itself (Papaikonomou, 1991:101), but it is unfortunately often only the symptom that is the focus of treatment. This situation suggests the fundamental importance of research about strategies for managing stress and the promotion of wellness, more specifically in this instance, emotional-focused coping techniques. Instead of treating people suffering from high stress or distress with medication only with its accompanying side-effects (Dumont, 1990:484), especially in the long term, this research is also directed at the promotion of wellness - a fortigenic focus (origins of health) (Wissing & Van Eeden, 1997:5), implying not only the prevention of distress and burn-out and managing stress more economically and safely, but actively promoting wellness.

Different strategies of stress management are indicated in the literature, such as physical exercise, hypnosis, autogenic training, visual imaging, meditation, and others (Strümpfer, 1985; Carrol, 1992; Fontana, 1994; Schafer, 1996; Travers & Cooper, 1996). Meditation is described as a multi-dimensional technique consisting of a number of different forms, styles or methods. The spectrum includes from Eastern (Russel, 1976), Christian (Nicol, 1989) and other forms of meditation with exact religious aims, to modern forms with secular-scientific-therapeutic/life-skills aims (Benson, 1976; Carrington, 1993; Harrison, 1993). Carrington (1993:139) describes modern forms of meditation as simplified and divested of esoteric trappings and religious overtones and possessing some outstanding therapeutic properties.

A modern form of meditation will form the focus of this study; more specifically Clinically Standardized Meditation (CSM) developed by Carrington (1993:140). Although a lot of research has been done abroad on different forms of meditation and many positive results have been reported, relatively little research seems to have been done in South Africa.

Positive results reported in international research on meditation include the following:

- decreased anxiety and tension (Travers & Cooper, 1996:126; Carrington, 1993:146; Parsons, 1992:20);
- improved productivity (Carrington, 1993:47; Harrison, 1993:22), and
- improved moods (Carrington, 1993:48; Parsons, 1992:20).

Many of the studies referred to above focus mainly on a single dimension (such as hypertension or anxiety). Therefore, there is a need to investigate the eco-systemic effects meditation has on the multiple contexts and dimensions (biological, intra-psychological, ecological and meta-physical) of the population. If the experience of stress has such negative consequences for well-being and wellness of teachers, it can indeed be argued that the use of meditation as a strategy for stress management can also be associated with the promotion of wellness in teachers. It should therefore be evaluated if meditation, more specifically Clinically Standardized Meditation, is an effective strategy for stress management and the promotion of wellness in teachers.

Research questions to be answered in this study are:

1. How can the dynamics of stress and the process of experience and coping with stress affect the wellness of teachers?
2. Can meditation in the form of Clinically Standardized Meditation be used as a strategy for stress management and the promotion of wellness?
3. Which effects will Clinically Standardized Meditation have, indicative of stress management in teachers?
4. Which effects will Clinically Standardized Meditation have, indicative of the promotion of well-being in all the contexts of human existence in teachers?
5. Will the effects signify the effectiveness of Clinically Standardized Meditation as a strategy for stress management in teachers?
6. Will these effects signify the effectiveness of Clinically Standardized Meditation as a strategy for the promotion of wellness as a holistic construct in teachers?
7. What conclusions and recommendations can be made concerning the usefulness of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness in teachers?

## **1.3 AIMS OF THE STUDY**

### **1.3.1 General aim**

The general aim of this study is to investigate the effects of, and to evaluate the effectiveness of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness in teachers.

### **1.3.2 Specific aims**

The specific aims of this study are to:

- 1.3.2.1 investigate through a literature study how the dynamics and process of experience and coping with stress can affect the wellness of teachers;
- 1.3.2.2 investigate through a literature study, if meditation can be used as a strategy for stress management and the promotion of wellness;
- 1.3.2.3 conduct research to investigate the effects of Clinically Standardized Meditation for stress management in teachers;
- 1.3.2.4 conduct research to investigate the effects of Clinically Standardized Meditation for the promotion of well-being in all the contexts of human existence in teachers;
- 1.3.2.5 use research findings to evaluate the effectiveness of Clinically Standardized Meditation as a strategy for stress management in teachers;
- 1.3.2.6 use research findings to evaluate the effectiveness of Clinically Standardized Meditation as a strategy for the promotion of wellness in teachers;
- 1.3.2.7 draw conclusions and make recommendations in terms of the usefulness of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness in teachers.

## **1.4 HYPOTHESES**

### **1.4.1 Main hypothesis**

Clinically Standardized Meditation will be effective as a strategy for stress management and the promotion of wellness in teachers.

## **1.4.2 Sub-hypotheses**

- 1.4.1 The dynamics of stress, and the process of experience and coping with stress can affect the wellness of teachers.
- 1.4.2 Meditation can be used as a strategy for stress management and the promotion of wellness.
- 1.4.3 Clinically Standardized Meditation will have effects indicative of stress management in teachers.
- 1.4.4 Clinically Standardized Meditation will have effects indicative of the promotion of well-being in all the contexts of existence in teachers.
- 1.4.5 The effects of Clinically Standardized Meditation will signify the effectiveness of Clinically Standardized Meditation as a strategy for stress management in teachers.
- 1.4.6 The effects of Clinically Standardized Meditation will signify the effectiveness of Clinically Standardized Meditation as a strategy for the promotion of wellness in teachers.

## **1.5 METHOD OF STUDY**

Research questions will be answered as follows:

1. How can the dynamics of stress and the process of experience and coping with stress affect the wellness of teachers?

A literature study in the fields of Education, Psychology, Educational Psychology, Sociology, Physiology, Medical Science, Political Science, Economics, Communication Science, Geography, Demography, Philosophy, Spirituality and Religion will be undertaken to answer this question.

2. Can meditation in the form of Clinically Standardized Meditation be used as a strategy for stress management and the promotion of wellness?

A literature study in the fields of Psychology, Sociology, Physiology and Theology will be undertaken to answer this question.

3. What effects will Clinically Standardized Meditation have, indicative of stress management in teachers?

These effects concerning stress management will be investigated by using quantitative and qualitative research methods. The quantitative part of the study will employ a scale to measure any changes in perceived stress during pre and post-tests. The qualitative part of the study will employ a range of interviews, diaries, physical examinations and participant observations.

4. What effects will Clinically Standardized Meditation have, indicative of the promotion of well-being in all the contexts of human existence in teachers?

These effects concerning the promotion of well-being will be investigated by using quantitative and qualitative research methods. The quantitative part of the study will employ scales, questionnaires and inventories that will be used in pre and post-tests. The qualitative part of the study will employ a range of interviews, diaries, physical examinations and participant observations.

5. Will the effects signify the effectiveness of Clinically Standardized Meditation as a strategy for stress management in teachers?

Research findings related to the effects will be used to evaluate if Clinically Standardized Meditation was an effective strategy for stress management in teachers.

6. Will these effects signify the effectiveness of Clinically Standardized Meditation as a strategy for the promotion of wellness as a holistic construct in teachers?

Research findings related to the effects will be used to evaluate if Clinically Standardized Meditation was an effective strategy for the promotion of wellness in teachers.

7. What conclusions and recommendations can be made concerning the usefulness of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness in teachers?

Conclusions and recommendations ensuing from the research findings and evaluations concerning the usefulness of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness in teachers will be made.

## 1.6 PARADIGMATIC PERSPECTIVE

### 1.6.1 Paradigm

The word 'paradigm' comes from Greek and can refer to a model, theory, perception, assumption or frame of reference (Covey, 1998:23). In a more general sense it refers to the way persons view the world in terms of their perception, understanding and interpretation of it and their experiences in the world. This also has a direct bearing on the planning, execution and findings of research. Landman, Van Rensburg and Bodenstien (1994:467) identify the following components of paradigms in research:

- researchers commit themselves to a specific theory or law, or set of theories or laws;
- researchers expose a given methodology or set of research techniques that are dictated by the paradigm;
- researchers commit themselves to particular metaphysical assumptions and preconceptions;
- there are certain assumptions that the researcher makes as a scientist.

The researcher's personal anthropology is also of importance in this study, especially because of to the qualitative research component. In this qualitative component of the study, the researcher can be seen as a primary instrument for the gathering and analysis of data (Creswell, 1994:145). As such, the researcher's paradigm, bias, assumptions, preconceptions and values need to be reflected explicitly in qualitative research. This increases the consistency of the research and serves to identify potential dangers pertaining to the validity of conclusions made (Maxwell, 1996:26).

It can be stated that the researcher is a registered educational psychologist with the Health Professions Council of South Africa, and lectures in Educational Psychology at the Potchefstroom University for Christian Higher Education. The researcher had previously been trained in, and have had experience with Transcendental Meditation, but had discontinued the practice due to the experience of non-transparency and secrecy of the Transcendental Meditation movement (because of questions asked and unsatisfactory and vague answers received), and the perceived cultic undertones of Trancendental Meditation and the movement. In spite of having had access to the book "*TM: An aid to Christian growth*" (Smith, 1983), the researcher felt that it was difficult to

reconcile his Christian values with that of the Transcendental Meditation movement, primarily because of the two reasons given above.

It was, however, felt that the baby needn't be thrown out with the bath water so to speak. Modern forms of meditation, explicitly cult free, had been subsequently discovered by the researcher that had been developed with the advantages of meditation, but without the disadvantages of cultic forms of meditation. The point of departure for the Christian scientist and psychologist is that his/her life view and anthropological view determined by his/her belief, determine all his/her activities. In this positive (and healthy) sense, the scientist-psychologist renders aid in a helpful, loving and supportive relationship to those in need (in this instance, teachers experiencing stress) (see 5.3.2; 5.3.3). In doing so the scientist – psychologist can share the skill/art of meditation (see 5.3.4) and is thereby heeding the Command that one should "love thy neighbor as thyself", which can also mean, helping to promote other's wellness (see 5.3.5). This study is, however, a study in the Educational Psychology (see 5.3.6; 5.3.7; 5.3.8) - and of a particular intervention - and as such, not a study in the Philosophic, Philosophy of Educational or Religious grounding or founding of meditation as a science or phenomenon in the universal life reality, which might form a necessary, but different focus of study, but which is beyond the scope of this study.

Foremost in this study is the use of the meta-approach of Jordaan and Jordaan (1990; 1998) as a reference in terms of how the research has been planned, and executed, and how the findings will be interpreted. The meta-approach serves as a model and a frame of reference, containing certain inherent assumptions which facilitate perception, understanding and interpretation of the selected domain of research. This point is elaborated on further under the following 'Theoretical Assumptions', and 'Explanation of Concepts' in Chapter 1, and is indeed reflected throughout the rest of the study. The 'Theoretical Assumptions' and 'Explanation of Concepts' also reflect different paradigmatic perspectives pertaining to a particular aspect of this study, and can therefore be seen as an elaboration of, or a particular and subjective substantiation of the paradigm held and reported on in this section.

### **1.6.2 Theoretical assumptions**

The theoretical assumptions of this study can be summarised as follows:

- Four contexts of existence can be identified in the life of a teacher as a person namely, the biological, intra-psychic, ecological and metaphysical contexts.
- These contexts of existence are intra and interactive.
- These intra and interaction dynamics relate to a holistic view of the inseparableness of body and mind of a person, as well as a particular person-environment fit.
- The four contexts of existence can both serve as potential sowers of stress as well as to reflect the potential effects of stress due to the dynamics of intra and interaction.
- Effective stress management can contribute to the promotion of wellness.
- The promotion of wellness can contribute to stress management.
- The knowledge, skills and attitudes about stress and stress management can be reflected in the practise of meditation which can form one of the strategies in which a teacher as a person can be empowered to take charge of his/her own wellness.
- Wellness as a phenomenon, the detractors of, the maintenance of, the resources of, the promotion of, and the effects of well-being, should each or together ideally be viewed holistically.
- Wellness means far more than only physical well-being. It also includes psychological, environmental (social environment, physical environment, et cetera) and metaphysical (spiritual, religious, philosophical, et cetera) well-being.
- Persons such as teachers should be empowered to take charge of their own wellness with applicable knowledge, skills and attitudes which can result in a powerful modelling effect upon learners and other colleagues.
- This can form part of a whole school development which can contribute to healthy school development.
- Healthy school development can contribute to the development of a healthy school population, presently and in the future, and to improve and maintain teaching and learning.

- Healthy school development can contribute to the establishment of a Health Promoting School.

### **1.6.3 Explanation of concepts**

It is deemed necessary to give a cursory explanation of terminology often referred to in this study.

#### **1.6.3.1 Meta-approach**

The meta-approach is according to Jordaan and Jordaan (1990:40), an elaboration of general systems theory and systemic thought. Human experiences, actions, problems and phenomena cannot be understood in a meaningful way without, or separated from, the contexts in which they occur (Kirsten, 1994:3; Jordaan & Jordaan, 1998:38). Stress experienced by teachers, therefore, should be studied by the analysis and synthesis of these contexts for proper understanding. In doing so it will be possible to understand the experience of stress, the phenomenon of stress and the actions and problems resulting from stress.

The meta-approach reflects the broad contexts of human existence which shape, maintain and modify human conduct. These are:

- The biological context
- The intra-psychic context
- The ecological context
- The metaphysical context

These contexts also contain innumerable subcontexts, which together form a whole. All the contexts are constantly related to the whole for the disclosure of meaning. This reflects essentially the hermeneutic method or exegesis (Jordaan & Jordaan, 1998:38). Applications of the hermeneutic method show that disclosing the meaning of something, whether it is a literary text, a human experience or human behaviour, is impossible if we do not understand the context in which it occurs (Jordaan & Jordaan, 1998:38).

In studying the contexts of human existence with the aim of understanding and giving meaning to the experiences, actions, problems and phenomena (in the context of this study, teachers with stress), three broad principles (Jordaan & Jordaan, 1998:38) need to

be kept in mind: Firstly, that all contexts are organised in an *open hierarchy* - a functional classification and not a classification of importance – and all contexts (and subcontexts) are of equal importance. There are also permeable boundaries between contexts, hence the use of the word 'open'. This transpires to active mutual influencing. Secondly, the relationship between contexts is characterised by *interdependence and a recurring pattern*. This means that what happens in one context not only influences events and situations in other contexts, but is itself influenced by events and situations in these other contexts, and the interaction between contexts tends to form a recurring pattern (or feedback loop) of feedforward and feedback. Thirdly, the last principle of contextualisation is that the discovery of interdependence and recurring patterns, as characteristics of the relationship between contexts, is promoted by *contextual analysis and synthesis*. This will help to relate occurring dynamics in terms of the whole.

In this study the meta-approach will be used to study and to understand and assign meaning to the stress phenomenon as experienced by teachers, in other words what might constitute stressors and how the experience of stress might impact on their biological, intra-psychic, ecological and metaphysical contexts. The meta-approach will also be used in assessing the effects and effectiveness of meditation as a strategy for stress management and the promotion of wellness in teachers by investigating the change in predetermined parameters representing the biological, intra-psychic, ecological and metaphysical contexts.

Educational psychology as a border science can therefore by way of intra and interdisciplinary co-operation partake in the generating of a multidisciplinary body of knowledge concerning stress, teachers' experience of stress and the use of meditation as a strategy for stress management and the promotion of wellness as a contribution to whole-school development, which may ultimately lead to the improvement of the teaching-learning situation.

#### **1.6.3.2 Stress**

The complexity of stress as a concept and as a phenomenon (Schlebusch, 1991:22) is often accentuated by the more than 300 definitions that have already been used by researchers in the field (Allman, 1985:11). Schafer (1996:6) provides a short but relatively comprehensive and non-restrictive definition of stress. He defines stress as "*...arousal of mind and body in response to demands made on them.*" This definition

differs significantly from the well-known definition of Selye (in Schafer, 1996:7), namely that stress is “...*the non-specific response of the body to any demand made upon it*”. Whereas Selye limits the results of stress to the body, Schafer focuses on body and mind.

Schafer's (1996:6) definition of stress also differs from that given by Lazarus and Folkman (1984:19), who define stress as “...*a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being*”. Lazarus and Folkman focus mainly on the negative response to too much stress, which can cause distress, while omitting to indicate that a lack of stress can also lead to distress.

### **1.6.3.3 Stress management**

Stress management interventions are defined as any procedures designed to enhance the ability of persons to cope with stressors or with the negative emotions elicited by them (Auerbach & Grambling, 1998:124). Cotton (1990:4) points out that the major goal of managing stress is simply to enable the person to function at his/her optimal level, in a healthy and positive manner. This view makes the goal of managing stress and the promotion of wellness extremely compatible as can be deduced from explanations of, and the connotations and denotations of wellness and the promotion of wellness (see 1.8.3.4 and Chapter 3).

Stress management in the context of this study will mean that participants will perceive that they experience stress more manageable or experience less stress will be evaluated and validated by quantitative and qualitative methodologies.

### **1.6.3.4 Wellness**

The terms health, (psychological) well-being and (psychological) wellness are often used interchangeably (Van Eeden, 1996:9). In this study it will not be used synonymously, because well-being and especially wellness will be viewed in a more holistic sense instead of the narrower, possibly more Cartesian, psychological sense only. Schafer (1996:624) defines wellness as the process of living at one's highest possible level as a whole person and promoting the same for others; maximising one's potentials while enjoying the process and maintaining optimal health along the way. In this sense it can be said that: “*Health refers to more than physical health: it also connotes the individual's*

*intrapsychic ballance, the fit of his psychic structure with the external environment and his social functioning*" (Schwartz & Schwartz in Callicutt & Lecca, 1983:5). Greenberg and Dintiman (1997:11) point out that wellness is maintaining the components of health in sufficient amounts and in balance with one another. An ideal state of wellness is one in which no single component of health is emphasised at the expense of any other component.

Because the term 'health' has been somewhat 'contaminated' or corrupted by the physical sciences and is more often than not seen to denote physical health only, preference is given to the term 'wellness' in this study. Wellness is also used in a more holistic sense than well-being in this study, because well-being is often related to a specific 'component' or 'domain' such as physical well-being, psychological well-being, social well-being, spiritual well-being, and so on. This will be elaborated on further in Chapter 3. In the context of this study, these 'domains' will be represented by the contexts of human existence of the meta-approach (see 1.6.3.1). The promotion of wellness will therefore mean that the 'domains' of well-being or 'components' (or all the contexts of human existence in the context of this study) of wellness have been promoted or elevated to a higher level of function. Effective promotion of wellness in the context of this study will mean that participants will report that they experience greater wellness. The possible extent of such a change will be evaluated and validated by quantitative and qualitative methodologies.

#### **1.6.3.5 Meditation**

In general, meditation can be described as a technique that involves entering a trance state by focusing thought on a word or sound (a focus word/mantra, meaning "mental device") or an object such as a burning candle, or on a movement such as an oscillating disc (Kaplan & Sadock, 1998:839). Carrington refers to this trance as the "*meditative mood*" (1993:146). It is reported that the meditative trance or mood has physiological effects, all associated with decreased anxiety: heart and respiratory rates slow down, blood pressure decreases and alpha brainwaves increase (Kaplan & Sadock, 1998:839), indicating a relaxed wakefulness. Meditation trains the mind to reduce arousing thoughts and to reduce stress-arousing memories and anticipations and instead direct thought to produce a peaceful and tranquil state (Girdano, Everly & Dusek, 1997:13).

It is possible to distinguish between many forms of meditation as has already been pointed out in this chapter. Two different types can also be distinguished, namely concentration meditation and mindfulness meditation. Clinically Standardized Meditation, a noncultic modern form of concentration meditation will form the focus of this study. Meditation as a phenomenon in general and CSM specifically, will be further explained and contextualised in Chapter 3.

#### **1.6.3.6 Psychology**

Psychology is a human science which investigates human experience and/ or behaviour (Jordaan & Jordaan, 1990:34) with the emphasis on the individual and with the aid of methods like the experiment, measurement and observation (Plug, Meyer, Louw & Gouws, 1987:294). The term means literally the science of the psyche, and it is currently generally excepted that psychology is the study of all forms of overt as well as covert behaviour (Plug, Meyer, Louw & Gouws, 1987:294). Psychology currently includes a wide range of subdisciplines such as general psychology, social psychology, psychopathology, educational psychology, clinical psychology, counselling psychology, psychometry, et cetera (Plug, Meyer, Louw & Gouws, 1987:294). Psychology can by way of intra and interdisciplinary co-operation contribute to generating a multidisciplinary corpus of knowledge concerning the developing person's relationship with the outside world (Jordaan & Jordaan, 1990:41).

A brief mission statement, which in broad terms states psychology's aims, was formulated by Gerdes (1992:41). It states that psychology and psychologists are committed to:

- the pursuit of knowledge and research to improve our understanding of human nature and behaviour;
- the application of such knowledge and specific skills to prevent, alleviate and treat human problems;
- promote the optimum psychological development of individuals and communities;
- assist in future planning so that due regard is paid to the psychological needs and aspirations of people; and

- adhere to the Ethical Code for Psychologists and to the spirit of concern and responsibility which underlies it.

Gerdes further states that the role of the psychologist may vary from that of primary prevention by means of psycho-educational programmes to that of therapist or agent of social change.

#### **1.6.3.7 Education**

Education, as is the case with psychology, has the person and more specifically the development of the person as the object of study (Van Niekerk, 1986:35). De Vries (1989:509) sees education as synonymous with the science of guiding which implies that education is the study of the guidance of the person (child or adult) towards the attainment of adulthood or greater adulthood - in other words a lifelong process. In this sense education can be seen as people being together for the sake of one guiding another and the dependence of one on another (Van Rensburg & Landman, 1988:160). To this a future perspective can be added in terms of equipping someone for an all-embracing life-work (Monteith, Postma & Scott, 1988:14) and the actualisation of a person's full potential (Engelbrecht, Kok & Van Biljon, 1989:4). Education, however, should not be equated only to the locus of a school or to learners of school-going age. Although the school does form an important locus for service delivery, it and its learners are but one population for service delivery. In this sense a case could be made for the use of education in industry, welfare, health and other sectors of society as possible loci of service delivery with adults as the population for service delivery. The adults in the school organisation, teachers and management as well as parents or other adults in the community related to the school organisation, can (should) also be developed (Donald, Lazarus & Lolwana, 1997:15-29) by using the vehicle of education. Education, therefore, includes the whole spectrum of age and development of all persons. The focus of this study in terms of the locus of service delivery is the educators in the school and related management structures of the school where the andragogue, an expert supporter, would be rendering assistance to adults (Landman, Van Rensburg & Bodenstein, 1994:313).

#### **1.6.3.8 Educational psychology**

Unique amongst all of the disciplines in psychology is educational psychology with one leg in education and the other in psychology (Kriegler, 1988b:5). This means that

educational as well as psychological insights must serve as the basis for well founded educational psychological practice.

Educational psychology transcended this convergence of education and psychology and is currently more than the sum of its parts and indeed an autonomous discipline (Kriegler, 1993a:11,12). It is of further importance to make use of a meta-theoretical grounding of educational psychology and by doing so employ a frame of reference supported by a systems-theoretical, holistic view of the relationship between a person and reality (Kriegler, 1993a:19; Kirsten, 1994:223). In this pursuit use should be made of any relevant discipline, theoretical or otherwise (Kriegler 1993a:18; Kirsten, 1994:223-224) especially because educational psychology transcends all boundaries of religion, gender, race or ideology (Kriegler, 1986:336, 373). The educational psychologist as a practitioner of educational psychology in the context of this study has the task of potentialising educational and teaching structures for promotion of mental health (Kriegler, 1988a:85; Kirsten, 1994:175-177) or wellness in the greater sense. Due to the importance and prominence of the systems perspective in educational psychology, the educational psychologist therefore needs to focus on the learner, teacher, school organisation, parents and the community wherein the school is situated (Engelbrecht, 1993:9-10; Donald, Lazarus & Lolwana, 1997:15-29). These views by Kriegler, Engelbrecht as well as Donald, Lazarus and Lolwana have been largely echoed by Kirsten (1994:13, 143-147, 173-190, 194-215).

Clinical psychology has grown out of laboratories and psychiatric hospitals as the original and most prominent locus of service delivery with a pathogenic focus, aimed at the study, diagnosis and treatment of persons with behaviour disorders (Plug, Meyer, Louw & Gouws, 1987:294), and developed into the larger community with a modern salutogenic (=origins of strength) (Strümpfer, 1990:265) and fortigenic focus (Wissing & Van Eeden, 1997:4-10). The same could be said for educational psychology as far as growing and developing are concerned into the status of encompassing more than the schools as the only locus of service delivery and into the larger community (Kriegler, 1993a:4; Kirsten, 1994: 13, 143-147, 173-190, 194-215; Donald, Lazarus & Lolwana, 1997:15-29; Kirsten, 1998:8-12). These views reflect past and present developments as well as some future ideals.

In the context of this study educational psychology will be applied, however, against the backdrop of whole-school development. Whole-school development presupposes

promoting the health of the individual members of staff and learners of each individual school. Donald, Lazarus and Lolwana (1997:81) are of the opinion that the *“development of people is essential to health promotion, and to whole-school development. In a school context, this refers particularly to student and teacher development”*. This means that in the health-promoting school, the school as a whole must be developed, which should also result in the pertinent focus upon the development of the teacher (personal and professional development) and not only that of the child. For this study, teacher development implies the learning of a suitable strategy, or life-skill, for stress management, which can be the promotion of his/her wellness in order to place him/her in a better position to provide a healthier contribution to the rest of the school. In the classical sense this is the science of orthopedagogics which was defined by Van Acker (1988:4) as the science directed at the development, application and evaluation of intervention strategies aimed at assisting the adults responsible for the education of the child. This development referred to above, can take place through a process of ortho-andragogical assistance, by teaching the skill/art of meditation. Ortho-andragogics is the theory of disorder where the adult's essence of personality and contextual management of life presents itself as dysfunctional, and manifests overtly as ineffective adulthood (Van Niekerk & Hattingh, 1992:79). Ortho-andragogics aims to explain and describe ineffective adulthood and to design a preventative and interventative strategy (Van Niekerk & Hattingh, 1992:79).

Teachers can learn to use meditation as a strategy for stress management and promotion of wellness and use it as a life-skill according to their needs. A contribution can be made to ortho-andragogics, as a sub-discipline of educational psychology, which aims at addressing the improvement of the life-skills of the adult, and his or her life management skills in particular (Van Niekerk & Hattingh, 1992:80; Crous, 1991:8). An adult can thus be guided to attain a higher level of functioning and wellness resulting in improved productivity and effectiveness. The distinction between orthopedagogics and ortho-andragogics is currently not widely used in South Africa any more, but has been used never the less for the sake of clarification of concepts used in this study. Educational psychology is currently being used as a unified term, referring implicitly to both orthopedagogics and ortho-andragogics at most of the universities and in practice in South Africa.

### **1.6.3.9 Effects and effectiveness**

Due to the centrality of the concepts of effects and effectiveness in the Research Questions posed (see 1.2), the Aims of the Study (see 1.3), the Hypotheses (see 1.4) and Method of Study (see 1.5), it is deemed important to specify what these concepts mean. An effect is seen as a change produced by an action or a cause (Oxford Advanced Learner's Dictionary, 2000:369). This effect then refers to changes in the status quo of the participant's stress management and contexts of existence (see 1.6.3.1) in terms of well-being promoted by the practise of Clinically Standardized Meditation.

Effectiveness refers to (something) having the desired effect, or producing the intended result (Oxford Advanced Learner's Dictionary, 2000:370). In the context of this study it refers to Clinically Standardized Meditation having the desired effect or producing the intended result of stress management and the promotion of wellness in teachers.

## **1.7 THE COURSE OF THE STUDY**

In Chapter 2 the dynamics of stress and the process of experiencing and coping with stress and its effect on the wellness of teachers will be investigated by making use of a literature study. Specifically, the prominent theories and models of stress will be investigated, as well as the causes of distress and the effects of distress and how it can influence the functioning of teachers in all of their contexts of existence – biological, intrapsychological, ecological and meta-physical.

In Chapter 3 the connotations and denotations of health, well-being and wellness will be explored as well as meditation as a phenomenon in general, and Clinically Standardized Meditation specifically will be explored as a strategy for stress management and the promotion of wellness. This exploration will also include an overview of some of the main forms of meditation, the history, theoretical underpinnings, clinical applications and potential effects of meditation for stress management and the promotion of wellness, and the method of Clinically Standardized Meditation itself.

In Chapter 4 the quantitative and qualitative research methods will be discussed. This will include the procedures, design, population and sample as well as the instrumentation that will be used to measure the effects and effectiveness of CSM.

In Chapter 5 the analysis, interpretation and synthesis of quantitative and qualitative data will take place. Thereby the contextual effects and effectiveness of CSM as a strategy for stress management and the promotion of wellness in teachers will be evaluated.

In Chapter 6 a summary will be given and conclusions will be drawn concerning the use of CSM as a strategy for stress management and the promotion of wellness in teachers. Limitations of this study will be presented as part of a critical reflection and associated accountability by the researcher as a reflective practitioner. Findings will be presented for the set hypotheses. Recommendations will be given concerning the implementation of CSM and future research and guidelines set for the implementation of CSM by other mental health professionals in the context of teaching.