
CHAPTER 6

SUMMARY, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSION

It is evident (see 1.2) that South Africans in general and teachers in particular experience high levels of stress. Teachers experience stress due to large societal changes as well as changes in the basic occupational structure of teaching. Teachers' personal circumstances understandably also impact on these dynamics.

Although potential stressors may emanate from various sources, the combined effect often results in the experience of stress. This experience of stress in a particular human context (or sub-context) such as the workplace may spill over into other contexts (as sub-contexts) of human existence such as family life, physical or psychological functioning, and so on. As such, the experiencing of stress and burnout can have an enormous detrimental effect on the teaching-learning process, among others that teachers deliver outputs far below their potential regardless of the amount of preparation they do.

Much research has been done on work and/or organisational stress and burnout. Interventions directed at the management of stress in an educational context have primarily focused on what the school as an organisation can do from a management point of view for the management of organisational stress and/or burnout. This study is an effort to address this issue by focusing on the individual. This focus has been concerned with helping and empowering teachers as individual persons to not only manage stress better, but also to promote their wellness by teaching them Clinically Standardized Meditation as a coping skill.

In Chapter 2 the dynamics of stress and the process of experiencing and coping with stress and their effects on the wellness of teachers have been investigated. Due to the holistic and integrated approach taken in this study, the interactive approach as a way of

conceptualising stress has been taken. The meta-approach has therefore been used as a conceptual framework of a holistic view of the stress phenomenon – because of the focus on all of the contexts of human existence (biological, intra-psychic, ecological and metaphysical). The dynamic interaction between these contexts of human existence operate in such a way that all of the contexts of human existence can serve as potential sources of stressors and can also reflect potential effects of stress, and as a consequence impact on wellness.

Although teachers as persons experience different types of stressors and multiple exposure to stressors, it is the process of cognitive appraisal by which an event is evaluated or interpreted as threatening or dangerous and therefore stressful. Different coping processes such as meditation can be used to deal with stressful situations and the emotions elicited by them. It was speculated that the coping outcomes due to the use of Clinically Standardized Meditation might prove effective as a strategy for stress management and the promotion of wellness.

In Chapter 3 the connotations and denotations of health, well-being and wellness have been explored, as well as meditation as a phenomenon in general, and Clinically Standardized Meditation specifically, as a strategy for stress management and the promotion of wellness. This exploration has also included the relationship between stress management and the promotion of wellness.

Meditation as a phenomenon has also been described and defined, as well as some of the types and main forms of meditation, the uniqueness of meditation, clinical applications and potential effects of meditation for stress management and the promotion of wellness. The limitations of, cautions and contra-indications in the use of meditation, meditation for counselling and psychotherapy and the theoretical underpinnings of the practise of meditation as a strategy for stress management and the promotion of wellness have also been presented.

In Chapter 4 the quantitative and qualitative research design and methods have been presented. The research design has included the composition of the investigation group and how quantitative and qualitative data were collected. The research method has included the research process and methods of quantitative and qualitative data analysis that have been used to investigate the effects of and to evaluate effectiveness of

Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness.

In Chapter 5 the analysis, interpretation and synthesis and contextualisation of quantitative and qualitative data have been presented separately. A synthesis of the quantitative and qualitative data has been done and the effects and effectiveness of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness were discussed. As part of this synthesis, a contextualisation of all quantitative and qualitative data related to the effects of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness has been carried out and presented. Lastly, a synthesis of all data related to the effectiveness of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness was carried out and presented. The findings of this process suggest that Clinically Standardized Meditation is effective as a strategy for stress management and the promotion of wellness in teachers who participated in this study.

6.2 LIMITATIONS OF STUDY

The following factors or issues had a limiting effect on the study:

- 6.2.1 Although part of the objective was to investigate the effects of, and to evaluate effectiveness of CSM in all of the contexts of human existence, it was practically not possible in the fullest sense of the word, even though the objective theoretically demands it. The scope of this evaluation is therefore limited by the limitations of the instruments and methods themselves used in this study, as well as time, space and financial constraints. Some sub-contexts are easier to delimitate within their main contexts due to the design and limitations of instruments and methods used, but will never the less be used for the purpose of representation of the larger main contexts. A case in point would be the prominence of the emotive context representing the intra-psychic context, or the social context representing the ecological context, and so on.
- 6.2.2 Because the major part of this study has been done during study leave which started before the details have been completely worked out, even better

instruments could have been chosen or accessed in some instances for the purpose of this study.

- 6.2.3 It would have been better if the study could have been undertaken with more participants. Findings of this study are therefore only applicable to the teachers who participated in the study. Generaliseability to the general population should therefore be done with caution.
- 6.2.4 It would have been better if more black teachers were willing to participate and could have been recruited for the study.
- 6.2.5 Most of the black teachers had unfortunately dropped out. It could have been due to the relative foreignness of the concept and practise of meditation as understood and known in the Western world.
- 6.2.6 It would have been better if more male teachers were willing to participate and could have been recruited for the study. Female teachers are perhaps more in contact with themselves and their experience of stress and/or are more open and willing to acknowledge the need for help or willing to accept help with stress management.
- 6.2.7 Ideally, more control groups should have been used. Apart from a waiting list control group, a yoked study should have been undertaken with a second or third control group, doing self-hypnosis, exercise, progressive relaxation or reading for relaxation within similar time limits as the practise of CSM. There were too few participants, however to further subdivide the participants into three or four groups.
- 6.2.8 Only two evaluations were done in the quantitative part of the study – pre- and post-tests. Ideally an evaluation between the pre- and post-tests could have been done, and even more ideally a follow-up evaluation three, or six and twelve months later.

6.2.9 Due to time constraints and other practical considerations (see 4.5) the duration of the programme was only 3 months. If it had been longer the results might have been even more dramatic.

6.3 FINDINGS

The findings that have been made with regard to the stated hypotheses are the following:

6.3.1 Sub-Hypothesis 1:

The dynamics of stress and the process of experiencing and coping with stress can affect the wellness of teachers

The interactive approach and meta-approach with their contexts of human existence have been converged to provide a rich and detailed eco-systemic understanding of stress dynamics (see 2.2). These dynamics can be reflected in the contexts of human existence both in terms of serving as potential sources of stressors and in reflecting potential effects of stress (see 2.3; 2.4; 2.5). Stressors from any one or more of the contexts of human existence are appraised by the teacher as a person by way of primary and secondary appraisal (see 2.6). If such a stressor is perceived, interpreted and experienced as stressful, the teacher as a person has to make use of one or more coping strategies to deal with the impinging stressor. The effects and the resultant effectiveness of the coping strategy or coping strategies applied and the coping outcomes, will determine the effects of the experienced stress on the teacher as a person, reflected in any one or more of the contexts of human existence (see 2.6). These effects of the experience of stress can impact negatively on the teacher as a person's wellness – biologically, intra-psychic, ecologically or metaphysically – or a combination thereof (see 2.4; 2.5; 2.6). Sub-Hypothesis 1 is therefore accepted for this study.

6.3.2 Sub-Hypothesis 2:

Meditation can be used as a strategy for stress management and the promotion of wellness

The experience of severe stress and not coping adequately with it can also impede wellness. Stress management is not about the experience of little or no stress, or a

symptomatic relief strategy, or reaching a 'neutral' status as far as the experience of stress is concerned, because a degree of stress is always important in order to motivate a person for optimal functioning. Wellness can be promoted regardless of the particular point on the Wellness-Illness Continuum that a particular person might find him or herself. As such, the promotion of wellness is also directed to more than the attainment of a neutral or symptomless (biomedical) state such as the use of meditation for literally stress management alone. The goals of stress management and the promotion of wellness is extremely compatible, because they are both about attaining an optimal and positive and 'healthy' mode of functioning in all the contexts of human existence (see 3.2). Meditation in general has been indicated to have some very significant possible clinical applications in terms of stress management and the promotion of wellness (see 3.6; 3.8; 3.9). Sub-Hypothesis 2 is therefore accepted.

6.3.3 Sub-Hypothesis 3:

Clinically Standardized Meditation will have effects indicative of stress management in teachers

Clinically Standardized Meditation had effects indicative of stress management in teachers who were members of the experimental group. These persons found their lives less unpredictable, uncontrollable and overloaded. Also important was the fact that there was relative little change in psychological symptom breadth experienced, although the intensity of the symptoms experienced was much lower (see 5.3.2; 5.3.3; 5.6). The learning and practise of Clinically Standardized Meditation were viewed as worthwhile and as a personal life skill for the future (see 5.3.2; 5.5.1; 5.6). Sub-Hypothesis 3 is therefore accepted for this study.

6.3.4 Sub-Hypothesis 4:

Clinically Standardized Meditation will have effects indicative of the promotion of wellness in all the human contexts of existence in teachers

From the evaluation of the synthesised contextualisation of the data from this study, it does indeed seem as if Clinically Standardized Meditation had a range of effects across all the contexts of human existence in teachers who were members of the experimental group. The different effects of Clinically Standardized Meditation can be construed as

the promotion of biological (physical), intra-psychic, ecological (social) and metaphysical (spiritual) well-being. These effects signify the promotion of well-being across all the human contexts of existence of teachers who were members of the experimental group (see 5.3.3; 5.3.4; 5.5.2; 5.5.3; 5.6). Sub-Hypothesis 4 is therefore accepted for this study.

6.3.5 Sub-Hypothesis 5:

The effects of Clinically Standardized Meditation will signify the effectiveness of Clinically Standardized Meditation as a strategy for stress management in teachers

Clinically Standardized Meditation had a notable effect as far as effective stress management was concerned on the members of the experimental group. This group experienced a decrease in perceived stress, which represents the degree to which situations in a person's life are appraised as stressful. The learning and practise of Clinically Standardized Meditation were also viewed as worthwhile as an effective stress management strategy by the experimental group and significant others in their lives and that it would be used by them as a personal life skill for stress management in the future (see 5.3.2; 5.3.4; 5.5.1; 5.5.3; 5.6). Sub-Hypothesis 5 is therefore accepted for this study.

6.3.6 Sub-Hypothesis 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

Clinically Standardized Meditation had a range of effects across all the contexts of human existence in teachers as members of the experimental group. These effects noted signify the promotion of wellness across all the contexts of human existence in teachers as members of the experimental group, and therefore the promotion of wellness as a holistic construct (see 5.3.3; 5.3.4; 5.5.2; 5.5.3; 5.6). Sub-Hypothesis 6 is therefore accepted for this study.

6.3.7 Main Hypothesis:

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

Clinically Standardized Meditation is effective as a strategy for stress management and the promotion of wellness in teachers who participated in this study as is evident from Sub-Hypothesis 5 and 6 (see 5.3.; 5.5; 5.6). The Main Hypothesis is therefore accepted for this study.

6.4 RECOMMENDATIONS

The following recommendations can be made:

6.4.1 General recommendations

- 6.4.1.1 Teachers can learn to use Clinically Standardized Meditation as a strategy for stress management and use it as a life-skill according to their needs.
- 6.4.1.2 Teachers can learn to use Clinically Standardized Meditation as a strategy for the promotion of wellness and use it as a life skill according to their needs.
- 6.4.1.3 A contribution can be made to educational psychology, specifically with the aims of addressing the improvement of the life-skills of the adult, and his or her life management skills in particular (Crous, 1991:8; Van Niekerk & Hattingh, 1992:80). An adult can thus be guided to attain a higher level of functioning and well-being, resulting in improved productivity and effectiveness.
- 6.4.1.4 Student teachers should be given the opportunity during their pre-service training as to learn CSM as a stress management strategy.
- 6.4.1.5 By using Carrington's book "The Book of Meditation" it could be possible to introduce a formal Module or part of a Module in the fourth year of teacher training on stress management and the promotion of wellness of teachers as an elective Module as part of Extra Educational Competencies in teacher training.

- 6.4.1.6 Educational Psychological Auxiliary Services should broaden their service delivery to not only focus their efforts on learners but also, in the spirit of establishing Health Promoting Schools by way of Whole-School Development, to focus on stress management and the promotion of wellness of teachers. In doing so the teaching-learning process in the classrooms may be enhanced and teachers may be more happy and productive as better functioning persons.
- 6.4.1.7 Educational Psychological Auxiliary Services of various provinces in South Africa should develop in-service training programmes for practising teachers for stress management and the promotion of wellness and in doing so make use of strategies such as Clinically Standardized Meditation.

6.4.2 Recommendations concerning the teaching, learning and practise of Clinically Standardized Meditation

- 6.4.2.1 Monitoring and motivation sessions by the supervisor are very important in the teaching, learning and practise of Clinically Standardized Meditation, especially in the beginning.
- 6.4.2.2 Monitoring and motivation sessions provide valuable support and guidance also from other participants due to their inputs about their experiences and creative ways to deal with problems in the practise of Clinically Standardized Meditation.
- 6.4.2.3 The possibility of choosing a mantra with religious significance should be accentuated at the beginning of the teaching-learning process of Clinically Standardized Meditation.
- 6.4.2.4 Some persons may choose to use the term 'focus word' instead of 'mantra' due to some negative cultic connotations with the latter. This should be encouraged if such a need exists.
- 6.4.2.5 The possibility of using Clinically Standardized Meditation for religious or spiritual growth if needs be, should be emphasised at the beginning of the teaching-learning process.

- 6.4.2.6 Monitoring and motivation are extremely important to help participants overcome problems with compliance.
- 6.4.2.7 The practise of Clinically Standardized Meditation for example once a week can help with problems with compliance and serve to provide group support and guidance.
- 6.4.2.8 The 'cult-freeness' of Clinically Standardized Meditation should be especially accentuated because of "Eastern" connotations with meditation in general.
- 6.4.2.9 It should be accepted that some participants, due to idiosyncratic reasons, might still find the practise of Clinically Standardized Meditation incongruent to their particular religious convictions.
- 6.4.2.10 If the teaching-learning of Clinically Standardized Meditation takes place in group format, individuals should be invited and encouraged to schedule individual appointments with the supervisor if they feel the need, especially if they struggle to get started.
- 6.4.2.11 Even if it is clearly indicated at the start of the teaching-learning process to participants that over meditation is inadvisable, this should be carefully monitored, because some participants may not comply and therefore experience some of the associated side-effects as a consequence.
- 6.4.2.12 Starting the teaching-learning process of Clinically Standardized Meditation during a holiday is advisable; if not, it may compound the stress experienced from 'normal' life.
- 6.4.2.13 Persons learning Clinically Standardized Meditation should be made aware that when they experience a particular stressful period in their lives, they may sometimes feel as if they find it difficult to continue with their practise. It should be pointed out that this is in fact a paradox, because Clinically Standardized Meditation should especially be beneficial in periods like this.
- 6.4.2.14 Persons learning Clinically Standardized Meditation should be made aware of occurrences of, and assisted in accepting or dealing with:
- Feeling restless during their practise

- Experiencing intrusive thoughts during their practise
- Experiencing the side-effects of tension release
- Difficulty in establishing a meditation routine
- Finding interruptions quite disturbing
- Finding it difficult to practise when they are ill, or when family come to visit during weekends or holidays
- Finding disturbances distractful during their practise
- An earlier person-environment fit becoming dysfunctional because of new found assertiveness and resilience that may lead to opposition from others in order to try to maintain the status quo of earlier patterns of interaction.

6.4.2.15 The teaching-learning process and the practise of Clinically Standardized Meditation as far as commitment, personal integration, knowledge, skill and attitude is concerned, can be greatly enhanced by the provision of extra literature – ideally the “*The book of Meditation: a complete guide to modern meditation*” by Carrington (1998).

6.4.3 Recommendations concerning further research

6.4.3.1 More detailed but parallel running research should be undertaken by a team of researchers focused on the effectivity of the use of Clinically Standardized Meditation as it relates to each of the four contexts of human existence individually with the same group of persons. In the biological context, for instance, indicators such as the measurement of cortisol, serum cholesterol, ACTH, hypertension and others may be used. In using more elaborate and detailed methods and instruments in all the contexts of human existence, the parameters of measuring and evaluating changes might be more representative of the real effectivity of Clinically Standardized Meditation as a strategy for stress management and the promotion of wellness.

6.4.3.2 More participants should be recruited for future research.

6.4.3.3 More black teachers should be recruited for future research.

- 6.4.3.4 The high drop-out rate of black teachers should be investigated in order to possibly make some adjustments to the teaching-learning process of Clinically Standardized Meditation. A black researcher from the same ethnic grouping and therefore familiar with their language, customs and attitudes should preferably investigate and mediate this issue.
- 6.4.3.5 More male teachers should be recruited for future research. Gender differences in the effects of Clinically Standardized Meditation could be interesting.
- 6.4.3.6 More control groups should be used. Apart from only a waiting list control group, a yoked study should be undertaken to compare the effectivity of Clinically Standardized Meditation with for instance self-hypnosis, doing exercise, reading, and so on as it relates to stress management and the promotion of wellness.
- 6.4.3.7 More than only pre- and post-test should be employed. Evaluations three months, six months and twelve months after the pre-test should be done. This will not only shed light on the short, medium and longer term effects of Clinically Standardized Meditation, but will also give an indication of the rate of compliance of participants, frequency and integration of the continuous practise of participants into their lives.
- 6.4.3.8 The exact nature of the relationship between CSM, stress management and the promotion of wellness should be investigated further.
- 6.4.3.9 A different type of study should also be undertaken in order to investigate the factors in the contexts of human existence that make teachers resilient, and that contribute to wellness and the experience of less distress.