

THE NATURE AND MANAGEMENT OF TEACHER
STRESS: A MANUAL FOR CLASSROOM TEACHERS

CENTRE FOR NEWFOUNDLAND STUDIES

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KELLY BURTON-ADAMS



**THE NATURE AND MANAGEMENT OF TEACHER STRESS:
A MANUAL FOR CLASSROOM TEACHERS**

by

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A Project submitted in partial fulfillment
of the requirements for the degree of
Master of Education

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Preface

In recent years, Teachers' Federations across Canada have become increasingly concerned about the high numbers of teachers who are leaving the profession. In his manual for teachers, Stephen Truch (1980) cites a recent poll which stated that one third would leave teaching if they had the choice of another job. Research across Canada, as well as in the United States and Britain, indicates that teachers view their jobs as moderately to severely stressful. In fact, in several U.S. studies, a high percentage of teachers reported physical and/or mental illness as a direct consequence of their jobs. Some of the top ranking sources of stress, according to teachers include: time management concerns, interpersonal relations (such as parent-teacher consultations and administrator-teacher relations), and student discipline problems. Research conducted in Newfoundland, Canada (where this manual was written) pinpointed the same sources. It also identified some stressors which may be particular to that province due to the large number of rural, isolated communities. Some stressors in these areas included lack of job security, isolation factors, and insufficient extracurricular activities.

In an effort to assist their teachers in dealing effectively with job-related stress, some members of the Newfoundland Teachers Association formed a Committee responsible for the planning and implementation of an on-

going stress awareness and management program. Long-term plans include making a credit course available to teachers (both in training and those currently in the field) through Memorial University. The development of this manual on the nature and management of teacher stress represents the first step towards the introduction of such a course. Since this course may not be available to teachers for another year or more, it is hoped that in the interim, this manual may serve as a tool by which teachers can start their own "personalized" stress awareness and management programs.

The format of this manual follows the three-step process of stress management outlined by Christopher Wilson in Preventing Burnout in Education (1981). Wilson believes that the first step in learning to manage stress is to become aware of the nature of stress and its sources and symptoms. It also involves becoming aware of one's own levels and sources of stress. The first section of this manual presents an in-depth discussion on the development of the concept of stress from the early 1900's up to the present. It also includes a discussion of sources and symptoms of stress according to the literature. This is followed (in Chapter 3) by several tools for assessing sources and symptoms of stress, thereby enabling each user of the manual to focus upon those areas which require his/her attention.

The second step in the stress management process, according to Wilson, is to study and practice a large number of management techniques which apply to your particular sources of stress. Chapters 4 through 8 of this manual contain stress management strategies which are directly related to the sources identified in previous chapters. Since the top ranked sources of teacher stress are time management concerns, interpersonal relations (such as parent-teacher relations), and student discipline problems, this manual focuses mainly on management strategies which will assist teachers in coping with these occupational stressors. Because of the relatively large amount of current literature which has demonstrated the effectiveness of relaxation training in coping with stress, the manual includes a section on this widely used technique. Due to the fact that the importance of establishing a healthy lifestyle has become more apparent over the last decade, there is also also a section on Health/Lifestyle and its significant effect upon our ability to cope with stress in our daily lives; medical research has repeatedly shown a high correlation between poor diet and lack of exercise, and a high incidence of stress-related illness and disease.

The final step in learning to manage stress effectively involves taking what you have learned in this manual, and applying it to your daily life. Although the strategies presented are aimed at coping with teacher

stress, the use of efficient time management, relaxation training, and effective communication skills will assist you in dealing with stress in all areas of your life!

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CHAPTER ONE

INTRODUCTION

Preparation of individuals for the profession of teaching incorporates, by necessity, an exposure to such areas as the methodology of teaching, curriculum, the nature of the system and the society in which one teaches, and the nature of the learner and the learning process. A major area which receives little, if any, systematic attention in teacher training is that of the personal and professional stresses which the teacher may experience because of the teaching role and its inherent expectancies. Many teachers report significant difficulties in coping with the expectancies of their role - difficulties which are not due to poor preparation in teaching methods or in their understanding of the learner. Rather, they feel over-burdened with role expectancies, they feel there is too little time to adequately prepare, evaluate and cover the required curriculum, and they feel they have minimal impact on the system in which they work. Generally speaking, the pattern of stressors identified by Canadian researchers parallels the results from British and American Studies (Cichon and Koff, 1978, DuBois, 1978, as cited in Hiebert, 1985; Fergusson, 1984, as cited in Hiebert, 1985; and Klas, Kendall-Woodward, and Kennedy, 1985).

In a recent report published by the Canadian Education Association (C.E.A.), 1985, Bryan Hiebert

attempted to summarize contemporary Canadian research on teacher stress. In its initial request for such a report, the C.E.A. was seeking information pertaining to the following four questions:

1. Why do teachers perceive their jobs to be stressful?
2. How is stress manifested?
3. How do teachers manage their stress at present?
4. What have school boards done thus far to help alleviate stress?

Unlike the vast majority of writers in the area of stress, Hiebert attempted to respond to these questions from an empirical perspective, rather than from personal opinion. His report covered contemporary research in the specific area of teacher stress; however, the nature and symptoms of stress as they relate to the general population have been studied and written about extensively since the early 1960's. Earlier researchers in this area wrote from an environmental perspective, that is they viewed certain situations such as divorce, the death of a loved one or other traumatic life events as inherently stressful. Even positive experiences such as marriage, pregnancy or a new job were viewed as stress-producing situations. However, this approach was somewhat limited in that it did not allow for individual differences in response to these situations.

In the early 1970's, an opposing view of the concept of stress was put forth by Hans Selye. His definition focused on the physiological symptoms experienced by individuals in a stressful situation, that is "...the non-specific response of the body to any demand made upon it..." (Selye, 1974). While this definition was originally widely accepted, it has since proven to be somewhat limited, in that it does not account for why certain situations seem to be inherently stressful while others are not.

In 1978, Cox put forth a definition of stress which more adequately reflected its complex nature. His definition emphasizes the significance of the interaction between the individual and the environment: "...an individual's complex physiological, psychological and behavioral response to a situation that approaches or exceeds the person's perceived ability to cope with that situation...". Contemporary researchers are looking at stress from this perspective, and for purposes of this manual the writer will adopt this definition.

Definition of Terms

At this point it would be useful to distinguish between the terms demand, pressure, stress, stressor, stress management and stressor management. In the early literature, these terms were often used interchangeably.

However, current writers seem to be in agreement on the following definitions:

1. Demand: any situation which may or may not cause the stress response to occur.
2. Pressure: demands which are not accompanied by a stress response; a stimulus which does not result in a physiological, behavioral or psychological reaction of stress.
3. Stressor: any situation which results in a stress response. A stressor may vary from one person to the next, as different individuals react to the same situation in different ways.
4. Stress: the complex psychological, physiological and behavioral reaction to a situation that approaches or exceeds a person's self-perceived ability to cope with that situation.
5. Stressor management: refers to any method of coping with stress that involves altering one's stressful environment.
6. Stress management: refers to any method of coping with stress which involves altering one's reaction to a stressor.
7. Transitory stress: refers to a brief elicitation of the stress response; when an individual experiences transitory stress, his/her body returns to its "normal" balanced state relatively quickly.

8. Chronic stress: refers to a prolonged stress response; for example, working in a highly demanding job for a number of years. Whether or not chronic stress occurs depends upon the frequency and intensity of the stressor.

Perception: a key factor

A final point to consider in the development of a conceptual framework for stress is the significant role that an individual's perception plays in this whole process. One person may regard a particular situation as being extremely stressful, while another may view it as absolutely no cause for concern. Thus, these two individuals will react quite differently to that same situation. Similarly, one person may perceive his/her coping skills to deal with a given situation as being totally inadequate, thus giving rise to the stress response. On the other hand, a person faced with a seemingly highly stressful situation may not experience a stress response that is in any way prolonged (chronic), because he/she considers his/her coping skills to be above average. Thus, it is necessary to consider individual perception when attempting to devise an effective stress management program.

Major sources of teacher stress

Hiebert's review of Canadian stress research (1985) identified several major sources of stress for teachers, three of which are time management concerns, parent-teacher relations and student discipline problems. These findings concur with the results of empirical studies conducted in the United Kingdom, as well as in the United States (Cichon and Koff, 1967; Kyriacou and Sutcliff, 1978; Needle, Griffin and Svendsen, 1981).

In Newfoundland, Canada, several recent studies concur, in general, with the aforementioned major sources of teacher stress (Kendall, 1983; Kennedy, 1983; Klas, 1984; Klas, Kennedy and Kendall-Woodward, 1984; Klas, Kendall-Woodward and Kennedy, 1985). All of the subgroups examined in the 1985 study (primary, elementary and high school levels) demonstrated a high-moderate level of self-reported stress, and all three groups ranked the top two sources as being time management concerns and parent-teacher relations. However, student discipline problems were reported as more of a concern at the high school level than in the primary and elementary age groups. Possible reasons for this were suggested by Klas (1985):

1. At the junior high and high school levels, students are going through the developmental stage of adolescence, which on its own is often a very difficult period.

2. Students at this level usually have several different subject teachers and are switching classes frequently, which may result in there not being a consistent method of classroom discipline established for these students.
3. High school teachers often have received less training in the psychological development of children and adolescents, because a large portion of their training is focused upon academic areas.

Many schools reported in the Newfoundland studies are in isolated communities, where there is limited access to many of the various professional agencies and social activities available to teachers in larger centres. Another geographical factor influencing the stress level of these Newfoundland teachers was the decline in student enrollment which the province has been experiencing. Teachers' responsibilities have widened in that they have been required to teach more courses, because fewer teachers have been hired. Thus, a teacher whose area of expertise is Language Arts may be required to teach Music or Science as well. Finally, lack of specialist teachers (eg. special education, remedial and guidance counselling services) in the schools was reported as a major cause of stress for regular classroom teachers, who were extremely frustrated at being unable to help students with special learning problems. Teachers were often expected to teach

large numbers of students and to cover a wide number of subjects, and thus had very little time left to give to students who required special assistance. Quite apart from time limitations, most classroom teachers reported they had not received sufficient training in dealing with exceptional children. The emphasis in recent years on mainstreaming children with special needs was a cause of great concern for these teachers (Klas, Kendall-Woodward, and Kennedy, 1985).

Workshops on teacher stress

All of the aforementioned factors must be considered when attempting to devise an effective stress management program for teachers. However, the initial step that must be taken is to become aware of what stress is and how it is manifested (Wilson, 1981; Klas, 1985). At present, school boards and administrators are encouraging their teachers to become more aware of the sources and symptoms of stress through in-service seminars and workshops. This approach is somewhat limited in that the short amount of time available allows participants to become only minimally aware of their individual responses to stress, and of current coping skills and management strategies. Although participants in these workshops report positive gains from such experiences, there has been little follow-up with the participants regarding the practicality or usefulness of what they have learned. Teachers have

stated that they benefited from the stress awareness seminar, but to date there is little empirical evidence to indicate actual improvement in these teachers' ability to cope with stress in the classroom setting (Hiebert, 1985).

Recent stress management programs

In recent years, attempts have been made to develop stress management programs which will provide teachers with assistance in avoiding chronic stress - otherwise known as "burn-out". One such approach was taken by the British Columbia Teachers' Association (1982, as cited in Hiebert, 1985), which established support groups for teachers involving the development of time management skills and problem-solving strategies. This program was evaluated in 1983 through the use of a questionnaire mailed to the 148 participants in the program. Unfortunately, only one third of the participants completed and returned the questionnaires, which severely limited the generalizability of the results. Of the approximately 33% who returned the questionnaires, 94% thought that the support group approach was worthwhile, 87% reported having tried the newly-acquired problem-solving strategies, 90% reported the group was nurturing and supportive (and thus helpful), 79% reported increased self-confidence, 65% reported increased classroom communication skills, and 83% reported decreased stress.

However, there were no empirical data to support these reported benefits.

The B.C. Teachers Federation established a "teacher helpline" project in yet another effort to assist teachers in combating stress. Thirty-five volunteers were trained in basic listening/counselling skills and worked closely in pairs with the Vancouver Crisis Center. This helpline was open for 150 hours, and 296 calls from teachers were received, ranging in length from 3 to 130 minutes. (The mean length was 30 minutes). These calls covered the following concerns: (1) student discipline problems, (2) time management concerns, (3) interpersonal conflicts and (4) work overload (Hiebert, 1985). As was the case with the British Columbia Teachers' Association Program, the service was widely used by teachers, but the effectiveness was difficult to determine. In fact, research by Ruddy (1984, as cited in Hiebert, 1985) indicates that the vast majority of teachers have no specific method of coping with stress in their occupations. An earlier study by Clyne (1983, as cited in Hiebert, 1985) showed that only 13% of the sample chosen for stress management study were involved in regular relaxation, aerobic exercise, or any other systematic procedures for coping with stress.

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CHAPTER TWO

THE NATURE OF STRESS

What is stress? It has become a household word, and is generally thought to be a major contributing factor in the development of a wide range of ailments, from simple headaches to terminal cancer! In recent years, even the most skeptical of medical researchers have acknowledged that stress can result in the onset of certain diseases (Evans 1926, as cited in Simonton, 1978; LeShan 1956, as cited in Simonton, 1978; Freidman and Rosenman, 1974; and Simonton 1978). As a result of such findings, people are actively seeking ways of avoiding unnecessary stress. As well, they are attempting to effectively manage the stress which is an unavoidable part of daily life. The first step towards this end involves defining the concept of stress. This is not an easy task, since the definition has undergone many changes since its beginning.

Stimulus Model of Stress

Initially, stress was viewed from an environmental perspective; certain environmental conditions (such as extreme heat or cold), and certain life events (such as the loss of a job) were thought to be inherently stressful. This concept of stress, however, did not take into account individual responses to an event. No

allowance was made for the fact that a particular event might be stressful for one person, but not another.

Response Model of Stress

In the early 1930's, the focus began to shift towards a response model of stress, that is, an individual's reaction to an event, or stressor. Walter Cannon, M.D., was one of the first researchers to study in detail the human being's internal response to a potentially stressful situation. His decades of research and experimentation pointed to the complexity of the human body, which automatically responds in a defensive manner when confronted with a threatening situation. According to Cannon, the body has at its disposal a wealth of mechanisms by which it is able to combat internal and external changes, and thus return to a balanced state, or "homeostasis" (1932).

The maintenance of homeostasis is largely dependent upon the condition of the internal watery environment of the body, the so-called "fluid matrix". This area contains a constant supply of blood and lymph which must be free to circulate to all parts of the body on demand. The blood contains red cells, which are necessary for the immediate absorption of the large quantities of oxygen constantly taken into the body. These cells also carry wastes such as carbon dioxide to the small and large intestines and the liver, to be eliminated from the body.

The blood also contains white corpuscles which are vital for the protection of the body against foreign substances. These white blood cells have an important role in the immune system, which is responsible for fighting illness and disease. If the balance of the fluid matrix is upset, the blood and lymph are not able to carry out their functions by travelling to various parts of the body, and serious consequences, even death, can occur (Cannon, 1932). Cannon's research provided further testimony to the earlier conclusions of the prominent Belgian physiologist Leon Frederick who wrote, "The living being is an agency of such sort that each disturbing influence induces by itself the calling forth of compensatory activity to neutralize or repair the disturbance..." (Frederick, 1885, as cited in Cannon, 1932). However, if the body is repeatedly exposed to prolonged threatening situations, the immune system can become exhausted and its capacity to protect severely depleted, thus paving the way for irreparable damage to the body. Such were the earlier findings in 1867 of surgeon Albert Billroth, who reported the occurrence of ulcers of unknown origin in patients whose surgery had been complicated by infection. Two other prominent medical researchers, Pierre Roux and Alexandre Yersin (1870) also reported enlarged and infected adrenal glands in pigs who had been injected with the diphtheria toxin (Billroth, 1867, as cited in Cannon, 1932; Roux and Yersin, 1870, as cited in Cannon, 1932).

The Body's Internal Response to a Stressor

These observations, coupled with Cannon's research, set the stage for further exploration of the body's internal response to threat. Hans Selye, often regarded as one of the foremost authorities in the area of stress, expanded Cannon's theory a step further by closely studying the distinct phases of this physiological response to change. He viewed Cannon's observations of the body's response to a stressor as "individual manifestations of a single, coordinated response, that is, the General Adaptation Syndrome." Selye used the term "stress" to describe "the non-specific response of the body to any demand made upon it..." (1974). By "non-specific" he meant that no matter what the threatening situation (stressor) is, the body responds in basically the same manner. Selye described this response as occurring in three distinct phases:

Phase I: Alarm reaction: The body shows the changes characteristic of the first exposure to a stressor, that is heart and respiration rates increase, and adrenalin and cortisone are released into the body. The defenses of the whole body are mobilized and prepared to "fight" or "escape" the situation to protect the body.

Phase II: Resistance: During this second phase the body begins to adapt to the new situation, in that the characteristic signs of the alarm reaction have subsided. An attempt is made to limit the stressor to the smallest area of the body that can deal with it. Because the body has limited adaptive powers, this stage cannot be prolonged indefinitely, or the coping mechanisms will become exhausted.

Phase III: Stage of Exhaustion: Following long, continuous exposure to a stressor, the adapting mechanisms become exhausted. The signs characteristic of the initial alarm stage reappear and spread throughout the entire body. If the individual's adapting mechanisms are not augmented, serious damage or even death may occur. (1974)

Selye's research also suggested that not all stressors result in this three phase response. If an individual is able to adapt to the situation in phase I, the following two phases are not necessary. Only stressors which are prolonged or particularly intense require all three stages. Although Selye contended that this adaptation syndrome occurs in all of us whenever we are confronted with a potentially threatening situation, he did allow for complicating factors due to individual differences. Some of these differences are a result of a person's genetic

predisposition--that is, what he/she has inherited. For example, if an individual already has a predisposition towards high blood pressure, and then adopts a lifestyle of excessive eating, smoking, and inactivity, his/her body will react quite differently to intense or prolonged exposure to a stressor than will a physically active person with no history of high blood pressure in his/her family.

One final point to consider in Selye's research is the idea that one's reaction to a stressor is just as important as the nature of the stressor itself. Selye refers to "direct" and "indirect" pathogens. An example of a direct pathogen would be placing one's hand in boiling water; this action will result in severe damage to the skin, no matter how the individual reacts. However, damage caused by indirect pathogens can be equally, and in some cases even more serious, in that the stressor itself causes a certain amount of distress, but is further complicated by the internal response of the person who is attempting to fight against the pathogen. An example of this would be the case of an individual who is receiving an organ transplant, such as a kidney. Under natural conditions, once the kidney is placed in the body of the recipient, all the natural defenses would react in an attempt to attack the foreign organ, and the kidney would be rejected. Obviously, this would cause tragic results if the person required a new kidney in order to survive.

5

This tendency on the part of the body to automatically reject or fight against foreign agents illustrates the danger of indirect pathogens. To combat this danger, individuals receiving an organ transplant are given an injection before surgery which essentially inhibits the immune system so that the body will accept the new organ.

Selye drew a parallel between the above-mentioned dangers of indirect pathogens, and the significant role that an individual's reaction plays in the stress response. He illustrated this point with an example of two different reactions to a potential stressor: If you are walking down a deserted street late at night and a seemingly harmless drunkard begins to shout insults at you, you may make a decision to ignore his behaviour, and continue on your way, thus ending your internal stress response in phase I. If, however, you decide to prepare to fight with the man, your body would begin immediately to produce large quantities of adrenalin, your heart and respiration rates would significantly increase, and if you happened to be a coronary candidate (due to genetic predisposition and lifestyle), you may have a heart attack. Obviously, then, it is important that one assess a situation carefully, and react in a manner appropriate to the situation.

The Importance of Perception in the Stress Response

A.T.W. Simeons, also a researcher in the area of stress, demonstrated a strong connection between the stress response and psychosomatic illness. In his classic work Man's Presumptuous Brain (1961, as cited in Greenberg, 1983), Simeons argued that Man's brain has not yet developed at the pace required to deal with the stressors of Twentieth Century life. He believed that the brain is essentially not capable of determining when to send messages to the rest of the body to trigger the "fight or flight" response, and when to simply ignore what is happening. Thus, it automatically triggers the three phase response within the body, even when it is not appropriate. The resulting excess energy is not able to be used in the situation, so the unused chemical products may begin to break down the body, and illness or disease may be the result. A key factor, then, in this whole process is perception--perception of the actual degree of threat in a situation, and perception of one's own coping abilities. Although Selye did not mention the word "perception" in relation to how one might interpret an event, he did spend several chapters discussing the idea of motivation and how it determines one's response to a situation. According to Selye, the prime motivator of human beings is "egotism", that is, the inborn desire to look after one's self. He further postulated that any altruistic feelings one might have (that is, a desire to

help others) are simply a modified form of egotism. In other words, it is to our advantage to attempt to help others because they will develop feelings of gratitude and goodwill towards us, and therefore will have no reason to harm us. Selye further pointed out that we can either co-exist on earth, basically by simply "putting up with each other", or we can develop a "teamwork" approach, with each person carrying out a specific function for the benefit of all. If we adopt as our guideline for life earning our fellowman's goodwill and gratitude, it will be much easier to work together for the benefit of all. If we are unable to work together to achieve our goals we will become frustrated with our lack of accomplishment. Selye believed that this frustration is what causes negative stress, or "distress", and it is this type of stress, which when prolonged or intense, may cause serious and irreparable damage to the body (1974).

The Interactional Model of Stress

At about the same time that Selye was completing Stress Without Distress (1974), Richard Lazarus was also attempting to define the stress response in terms which would adequately reflect its complex nature. He believed that neither the stimulus model put forth by researchers such as Holmes and Rahe in their Life Events Inventory, nor the response model refined by Selye were accurate in their depiction of the stress response. His concept of

stress focused on the interaction between the individual and the environment. He also believed that everyday stressors ("hassles") were more damaging to one's health than the major life changes identified by Holmes and Rahe, because the former occur on a daily basis, while the latter usually occur infrequently (1977).

Carrying Lazarus' concept one step further, Robert Cox put forth the first definition of stress which clearly demonstrated its interactional nature: "...stress is the individual's physiological, psychological and behavioral response to a situation that approaches or exceeds the person's perceived ability to cope with that situation..." (1978). In other words, there are three essential parts of the stress response: the event itself (for example, a divorce), how the individual perceives the event (that is, is it an event which is of considerable significance to the individual?), and how adequate the person perceives his/her coping skills to be. If he perceives the event to be non-threatening or if he perceives his coping skills to be adequate, his body will quickly return to a "normal" state. The general adaptation syndrome will end at stage one. However, if the situation is viewed as a threat, and the coping skills are perceived to be unsuccessful, then that situation becomes a stressor. If the situation is prolonged or intense, the stress response will become chronic (Cox, 1978).

The Role of Meaning in the Stress Response

Although Cox's definition focuses on the significant role that perception plays in the stress response, it is more than simply one's view of a situation which determines the degree of threat experienced. The meaning or value attached to a situation is a deciding factor in whether or not an individual will feel threatened. Victor Frankl was an individual who found himself in a situation which would be viewed as "threatening" to any human being. He was forced to spend two years in German concentration camps during World War II, and during that time came to some important conclusions about how the meaning of a situation determines one's response to that situation. The philosophy on life he adhered to, in effect, carried Cox's concept of stress one step further. Not only is the individual's perception of an event important, but the significance or meaning of the event is equally important. Frankl came to this conclusion while living under horrendous conditions in concentration camps. He and the other prisoners were often without food, clothing, and shelter. Apart from these hardships, they also had to live from day to day with the fear that their lives could end in a terrifying manner, at any point in time. These factors made their lives extremely stressful, and many of them could not cope with this constant fear. Frankl noted that it became almost predictable as to who in the camp would be the next to die. He sensed a "change in

attitude" on the part of certain individuals who were no longer able to see any reason to live. These people lost their will to survive, and inevitably died within a few days. Other prisoners might have had the same typhus symptoms, were underfed and grossly overworked, but they still seemed to have a reason for living--they had something to "hold on" to.

Frankl believed that the essential difference between those who died and those who persevered, lay in the meaning they attached to their circumstances. They were all powerless to change their situation, but they could remain in control of their individual responses to that situation. "He who has a why to live, can live with any how..." (Frankl, 1969). In Frankl's case, he was able to cope with his difficult situation because he constantly thought about his wife, and focused on the possibility that he might be reunited with her if he could survive the camp. He also realized that although he had no control over when his life would end, its meaning could only be determined by him. He believed that if life is truly meaningful then its duration is not important, and conversely if life is essentially meaningless, then there is no reason to prolong it (1969). Frankl believed that Man has a "will to meaning", that is, he is able, through much hard work and thought, to discover some meaning in whatever circumstances befall him. He is also able to transcend his own needs and desires for the sake of a

greater cause. In fact, man needs something to strive for; he is restless when he has no "cause", nothing to work toward. Because of Man's will to meaning, and his ability, through freedom of choice, to transcend his own drives and needs, it is healthy, and in fact essential that there always be a certain amount of "tension" within him. This tension represents a gap between "what is" and what "should be", so that Man is constantly striving for improvement.

It is interesting to note that Selye also believed a certain amount of positive stress (eustress) was healthy; in fact, he viewed it as a biological necessity for cyclical completion. Just as phenomena in nature, such as seasons, must run in cycles, so must man experience the completion of whatever he considers his mission in life, or at the very least he must see some progress toward his goals. The essential difference in the two perspectives, however, can be aptly demonstrated in the situation of a person dying from an incurable disease: from Selye's point of view, this situation would be tragic, because the ill individual would be left with no motivation to carry on--no reason to live. Frankl, on the other hand, would view this situation as an opportunity to discover even more meaning in one's life. These differences in perspective represent two vastly different approaches to life--two entirely different types of human being.

The Influence of Psychological Processes on Disease

Like Victor Frankl, Dr. Carl Simonton also found himself in circumstances which caused him to examine the significance of attitude upon life. Simonton, a radiation oncologist, and his wife, Stephanie, a psychotherapist, became particularly interested in the effect of attitude upon the course of disease. The Simontons saw one of two distinct patterns emerge from patients who had received a terminal diagnosis. Some patients seemed to lose all hope, their condition quickly deteriorated, and they died within a few months; others seemed to derive strength from within themselves and lived months or even years longer than expected. Eager to discover the reason for these differences, the Simontons established a cancer research and treatment centre in Dallas, Texas, and have spent the last decade working with terminally ill patients. In their book Getting Well Again (1978) Dr. Simonton and his wife provide an in-depth explanation of their unique approach to treatment, which is based on the belief that we all participate in our own health through diet, exercise, and our set of beliefs. While this last factor may seem to be less immediately obvious than the previous two, its effect can be quite clearly demonstrated in the example of a doctor prescribing a placebo for his ill patient. Why does this placebo "cure" the symptoms the person was previously experiencing? The answer is simply because the individual believes it will cure him! Another

therapeutic practice which adds further weight to the significant influence of one's psychological state upon the functioning of his/her body is the widely used technique of biofeedback: the procedure involves having a person "hooked up" to a machine which monitors heart and respiration rates. Through the use of guided relaxation exercises and deep, rhythmic breathing, the individual learns to lower his heartrate. No drugs or other "unnatural" means are used. The subject simply focuses on relaxing all of his muscles, thus causing the body to slow down its internal processes. The use of a placebo, and the employment of biofeedback techniques are two practices which demonstrate the positive effects of the mind upon the body. The Simontons saw an equally strong link between a "depressed" psychological state and the onset of certain diseases. This link had been observed as far back as the early 1870's by Dr. James Paget, who stated:

The cases are so frequent in which deep anxiety, deferred hope, and disappointment are quickly followed by the growth and increase of cancer, that we can hardly doubt that mental depression is a weighty additive to the other influences favoring the cancerous constitution... (as cited in Simonton, 1978)

In the years between 1870 and 1970 several other prominent medical researchers noted this strong link between mind and body. In her studies on more than one hundred cancer patients, Dr. Elida Evans (1936, as cited in Simonton, 1978), collected detailed data which showed that the vast majority of her patients had lost a close

emotional relationship prior to the onset of their disease. Many of these people had not developed their own sense of individuality, but instead had invested their identity in a job, in a particular role, or in another person. In effect, they did not have a clearly defined sense of "self". Prior to the onset of their disease, these people had experienced the sudden loss of that important job, role, or person, and were left on their own, with few resources for coping. This resulted in their falling into a severely depressed state.

Dr. Lawrence LeShan, an experimental psychologist who worked extensively with over five hundred cancer patients, also noticed similarities in his subjects' life histories: in a high percentage of cases, his patients had experienced a youth marked by intense, complicated interpersonal relationships. In early adulthood they were able (with much hard work) to establish a meaningful relationship with another person, or they totally immersed themselves into their jobs. This person or job became the centre of their life--their "reason for being". This relationship or job came to an abrupt ending, either through the death of a loved one, the loss of the job, or retirement. Overwhelming feelings of loss and despair set in, which these patients were unable to share with anyone. Thus their emotions remained "bottled up" inside. They continued to perform their usual daily tasks, and appeared to those around them to resume a "normal" life; however,

underneath this seemingly calm exterior, they had given up all hope, and were simply waiting to die (Leshan, 1956, as cited in Simonton, 1978).

Dr. Caroline Thomas, of Johns Hopkins University, conducted one of the few longitudinal studies on cancer patients to date. She began her research in the early 1940's, by interviewing more than 1,300 students and developing a psychological profile for each of them. She has followed their history of illness for the past thirty years, and her data indicate that the students who have subsequently developed cancer have more distinctive psychological profiles than even those in the sample who subsequently committed suicide. For example, almost without exception, the students who later developed cancer saw themselves as having experienced a lack of closeness with their parents, and found it extremely difficult to show any strong emotion towards others. Also, these patients tended to be prone towards feelings of helplessness and hopelessness, that is, they generally felt they had little, if any control over their own lives, even before the onset of their disease (Thomas, 1973, as cited in Simonton, 1978).

The results of the preceding studies do not imply that one's state of mind can cause disease, they simply point to the fact that an individual's psychological state may make him/her more susceptible to disease, especially if he/she already has the genetic-predisposition. Thus,

it is crucial for researchers and all helping professionals to examine closely the human being's integrated system. Purely physical interventions are unlikely to be effective, particularly with individuals who have stress related illnesses or diseases.

During the past decade, the Simontons have seen countless examples from their patients' lives which have strongly reinforced their belief in a link between certain emotional states and cancer. In the past, they had viewed their patients' descriptions of their emotional states as simply something to be responded to with sympathy, but having little to do with the course of the disease. However, through studying the case histories of their clientele, they noted that a distinct psychological process had manifested itself before the onset of cancer. This process had begun in the patient's childhood and had continued right up to the present. It can be summarized as follows:

- (i) Experiences in childhood often result in decisions to be a certain type of person. Sometimes these childhood decisions are positive, but many of them are not, because they were made in response to some traumatic experience. At the time it was made, the decision may have been necessary for survival; however, circumstances have changed and now this decision may place enormous pressure on the

individual to be a certain type of person. For example, if a child sees his parents regularly engaged in terrible fights, he/she may come to the conclusion that expressing hostility is bad. In adulthood then, he may set an unspoken rule for himself that he must always act cheerful, pleasant and co-operative, no matter what his real feelings are. This places him under an enormous strain.

- (ii) The second factor which plays a role in this psychological process is that the individual is faced with a cluster of stressful life events, that is, events which threaten his/her personal identity, such as the death of a spouse or family member, the discovery of a spouse's infidelity, the loss of a job, or retirement.
- (iii) These events create a problem with which the individual feels totally unable to cope. He/she is governed by the "rules" regarding behaviour made in childhood, and is thus able to see only very limited options. For example, a woman whose identity is totally tied up with her husband cannot cope when she finds out he has been having an affair. She may be unable to express her feelings of anger and betrayal, due to her "childhood rules". She may feel she must act in a particular way, even though her

feelings may be in total contrast to her actions.

- (iv) The individual sees no way of changing the rules regarding how he/she must behave, and so feels trapped and helpless to resolve the problem. He/she becomes a "victim", feeling totally at the mercy of whatever circumstances occur.
- (v) Essentially, the individual "gives up". He/she feels that there is no hope of change, and simply continues to perform his/her daily functions. On the surface, the individual may seem to be coping, but in reality life no longer holds any meaning. Serious illness or death seem to be the only acceptable solutions.
(Simonton, 1978).

Having seen strong evidence of this pattern in the vast majority of their patients, the Simontons sought ways of assisting these patients in reversing the process. They sought guidance from the patients whose condition had either stabilized or even improved, since the cancer diagnosis had been made. How did these patients' psychological state differ from those who were rapidly deteriorating? If all patients had started out with the same way of dealing with life (i.e., "childhood rules"), what had caused certain individuals to change their approach? Interestingly, it was the terminal diagnosis

itself which caused this change! Several key psychological steps had occurred since the diagnosis:

- (i) Because the patient had received a terminal diagnosis, he/she was able to gain a new perspective on his/her problems. This threat of death often gave the individual permission to break all of the previously formed childhood "rules", and behave in ways which originally were deemed unacceptable.

The patient became "free" to express bottled up anger and hostility, and to behave in a more assertive manner.

- (ii) Because diagnosis of the illness allowed the patient to break all the "old" rules, he/she was free to be a different kind of person--a person who was able to see several options available to deal with conflict. He/she was no longer restricted to only one or two acceptable plans of action. The patient also discovered (much to his/her surprise), that life did not end when the old rules were broken, and that changes in behaviour did not result in loss of identity--in fact, these changes caused a stronger sense of identity to emerge. As well, friends and family were more accepting of this new behaviour than the patient had anticipated.

(iii) All of the physical processes in the body began to respond to these positive psychological changes. The patient's immune system, which was previously impaired by his depressed state, was able to resume its primary function, which is to seek out and destroy any harmful foreign substances in the body.

Thus, the renewed psychological state resulted in positive physical changes, and the positive physical changes gave the patients a renewed sense of hope. The recovery cycle was now set in motion.

Based on previous medical research and the aforementioned process occurring in patients who began to stabilize or improve after receiving their diagnosis, the Simontons devised models to illustrate both the process of cancer growth and cancer regression. These models, slightly modified by the writer for purposes of clarity, are seen below. An explanation of the physiological process of cancer growth can be found in Appendix I, at the end of this chapter.

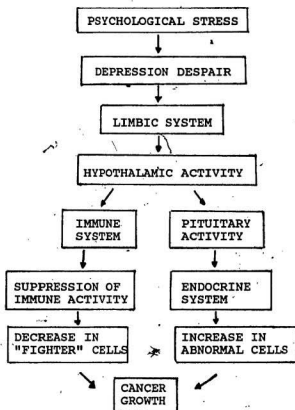


Figure 1. Process of Cancer Growth

(See Appendix I)

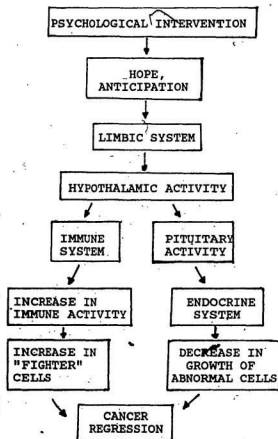


Figure 2. Process of Cancer Regression

Type A Behavior Pattern

At about the same time as the Simontons were studying the behavior patterns of patients who had cancer, two cardiologists at Mount Zion Hospital in San Francisco were beginning to notice a consistent behavior pattern among their cardiac patients. Friedman and Rosenman noted that the majority of their patients tended to be extroverted, impatient and ambitious individuals, who had strong personalities and an excessive competitive drive. They tended to operate under a continual sense of time urgency, and had a difficult time relaxing during leisure hours. Apart from these personality traits, the cardiac patients also showed distinct physiological features:

...we found that subjects severely affected with the (above) Type A behavior pattern, exhibited every blood fat and hormone abnormality that the majority of coronary patients also showed. In other words, the same abnormalities that so many of our colleagues believe precede, and possibly bring on coronary heart disease, were already present in our Type A subjects. The logic is irresistible - the behavior pattern itself gives rise to the abnormalities... (Friedman and Rosenman, 1974)

Individuals with Type B personalities, on the other hand, tend to be less aggressive and impatient, are not as competitive, and are able to relax and enjoy their leisure time. They still perform well, but are not "perfectionists", and they tend to focus on one task at a time, as opposed to the polyphasic behavior of Type A individuals. Most people have both Type A and B traits; however, they do fall primarily into one category or the

other. Friedman and Rosenman thought it was important to distinguish between the two types for treatment purposes. (See Appendix II for a list of Type A Behaviors.)

The Recurrent Coronary Prevention Project

Carrying the work of Friedman and Rosenman to the next logical step, medical personnel involved with The Recurrent Coronary Prevention Project (1978) sought to show that reducing Type A behavior would result in a decrease in the number of deaths or repeated heart attacks. Nine hundred and sixty-eight subjects, all of whom had had one heart attack, participated in the project. They were divided into two treatment groups: one group received cardiac counselling which focused on medication, diet and exercise, as well as new developments in cardiac research. The other group received the aforementioned counselling, as well as behavioral counselling which involved learning how to alter the "unhealthy" behaviors typical of a TABP. The leader of this latter group assisted members in altering their stressful environments through revising work schedules, and setting aside a portion of time each day for relaxation exercises. The group was also provided with an explanation of how the body responds to stress, with special emphasis on the immune system. The detrimental effect of repressing feelings of anger, irritation, aggravation, and impatience was also discussed. It was

pointed out that repressed feelings result in increased blood pressure, rapid breathing, and other biochemical reactions within the body. The results of the project were encouraging. After 36 months, subjects in the second treatment group had experienced 44% fewer recurrences of heart attacks compared to the first group. As well, clinical impressions of group counselling leaders in the project suggest that substantial changes occurred in these subjects regarding how they thought about themselves, others, and the meaning of their lives. These observations are congruent with the Simonton's approach to treatment for cancer patients. In order for the cancer regression process to occur, at least one of two changes must take place within the ill individual: either the patient's view of himself and his coping abilities must change, or his view of the problems he encountered before the onset of his illness must change. Once this change has occurred, the resulting feelings of hope and anticipation are recorded in the limbic system. A message is then sent to the hypothalamus, which reverses the suppression of the immune system. This paves the way for improvement and perhaps eventual recovery.

The relationship between a cancer patient's thought processes and the course of his/her disease, and the relationship between a reduction in the TABP and reduced recurrence rates, both demonstrate the need for a treatment approach which includes cognitive restructuring

and behavioral counselling. If an individual can learn to evaluate a situation in terms of its true significance, and behave in an appropriate manner, he/she will in effect be adopting a lifestyle that is less stressful and more conducive to good health.

Cognitive Social Learning Approach to Health

The cognitive social learning model presented in "Counselling for Health" (Thoreson and Eagleston, 1985) has broad implications for the treatment of many stress related health problems. The authors point out that up until quite recently, health care has focused primarily on the treatment of acute, well-advanced disease, rather than on prevention.

The "disease care" approach is based solely on the medical model for treatment. There are several problems with this:

- (i) It promotes an authoritarian relationship between physician and patient, in which the responsibility for maintaining good health is taken away from the patient; this approach makes the patient feel even more helpless--he feels he has no power or control over his own life.
- (ii) The medical model can also result in the dehumanization of health care; there is an over reliance upon specialists and sophisticated

technology; the patient is often seen as simply no more than "the sum of his parts".

- (iii) The other major disadvantage of relying solely on the medical model is that it excludes the multidisciplinary approach. The physician views the patient's disease to be the result of a single cause, thus the treatment focuses on that single cause.

Health, however, is more than simply the absence of disease. It involves the amount of energy available to perform certain tasks successfully. Health "breaks down" when there is insufficient energy and/or skills available to satisfy demands and maintain a sense of balance and harmony (Thoreson and Eagleston, 1985).

Matarazzo (1984, as cited in Thoreson and Eagleston, 1985), refers to certain high risk behaviors such as the excessive use of alcohol and drugs as "behavioral pathogens". In the years between 1900 and 1977, the major causes of death in the United States were not infectious disease, but rather the "unhealthy" behaviors of people. (See Appendix III at the end of this chapter.) Knowles pointed out that over 99% of us are born healthy, but suffer premature death or disability as a result of "personal misbehavior and environmental conditions" (Knowles, 1977, as cited in Thoreson and Eagleston, 1985).

On a more positive note, the results of a study conducted by Breslow and Enstrom in 1980 indicate that the

adoption of "healthy" behaviors is highly correlated with a longer lifespan. Breslow and Enstrom studied 6928 adults, ranging in age from 40 to 80 years. During the five and one-half years of study, the behavior practices of these individuals were closely examined, and the following seven behaviors were found to be common among those with a longer lifespan:

- (i) they ate breakfast every day,
- (ii) they rarely ate between meals,
- (iii) they slept 7 to 8 hours nightly,
- (iv) they never smoked
- (v) they avoided alcohol or used it moderately,
- (vi) they maintained appropriate weight for height, sex, and age,
- (vii) they engaged in some form of regular exercise.

Results of this study showed that the males at age 45 who followed the above practices had an average lifespan of 11 years longer than those who followed three or fewer of the above. In the case of females in the 65 to 74 age bracket, the death rate was 30% lower in the group who followed the majority of the aforementioned health practices (Breslow and Enstrom, 1980, as cited in Thoresen and Eagleston, 1985).

It is obvious from the results of the preceding study, as well as the findings of Freidman and Rosenman (1974), and the Simontons (1978), that lifestyle has a significant influence upon health. Therefore, counselling

for health must focus on prevention, and include education, behavior modification, and treatment of health problems (such as stress-related illness and disease) in an interdisciplinary manner. Helping professionals can assist people in changing unhealthy behavior patterns. Farquhar (1979, as cited in Thoreson and Eagleston, 1985) outlined a six step process for self-managed behavior change which focuses on a strong sense of personal responsibility for one's own health:

- (i) identify the problem,
- (ii) increase awareness of present behavior patterns,
- (iii) build confidence and commitment to change,
- (iv) develop and implement action plans,
- (v) evaluate the plans,
- (vi) monitor and maintain these changes

It is with the above format in mind that the writer has designed this stress awareness and management manual for teachers.

Conclusion

This chapter has traced the development of the concept of stress from the early 1900's up to the present in order to provide the reader with a theoretical base for the practical stress management strategies which follow. Chapter 3 will assist the reader in assessing his/her own sources and symptoms of stress. The general format for chapters 4 to 8 includes a literature review of each of

the sources of teacher stress, management techniques/skills for coping with each source, and homework exercises and recommended further readings. It is extremely important that these exercises are completed, as opposed to simply being read. Maximum benefit from the skills discussed can only be achieved through regular practice and self evaluation.

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APPENDIX I

Explanation of Figure I: Cancer Growth Model

When an individual experiences intense and/or prolonged psychological stress, a distinct physiological process is set in motion. First of all, the individual's feelings of despair and hopelessness are recorded in the limbic system, which is designed to monitor stress and its effects. The messages are then passed from the limbic system through the hypothalamus to the immune system and the pituitary gland. The pituitary gland regulates the endocrine system. In the case of a depressed individual, the hormonal balance of the endocrine system is altered, resulting in an increase in the number of abnormal cells being produced. At the same time, the immune system is impaired, resulting in a significant decrease in the number of "fighter" cells. Thus, at the time the body's defenses are at the lowest level, the body is actually producing large numbers of abnormal cells. This creates optimum conditions for cancer growth.

To illustrate how a teacher's psychological state could possibly create optimum conditions for the occurrence of stress related illness and/or disease, read the following description of a typical day in the classroom:

8:15 AM on a typical Monday morning:

Meet Roger Thomas, a forty-five year old level II teacher, who has been teaching for twenty years. He is married and has two children, ages fifteen and twelve. His wife (Helen) is a nurse, and as such has a constantly-changing work schedule.

Roger enters his homeroom with the intention of correcting those last couple of history tests before his 9:00 AM history class. He was unable to finish them off last night as planned because his wife was on shift at the hospital, and his fifteen-year old son David was still having difficulty with his math, so Roger spent two hours going over it with him. By the time they had finished, and Roger had prepared lessons for the next day, he was too tired to do any more correcting. He noted that his wife had been called in to do several evening shifts lately. Not only did this mean that he was responsible for supper and supervising the kids' homework, but aside from that he really missed seeing her at the end of the day. A few years back, before they decided to buy this new house in a nicer area of town, Helen had stopped working for a couple of years, and was always available to help the kids with their homework while Roger prepared his lessons for the following day. That way they always had a couple of hours together later in the evening to just sit and chat about how their day had gone. However, since two years ago when they decided that they really wanted this larger house, things had changed.

Roger glances around the classroom before correcting the history papers. Down in the last desk at the back, by the window, is George, staring blankly into space, as usual. Although George is certainly never a behaviour problem in class, Roger worries about him. He is too quiet. He never participates in group discussions, never volunteers an answer in class. In the mornings and at lunchtime he never seems to mix with the others. He is a loner. What adds to the frustration for Roger is that George is a bright student. Although he doesn't speak up in class, it is obvious from his tests and homework assignments that he does study, and often gives well thought out and insightful answers in his written work. He always seems so preoccupied though, so lost in

thought. Roger senses that there are probably some sort of family problems (George never mentions anyone in his family), but he doesn't know how to let George know that he would be only too willing to sit and talk about whatever is bothering him. He doesn't want to intrude upon George's privacy, or make him uncomfortable. It is just so frustrating not to be able to help!

And then there is Sarah, a entirelyly different type of problem: Sarah is really difficult to figure out. She is constantly hanging around the boys in the class - doesn't seem to have any female friends. And Roger cannot imagine how her parents can let her come to school in those outfits! Her usual style is skin-tight jeans, and equally tight t-shirt, lots of eye make-up, and large, dangling earrings. She constantly seeks attention in class, by giggling loudly whenever one of the boys makes a rude comment, or by asking questions to which Roger is sure she already knows the answers. Funny thing though. Just as Roger thought he had figured her out a couple of months ago, she did something that really surprised him - it still stuck out in his mind: Right in the middle of a discussion in the Family Life class she suddenly left her desk and ran out of the classroom. Roger sent one of the girls after her, and Joan returned twenty minutes later, saying that Sarah was in the Girls bathroom crying, and had refused to come back to class. Roger wondered what had caused her to become so upset - did it have something to do with what they had been discussing?

Roger glances at his watch - 8:57! Oh well, so much for correcting those two history papers before class. He remembers he has a free period coming up at 10:30 this morning. He would have to make phone calls to the parents of those two who were absent so regularly. He had called them last month, and hadn't exactly gotten a warm reception. And the boys' attendance hadn't improved at all. What was the point of calling again, he wonders. The time would be better spent filling out report cards, which were due tomorrow. How am I going to get those finished tonight, he wonders. David has swimming, Jason has Scouts, and Helen is working again. There just never seems to be enough time!

Sound familiar? The first class hasn't even begun yet, and already you feel overwhelmed: so much paperwork to do, so much of the curriculum to cover, and so many students who need special help which you simply do not have time to give. You do not seem to be able to count on many of their parents for support either. They are too busy trying to sort out their own problems, or even worse, they still insist on denying that any problems exist! How many times have you heard "We never had any problems with our son until he got in your class...."?

Here it is, only February, and already you can almost predict that eight of your homeroom students will fail the year. Six of them do not have the academic skills to handle the workload, and two have the ability, but have too many outside-of-school problems to concentrate on their school work for any length of time. You feel so helpless. The administration does not help matters either. At the last staff meeting, the Principal brought up the subject of high failure rates, and pointed to recent studies showing the high rate of illiteracy among high school students. It seems as though he thinks this is our fault. When was the last time he did any classroom teaching? He should try to cram all that Science curriculum into the heads of grade nine students who are reading at a grade six level! No one understands the situation, --you feel so alone. Teaching sounded like such a fulfilling job to you in university--the idea was

to thoroughly prepare your lessons, and march into class, where thirty eager students would be waiting to learn. You would feel so useful, so rewarded. No-one told you it would be like this!

Now refer back to Figure I and follow through on the physiological process which could possibly begin to occur as a result of a psychological depression.

APPENDIX II

Type A Behavior Pattern Characteristics

- moves, eats, and walks rapidly
- hurries the ends of sentences when speaking
- is impatient with the rate at which most things take place
- engages in polyphasic behavior (doing or thinking three or more things at the same time)
- feels guilty about relaxing and doing nothing
- constantly thinks about work or business
- schedules more and more in less and less time
- has difficulty listening to others because of being preoccupied with own thoughts
- believes that whatever success he/she has enjoyed has been due to an ability to get things done quickly

Source: Preventing Burnout in Education, Christopher Wilson, 1981.

APPENDIX III

Major Causes of Death in United States
from 1900 to 1977

Cause	Rank 1977	Rank 1900	Percentage of All Deaths	Risk Factor/ Lifestyle
Heart disease (cardiovascular diseases)	1	4	37.8	smoking, ^a hypertension, ^a elevated serum cholesterol, ^a diet, lack of exercise, diabetes, stress, ^a family history
Cancer (malignant neoplasms)	2	8	20.4	smoking, ^a work site carcinogens, ^a environmental carcinogens, alcohol, diet
Stroke (cerebrovascular disease)	3	5	9.6	hypertension, ^a smoking, ^a elevated cholesterol, stress
Accidents (other than motor accidents)	4	7	2.8	alcohol, ^a drug abuse, smoking (fires), product design, handgun availability
Influenza and pneumonia	5		2.7	smoking, ^a vaccination status ^a
Motor vehicle accidents	6		2.6	alcohol, ^a no seat belts, ^a speed, ^a roadway design, vehicle engineering
Diabetes mellitus	7		1.7	obesity ^a
Cirrhosis of the liver	8		1.6	alcohol abuse ^a
Arteriosclerosis	9		1.5	elevated serum cholesterol ^a
Suicide	10		1.5	stress, ^a alcohol and drug abuse, gun availability

Source: Adapted from U.S. Public Health Service (1981) and Matarazzo (1984).

^a Major risk factor.

Source: Counseling for Health, *The Counseling Psychologist*, Vol. 13, No. 1, Carl E. Thorson, Jean R. Eggleston, January 1985.

APPENDIX IV

Selected Studies on Major Sources of Teacher Stress

Since each chapter in the stress management section of this manual contains a literature review linking the sources of teacher stress to the appropriate management strategies, it is appropriate to simply outline some of the relevant major studies here:

Cichon, D. and Koff, R. (1978). The teaching events stress inventory. Chicago Illinois: College of Education, Roosevelt University.

Sources, according to inventory:

Management tension (includes involuntary transfers, lack of supplies)
Interpersonal problems

Kyriacou, C. and Sutcliffe, J. (1978). Teacher stress: Prevalence, sources, and symptoms. British Journal of Educational Psychology, 48.

Sources, according to study:

Student discipline problems
Poor environmental (working) conditions
Time management
Poor school "ethos" (morale)

Manitoba Teachers' Society. (1980). Teachers and stress - a report compiled by members of the Manitoba Teachers' Society to address the issue of teacher stress and make recommendations for workshops, seminars and areas of further study.

Sources, according to this report:

Time management
Student discipline problems,
Involuntary transfers,
Lack of job security,
Lack of support from students' families

Klas, L., Kennedy, L., and Kendall-Woodward, S. (1984). Factors which stress the special education teacher: A comparison to other educational specialists and regular classroom teachers. Canadian Journal for Exceptional Children, 1 (2).

Sources, according to this study:

- Time management
- Parent-teacher relations,
- Minimal input into decision-making,
- Lack of job security

Klas, L., Kendall-Woodward, S., and Kennedy, L. (1985). Levels and specific causes of stress perceived by regular classroom teachers. Canadian Counsellor, 12, (3 and 4).

Sources, according to this study:

- Time management concerns,
- Parent-teacher relations,
- Intrapersonal conflicts,
- Student misbehavior

APPENDIX V

Physiological, Psychological, and Behavioral Symptoms
of Chronic StressPhysical Symptoms

headaches
backaches
digestive disorders
hypertension
tension
increased respiration
breathing difficulties
increased pulse rate
skin disorders
allergies
fatigue
joint and muscular pain
weakness or dizziness
diarrhea

Psychological/Emotional Symptoms

restlessness
feelings of futility
escapism-daydreaming
feelings of powerlessness and
inertia
sense of inadequacy
feelings of frustration, anger
irritability
depression
nightmares
apathy
feelings of unreality

Behavioral Symptoms

sleeplessness
inability to concentrate
inappropriate anger
absenteeism
spurts of crying
misuse of alcohol, drugs
promiscuity
sexual disorders, disinterest
suicide attempts
accident proneness
increased smoking
increased reliance on medication (aspirin, etc.)

Source: Taken from Preventing Burnout in Education,
Christopher Wilson, 1981.

APPENDIX VI

Recommended Readings

- Frankl, V. (1969). The will to meaning. New York: The World Publishing Company.
- Friedman, M., and Rosenman, R. (1974). Type A behavior and your heart. New York: Alfred A. Knopf.
- Klas, L., Kendall-Woodward, S., and Kennedy, L. (1985). Levels and specific causes of stress perceived by regular classroom teachers. Canadian Counselor, 19 (3 and 4).
- Selye, H. (1974). Stress without distress. New York: J.B. Lippincott Company.
- Simonton, C., and Simonton, S. (1978). Getting well again. Toronto: Bantam Books.

CHAPTER THREE

ASSESSING YOUR SOURCES AND SYMPTOMS OF STRESS

Issues in Measurement

Validity

There are some general issues which should be addressed when using the following questionnaires for measurement purposes. When choosing a questionnaire, one of the first considerations should be whether or not the instrument is valid, that is, does it really measure what it is supposed to measure? The questionnaires presented in this chapter are for the most part relatively short, and because of this fact may not contain all of the essential aspects of the stress response. For example, the questionnaire dealing with occupational stressors may not contain statements that relate to all of the various stressors present in your work setting. The writer has attempted to cover the majority of occupational stressors according to the literature; however, since the questionnaire is not all-encompassing its validity is limited. The items in the questionnaires appear to be valid in terms of their content; the statements in each questionnaire seem to relate directly to the purpose of the questionnaires. These instruments only assist the users of the manual in identifying (in general terms) their own sources and symptoms of stress. The

questionnaires also contain construct validity in that they do provide the user with valuable information about him/herself and how he/she is presently coping with stress.

Reliability

An important point to keep in mind with regard to reliability is that the responses of the individual to the questions on the tests may vary from day to day. Answers on any given day are in no way predictive; they are simply based upon how the individual feels at that particular time. Since it is known that several factors influence an individual's response to a potential stressor, it is possible that certain of these factors may influence his/her responses to the questions on one day, while different factors may affect responses on another day. Thus, the test instruments attempt to focus on more of a situational anxiety ("state") rather than "trait" anxiety. Although the tests may demonstrate concurrent validity in that the results may concur with the results of other similar tests, it is difficult, if not impossible, to specifically ascertain how stressed a person is at a given point in time. For example, in the questions dealing with major life events, a person may have experienced only two major life changes in the past year. However, these one or two events may result in a tremendous amount of pressure upon the individual.

Self-Reporting Issues

With regard to measuring an individual's sources and symptoms of stress, it is appropriate to use the self-report style. Although the honesty factor must be kept in mind, reporting one's own feelings about certain situations and even about one's own coping abilities is necessary, since perception plays such a key role in the stress response. Thus, if a person regards a particular event as being inherently stressful, in effect it will be stressful simply because the individual perceives it to be so. It is important that researchers give due consideration to teachers' perceptions of what causes them to feel stressed, because the fact that they believe a certain situation is threatening will mean that they will exhibit the stress response when confronted with that situation.

Results

Finally, the key issue which will affect the responses of those completing these tests is what the results of the tests will be used for. Users of this manual should keep two important points in mind: (i) your test responses are simply a guide or starting point to assist you in beginning a plan of action. Your responses do not imply a definitive statement about you as a person, nor can they predict any future behavior; (ii) your responses are for your private use only. Do not be

concerned about your results, except to use them to become aware of possible areas for improvement. Remember that "...testing is simply a technique for obtaining information... It is a tool that serves the ends of the user..." (taken from the American Personnel and Guidance Association position paper, 1972, as cited in Thorndike and Hagen, 1977).

The Assessment Process

Up until quite recently, the responsibility for our physical and mental health was thought to lie exclusively with medical practitioners and psychiatrists. Our responsibility was simply to have regular check-ups so that we could receive any advice and/or medication deemed appropriate by the physician. During the last ten to fifteen years, however, medical research has indicated that many of our health problems can be prevented and/or effectively treated through the adoption of a more "healthy lifestyle" (Friedman and Rosenman, 1974; Simonton, 1978).

It is clear that we must take a much more active role in maintaining our health. The foods we consume, our exercise practices, how we deal with conflict, how we cope with change, and even how we communicate with others--all of these factors directly affect our state of health.

Thus, we are now more aware of the need to take an active role in maintaining our physical and mental health.

The first step in this journey toward health is to examine our present lifestyle, so that we can identify any destructive patterns we have developed. The following questions dealing with health and lifestyle will assist you in identifying specific behaviors which may affect your health:

Selected questions/statements regarding present health and lifestyle practices:

Read each of the following statements and place the appropriate number in the blank before each statement.

- 1 = almost always
2 = sometimes
3 = never

- ___1. I avoid smoking cigarettes or cigars.
- ___2. I avoid drinking alcohol; or I have a social drink or two, once a week.
- ___3. I do not use alcohol, cigarettes, or drugs to forget about my problems.
- ___4. I do not take aspirin or other over-the-counter drugs frequently.
- ___5. My daily diet is largely based upon Canada's Food Guide.
- 6. I limit the amount of salt, sugar, and fat in my daily diet.
- 7. I eat regular, well-balanced meals.
- 8. I am not more than ten pounds overweight or underweight for my age, height, and sex.
- 9. I exercise at least three times a week.

- 10. I do housework, gardening, or walking, at least twice a week.
- 11. I always wear a seatbelt while riding in a car.
- 12. I obey traffic signs and signals, including speed limits.
- 13. I do not drive while under the influence of alcohol or drugs.
- 14. I go out and meet new people by becoming involved in learning new things or becoming part of clubs or organizations.
- 15. I am able to ask for help when I need it.
- 16. I have a circle of close friends or family upon whom I can depend.
- 17. I participate in music, arts and crafts, woodworking, cooking, painting, or some form of creative activity.
- 18. I have hobbies or I do volunteer work.
- 19. I am punctual with regard to meetings, appointments, and get-togethers with friends.

Another checklist which will assist you in identifying some health-related behaviors is the following "Type A Behavior Pattern" questionnaire. Through the study and treatment of patients with heart disease, physicians and psychologists have been able to identify a pattern of behavior that is common among those at risk of developing cardiac problems. (Refer to Chapter Two "Type A Behavior Pattern" section.) Complete the following checklist to see if you exhibit aspects of the "Type A" pattern of behavior.

Place a check (✓) in the appropriate column for each statement.

like me

unlike me

- | | | |
|---|---|---|
| — | — | 1. I explosively accentuate key words during ordinary speech. |
| — | — | 2. I usually walk, talk and eat quickly. |
| — | — | 3. I feel an impatience with the rate at which most things take place. |
| — | — | 4. I become impatient when a car in front of me runs at a slow pace. |
| — | — | 5. I find it intolerable to watch others perform tasks I know I can do faster. |
| — | — | 6. I frequently think about or do two or more things simultaneously. |
| — | — | 7. I always feel vaguely guilty when I relax or do nothing. |
| — | — | 8. I no longer observe the interesting, more important things/people I encounter. |
| — | — | 9. I attempt to schedule more and more in less and less time. |
| — | — | 10. When meeting another aggressive, competitive person I feel a need to challenge that person. |
| — | — | 11. I believe that whatever success I enjoy is due to my ability to get things done faster than others. |

In the preceding two questionnaires you began to identify your involvement in certain health-related behaviors. These behaviors included activities in which you willingly participated, and which may or may not cause you to exhibit certain physiological symptoms of stress. Completing the following questionnaire will assist you in determining whether or not you are presently manifesting particular physiological aspects of the stress response. (Recall Chapter Two.)

Place the appropriate number in the spaces below:

- 0 = never
- 1 = 1 or 2 times a year
- 3 = every few months
- 4 = every few weeks
- 5 = daily

CARDIOVASCULAR

- ___ 1. heart pounding
- ___ 2. heart beating erratically
- ___ 3. cold, sweaty hands
- ___ 4. increased blood pressure
- ___ 5. increased heart rate

RESPIRATORY

- ___ 1. rapid, shallow breathing
- ___ 2. shortness of breath
- ___ 3. asthma attack
- ___ 4. difficulty speaking because of poor breathing control

GASTROINTESTINAL

- ___ 1. upset stomach/nausea
- ___ 2. constipation
- ___ 3. diarrhea
- ___ 4. abdominal pain/discomfort
- ___ 5. vomiting

MUSCULAR/SKELETAL

- ___ 1. general bodily aching
- ___ 2. back, shoulder or neck pain
- ___ 3. arthritis

NEUROLOGICAL

- ___ 1. headache
- ___ 2. tremors, shaking
- ___ 3. tics
- ___ 4. impaired coordination, "clumsiness"

SKIN

- ___ 1. acne
- ___ 2. dandruff
- ___ 3. perspiration
- ___ 4. excessive dryness of skin, hair

IMMUNITY

- ___ 1. allergy flare-up
- ___ 2. colds
- ___ 3. flu
- ___ 4. skin rash

Now that you have identified some of your present patterns of behavior, as well as some actual physiological signs of stress, it would be useful to examine "stressors", that is events or circumstances in the environment which result in the elicitation of the stress response. As was previously discussed in Chapter Two, researchers such as Dr. John Simonon have recognized that one of the key factors contributing to a "breakdown" of health is the number (and intensity) of major life events which occur in the two years prior to the onset of illness and/or disease. The following questionnaire, similar to the Life Events Inventory designed by Holmes and Rahe (1974), consists of a list of major life events (including

"positive" ones such as marriage) which are regarded as stressful.

Place a check (✓) by the events which have occurred in your life during the past eighteen to twenty-four months.

- ___ 1. death of a spouse
- ___ 2. divorce
- ___ 3. death of a close family member
- ___ 4. personal injury or illness
- ___ 5. marriage
- ___ 6. loss of job (fired)
- ___ 7. retirement
- ___ 8. change in health of family member
- ___ 9. pregnancy
- ___ 10. sexual difficulties
- ___ 11. change in financial state
- ___ 12. death of a close friend
- ___ 13. change to a different line of work
- ___ 14. change in responsibilities at work
- ___ 15. trouble with in-laws
- ___ 16. wife begins or stops work
- ___ 17. change in living conditions
- ___ 18. trouble with boss or co-workers
- ___ 19. change in recreational habits
- ___ 20. change in eating habits
- ___ 21. vacation

You have identified some of the major events which have occurred in your life during the past eighteen to twenty-four months. These events resulted in certain demands being placed upon you, which may or may not have had a negative effect on your health and well-being. As was explained in Chapter Two, your response to any situation depends upon (a) the degree of threat you perceive in the situation, and (b) your perception of your own coping abilities. While the preceding inventory deals with events that occur in all areas of one's life, the following inventory deals solely with occupational stress, that is, possible stressors inherent in the work environment. Since a working individual spends approximately one-third of his/her day in the workplace, it is appropriate to assess the levels and sources of stress in this particular environment.

Place the appropriate number in the blank before each question.

- 1 = never
- 2 = seldom
- 3 = sometimes
- 4 = frequently
- 5 = almost always

- 1. How often do you feel you have too little authority to carry out your responsibilities?
- 2. How often do you feel unsure about what the actual responsibilities of your job are?

- 3. How often do you feel that you have too heavy a workload--one that you cannot finish during the workday?
- 4. How often do you feel you are not fully qualified to handle your job?
- 5. How often do you find yourself unable to get information you need to carry out your job?
- 6. How often do you feel that you may not be liked by people at work?
- 7. How often do you feel unable to influence your supervisor's decisions and actions that affect you?

Since this manual was specifically designed for the awareness and management of teacher stress, it is appropriate to examine areas of stress which are particular to the teaching profession, according to the literature. The following statements reflect these areas. Indicate how often each source of stress occurs by circling the number that corresponds to the frequency of occurrence.

- 1 = never
- 2 = seldom
- 3 = sometimes
- 4 = often
- 5 = frequently

- | | | | | | |
|--|---|---|---|---|---|
| 1. I have difficulty managing my class. | 1 | 2 | 3 | 4 | 5 |
| 2. My students' behavior makes me angry/upset. | 1 | 2 | 3 | 4 | 5 |
| 3. I feel uncomfortable interacting with my principal. | 1 | 2 | 3 | 4 | 5 |

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 4. | I have no idea of what my principal thinks of me. | 1 | 2 | 3 | 4 | 5 |
| 5. | I do not feel supported by my fellow teachers. | 1 | 2 | 3 | 4 | 5 |
| 6. | The home environment of my students causes me concern. | 1 | 2 | 3 | 4 | 5 |
| 7. | I have too much to do and not enough time to do it. | 1 | 2 | 3 | 4 | 5 |
| 8. | I think badly of myself when I have done only a mediocre job. | 1 | 2 | 3 | 4 | 5 |
| 9. | I am anxious when I have to meet with parents of my students to discuss their child's progress. | 1 | 2 | 3 | 4 | 5 |
| 10. | I worry that if I ask my colleagues or administrator for assistance, they will think I am incompetent. | 1 | 2 | 3 | 4 | 5 |

Now that you have examined some possible stressors in the work environment, it is important to also be aware of other areas in your life which may contribute to your stress level. One such area is family relations. Although at first glance stress caused by family difficulties may seem unrelated to teacher stress, it is logical that if a teacher is experiencing family stress, he/she will have less energy to deal with the stresses of teaching. As well, one's family can be a major source of support and encouragement when the job becomes stressful. If, however, family relations are strained, the teacher may feel even more alone in dealing with the stresses of the job.

Read each of the following statements and circle the number which corresponds to the appropriate frequency.

- 1 = never
2 = sometimes
3 = often

- | | | | |
|---|---|---|---|
| 1. Family members support each other during difficult times. | 1 | 2 | 3 |
| 2. Children have a say in their discipline. | 1 | 2 | 3 |
| 3. Family members are able to discuss problems and come up with solutions. | 1 | 2 | 3 |
| 4. In our family, everyone shares responsibilities. | 1 | 2 | 3 |
| 5. Family members know each other's friends. | 1 | 2 | 3 |
| 6. Family members are not afraid to say what is on their minds. | 1 | 2 | 3 |
| 7. It is easier to discuss problems with people outside the marriage than with my spouse. | 1 | 2 | 3 |
| 8. My spouse and I enjoy spending time together. | 1 | 2 | 3 |
| 9. My spouse and I consult with each other on personal decisions. | 1 | 2 | 3 |
| 10. We tend to do more things separately. | 1 | 2 | 3 |

Now that you have examined some possible stressors in the work environment as well as in other areas of your life, it is important to look at the significance of perception in your response to potential stressors. The following questions focus on one's perception of oneself. Read each statement carefully and decide whether or not it describes how you view yourself.

Place TRUE or FALSE in the blank before each of the following statements:

- ___ 1. I do not tire quickly.
- ___ 2. I am troubled by attacks of nausea.
- ___ 3. I believe I am no more nervous than others.
- ___ 4. I have very few headaches.
- ___ 5. I work under a great deal of tension.
- ___ 6. I have diarrhea once a month or so.
- ___ 7. I have nightmares every few nights.
- ___ 8. I sweat easily, even on cool days.
- ___ 9. I hardly ever notice my heart pounding.
- ___ 10. I am very seldom troubled by constipation.
- ___ 11. I have a great deal of stomach trouble.
- ___ 12. I have had periods in which I lost sleep because I was worried.
- ___ 13. I am more sensitive than most people.
- ___ 14. I frequently find myself worrying about something.
- ___ 15. I wish I could be as happy as others seem to be.
- ___ 16. I am usually calm and not easily upset.
- ___ 17. I cry easily.
- ___ 18. I am happy most of the time.
- ___ 19. I have sometimes felt that difficulties were piling up so high that I could not overcome them.
- ___ 20. I feel useless at times.
- ___ 21. I find it hard to keep my mind on a task or a job.
- ___ 22. I am inclined to take things hard.
- ___ 23. I am a high-strung person.

- ___ 24. At times I think I am no good at all.
- ___ 25. I am lacking in self-confidence.
- ___ 26. I am entirely self-confident.

Another important area to examine in the stress response is your perception of your ability to cope with a particular situation. If you believe that most circumstances which occur in life are outside of your control, you are likely to feel less able to cope than an individual who believes that he/she can exert significant influence on whatever happens in his/her life. The following "locus of control" questionnaire examines your perception of the degree of control you have in your life.

In each of the following pairs of statements, circle the statement that most closely resembles your own belief.

1. (a) Promotions are earned by hard work.
(b) Promotions are a result of being in the right place at the right time.
2. (a) Meeting someone to love is a matter of luck.
(b) Meeting someone to love is a matter of going out often and meeting new people.
3. (a) Living a long life is a function of heredity.
(b) Living a long life is a function of adopting a healthy lifestyle.

4. (a) People who exercise regularly set up their schedules to do so.
(b) Some people just don't have time for regular exercise.
5. (a) Staying married depends on working at the marriage.
(b) Staying married depends on choosing the right marriage partner.
6. (a) Your future depends on who you meet and on chance.
(b) Your future is up to you.
7. (a) Most people are so sure of their opinions that their minds cannot be changed.
(b) A logical argument can convince most people.
8. (a) People can decide the direction of their lives.
(b) For the most part, we have little control of our future.
9. (a) You can make your life a happy one.
(b) Happiness is a matter of fate.
10. (a) Parents, teachers and bosses have a great influence on one's self-satisfaction and happiness.
(b) Whether or not you are happy depends on you.

A final point to consider in your present approach to coping with potential stressors is whether or not you have a support system which you can count on to help you through stressful periods. Research has clearly indicated that people who find themselves in "crisis" cope better

and recover more quickly when they have a support system they can call upon for help. This system can consist of other family members and friends, it can be a structured therapeutic support group, or it can involve individual counselling. The following are statements which describe one's beliefs about the social networks available to him/her.

Place the letter corresponding to the appropriate response in the space before each statement.

A = strongly agree
B = agree
C = uncertain
D = disagree
E = strongly disagree

- ___ 1. Sometimes I feel all alone in the world.
- ___ 2. I don't get invited out by friends as often as I'd like.
- ___ 3. Most people today seldom feel lonely.
- ___ 4. Sometimes I have the feeling that other people are using me.
- ___ 5. People's ideas change so much that I wonder if we'll have anything to depend on.
- ___ 6. One can always find friends if one is friendly.
- ___ 7. I often wonder about the meaning of life.
- ___ 8. The world is basically a friendly place.
- ___ 9. There are few dependable ties between people anymore.
- ___ 10. There is little chance of promotion on the job unless a person gets a break.

(Ideas for questions taken from selected questionnaires cited in Greenberg, 1983; Wilson, 1981; Friedman and Rosenman, 1974; Olson, Portner, and Bell, 1982; and Girdano and Everly, 1979.)

Now that you have examined several possible areas of stress in your life, the next step is to decide which areas need improvement. Perhaps you need to spend time increasing your social support network, or your basic lifestyle needs readjustment. Maybe you need to begin a regular exercise program, or do some assertiveness training. Glance back to your responses in each questionnaire. Which areas call for change? Priorize your needs, and begin to decide short-term and long-term goals. The Individual Program Plan (based on an Individual Education Plan) at the end of this chapter will assist you in this regard. The rationale for choosing this approach to action is outlined in the following section on the history of the Individualized Education Plan.

Individualized Education Programs: A Brief History

Individualized Education Programs (hereafter referred to as "I.E.P.'s") came into being with the passing of the Education for All Handicapped Children Act (PL 94-142) in the United States in 1975. This legislation was passed in response to the then existing situation, which allowed the public education system to excuse from school children who had any form of "handicap" which placed them in the

category of "uneducable, untrainable or otherwise unfit to profit from being in school". Thus, the burden of educating these children was placed upon their parents, who in many cases were already experiencing financial and other difficulties related to having a handicapped child. Because of the lack of adequate services within the public school system, families were forced to find services which were often at a great distance from their residence, and which were costly as well. In 1975, the American Congress responded to this situation by outlining a major role for the Federal government in assisting the states and local schools in their efforts to provide an appropriate education for exceptional children. One of the requirements set by Congress under PL 94-142 was that each handicapped child attending school must have an I.E.P. based upon a thorough assessment of the child's needs. This individualized program was to be designed at the school the child was attending, and was to be continuously updated. The procedure for developing an I.E.P. was also outlined in PL 94-142: firstly, any child suspected of having a handicapping condition must have a thorough individual assessment of abilities, needs, and circumstances. This assessment must be conducted by a team of experts, who must use a variety of tests and procedures. No single test or procedure was to be used as the basis for a child's program. The assessment tools and

procedures must not be biased with regard to cultural or ethnic differences, or any handicapping conditions.

Before the actual program begins, due process must occur, that is, parents must be made aware of the results of the assessment, as well as the goals and objectives of their child's program. PL 94-142 also set down guidelines regarding what information must be included in the I.E.P.:

- (i) the individual's current level of performance,
- (ii) specific short and long-term goals,
- (iii) lists of materials, procedures, and techniques to be used in achieving these goals, and
- (iv) continuous evaluation of progress towards goals.

Thus, the I.E.P. approach provides clear direction for those individuals who may be working with handicapped/disabled children (Fiscus and Mandell, 1983, taken from PL 94-142, American Congress, 1975).

Rationale for I.E.P. Approach

Although certain chronic symptoms of the stress response can be regarded as "handicaps", this analogy is not the sole reason for choosing the I.E.P. format. As was explained in Chapter Two of this manual, an individual responds to a perceived threat at three different levels:

- (i) physiologically, (that is, the General Adaptation Syndrome),
- (ii) cognitively (that is, how he/she perceives the situation and his/her ability to cope), and
- (iii) behaviorally (that is, how he/she acts in response to a

potentially threatening situation). Although the actual physiological response tends to be the same no matter what the stressor is, the degree and intensity of the response varies from one individual to the next. The amount of damage caused by chronic stress will depend upon a number of factors, one being a person's genetic predisposition towards particular illnesses or diseases. Because of these individual differences and others, it makes sense to utilize the I.E.P. approach for the awareness and management of stress, as its format contains the flexibility necessary for adapting each component to suit a person's particular needs. By completing the following Individualized Program Plan you will be taking the first step towards the management of stress in your life.

INDIVIDUALIZED PROGRAM PLAN

(based on an I.E.P. Model)

PART I: Background Information

Name:

Address:

Age:

Present Occupation (Grade Level):

No. of years in present position:

Other teaching positions held: Grade level and name and location of schools)

Total years teaching:

Degrees held:

Date of Convocation:

Courses taken since convocation: (name of course(s) and date(s) of completion)

While completing your degree program, did you receive any training/instruction in classroom management techniques or stress awareness and management? If so, briefly explain:

PART II: Assessing Your Responses to the Questionnaires

1. (a) In the questionnaire dealing with health and lifestyle practices, to which questions was your response "never" (3)?

- (b) Which specific areas of your lifestyle require improvement (alcohol and drugs, diet, etc.)?

- (c) Name two specific areas from the above that you wish to focus upon in beginning your personalized program of stress awareness and management.

2. (a) In the questionnaire dealing with patterns of behavior, name four to six statements which describe you.

(i) _____ (iv) _____

(ii) _____ (v) _____

(iii) _____ (vi) _____

- (b) Take each descriptive statement and give a situational example (brief) of how this applies to you. If possible, use examples from your present teaching situation. (For example: "I always feel vaguely guilty when I relax or do nothing." Situation: I often do not feel justified in taking a complete break at lunch time, so I end up correcting papers and answering phone calls while I'm eating.)

(i) Statement: _____
Situation: _____

(ii) Statement: _____
Situation: _____

(iii) Statement: _____
Situation: _____

(iv) Statement: _____
Situation: _____

(v) Statement: _____
Situation: _____

(vi) Statement: _____
Situation: _____

3. (a) In the questionnaire dealing with some of the physiological indicators of the stress response, in which two areas did you respond with "every few weeks" or "daily" (4 or 5) the most (cardiovascular, gastrointestinal, etc.)?
- _____
- _____

- (b) In the two general areas you pinpointed above, which specific physiological symptoms occur most frequently? (Example- under the heading "Neurological"--headaches.)
- _____
- _____

4. (a) In the questionnaire dealing with major life events which have occurred over the past two years, name all the events which have occurred in your life during that time period.

- | | |
|-------------|--------------|
| (i) _____ | (v) _____ |
| (ii) _____ | (vi) _____ |
| (iii) _____ | (vii) _____ |
| (iv) _____ | (viii) _____ |

- (b) Which of the events above were particularly stressful/difficult for you? (Which events bothered/upset you the most?)

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____

(c) How did you attempt to deal with each of these life events?

(i) life event: _____

I: sought professional counselling
joined a support group
talked about my feelings with
a close friend
talked about my feelings with a
spouse or family member
kept my feelings to myself
tried not to think about it
engaged in overeating, misuse
of alcohol and/or drugs, and
tried to forget about it

(ii) life event: _____

I: sought professional counselling
joined a support group
talked about my feelings with
a close friend
talked about my feelings with a
spouse or family member
kept my feelings to myself
tried not to think about it
engaged in overeating, misuse
of alcohol and/or drugs, and
tried to forget about it

(iii) life event: _____

I: sought professional counselling
joined a support group
talked about my feelings with
a close friend
talked about my feelings with a
spouse or family member
kept my feelings to myself
tried not to think about it
engaged in overeating, misuse
of alcohol and/or drugs, and
tried to forget about it

(iv) Life event: _____

I: sought professional counselling _____
 joined a support group _____
 talked about my feelings with _____
 a close friend _____
 talked about my feelings with a _____
 spouse or family member _____
 kept my feelings to myself _____
 tried not to think about it _____
 engaged in overeating, misuse _____
 of alcohol and/or drugs, and _____
 tried to forget about it _____

5. (a) In the first questionnaire dealing with occupational stress, name four to six questions to which you replied "almost always" (5) or "frequently" (4).

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

(vi) _____

(b) In the second questionnaire dealing specifically with teacher stress, name at least four statements to which you replied "often" (4) or "frequently" (5).

(i) _____

(ii) _____

(iii) _____

(iv) _____

- (c) Are there any other specific aspects of your job (not previously mentioned) which you feel are causing you to feel stressed? If so, list them in order of importance to you.

6. (a) In the inventory dealing with family stress, to which statements did you respond with "never" (1)?

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

- (b) Choose two statements from the above which you would like to be descriptive of your family.

(i) _____

(ii) _____

7. (a) In the questionnaire which deals with perception of one's self, choose four to six statements which best describe how you view yourself.

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

(vi) _____

- (b) Choose two statements from the above which are true for you at present, but that you would like to change. Briefly explain how you would like to change that specific aspect of yourself. (Example: "I am inclined to take things hard." I would like to become less anxious and/or upset over things which happen in my life. I would like to be able to dwell on these things less.)

(i) Statement: _____

How I'd like to change: _____

(ii) Statement: _____

How I'd like to change: _____

8. (a) In the inventory dealing with locus of control, according to your responses, do you generally attribute whatever circumstances might occur as simply a result of fate, (pre-determined), or do you believe that you can have a direct influence upon whatever happens in your life? (Explain briefly.)

- (b) Name two to four areas in your life over which you believe you can exert some control. (Example: I can actively affect the state of my physical health by eating a well balanced diet and by exercising regularly.)

(i) _____

(ii) _____

(iii)

(iv)

9. (a) According to the responses you gave in the final questionnaire regarding social support networking, would you assess your outlook on life as being positive or somewhat negative?

- (b) Whenever you have been faced with a crisis or a stressful life event in the past, have you been able to reach out to others for help, or have you felt "alone" in dealing with whatever circumstances have occurred? Elaborate briefly and give one situational example to illustrate.

PART III: Setting Short and Long Term Goals

1. Refer back to Part II (Assessing Your Responses to the Questionnaires) and examine question 1(b). Translate the specific areas mentioned into concrete behavioral goals.

(Example: Diet: Long term goal - I would like to lose 15 pounds.

Short term goal - I will begin by eating 3 well balanced meals each day, according to Canada's Food Guide.)

(i) Area: _____

Long Term Goal: _____

Short Term Goal: _____

(ii) Area: _____

Long Term Goal: _____

Short Term Goal: _____

2. Refer back to question 2(b) (PART II) and choose three of the "Type A" behaviors you listed which you would like to change. Be as specific as you can.

(i) _____

(ii) _____

(iii) _____

3. Refer back to question 3(b). Have you had these symptoms checked out with a physician during the past 6 months? If not, make a commitment to do so within the next 2 weeks. Inform your spouse or a family member of your intent.
4. Refer back to question 7. Take the 2 descriptive statements you have indicated you would like to change, and list three ways you might go about affecting these changes.

(Example: "I have sometimes felt that difficulties were piling up so high that I could not overcome them." Possible plans of action: (1) I could talk to a friend about my problems. (2) I could seek professional counselling to deal with my feelings. (3) I could take a course or read books on problem solving.)

(i) Statement: _____

3 ways of affecting change: _____

(ii) Statement: _____

3 ways of affecting change: _____

5. Refer back to question 5(a). Which factors in your work environment are causing you stress, according to the responses you gave?

6. Refer back to question 5(b) and (c). Which factors in the teaching environment are causing stress for you?

The following chapters (4 to 8) will discuss in detail specific ways of managing your present sources of stress. Since the three top ranked sources of teacher stress include time management, parent-teacher relations, and student discipline problems, the major portion of the remainder of this manual focuses upon these three areas. The homework/practice exercises at the end of each chapter will assist you in setting short and long term goals. The last two chapters (Health and Lifestyle, and Relaxation Techniques) are useful not only for managing stress related to teaching, but for all areas of your life.

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"...Western thinkers divide man into body, mind, and spirit. Physicians treat the body, psychologists and psychiatrists heal the mind, and the clergy attend to the soul. Now, in the age of stress, we must treat the whole person..."

(Pelletier, 1977)

CHAPTER FOUR

TIME MANAGEMENT: A MAJOR SOURCE OF TEACHER STRESS

Research Review

In 1978, two researchers in the area of stress attempted to determine the prevalence, sources and symptoms of stress for regular classroom teachers. Kyriacou and Sutcliffe sent out questionnaires to two hundred and fifty-seven teachers from sixteen different public schools in England. The responses to this questionnaire showed that twenty percent of these teachers rated their jobs as "moderately to very stressful". The fact that these teachers perceived their jobs to be stressful is significant, because as was explained in Chapter Two (The Nature of Stress), an individual's perception of his/her situation is a key component of the stress response. A principal components analysis of the responses to the questionnaire revealed that the four main sources of stress according to these teachers, were: (i) student discipline problems, (ii) poor working conditions, (iii) time management problems, and (iv) low morale of teachers. It was also discovered that teachers at different levels (that is, primary, elementary and high school) and in different geographical locations, did not significantly differ in the nature of their identified

stressors. Time management was ranked as one of the top four sources of stress for these teachers.

Klas, Kennedy, and Kendall-Woodward (1984) sought to determine the factors which caused stress for the special education teacher as compared to other education specialists and regular classroom teachers. The Wilson Profile for Teachers (1981) was distributed to 100 special educators, including educators of the deaf, and specialists who teach mentally and/or physically handicapped children within the regular school system, or in special schools. The responses indicated that these teachers perceived their jobs to be moderately stressful. All specialists identified the same sources of stress. The top ranking items included (i) time management concerns, (ii) parent-teacher relations, and (iii) intrapersonal conflicts. The special education teachers experienced comparatively higher levels of stress in the area of parent-teacher consultations. Other sources of stress identified by the researchers were isolation factors and insufficient outlets in the community. Klas et al. recommended that teachers be educated in stress awareness and management during their university training. The researchers also suggested that workshops and seminars on stress be offered regularly to teachers in the field. At the school level, principals should reinforce teachers who are effectively managing stress, and should encourage

them to share their expertise with their colleagues (1985).

Klas, Kendall-Woodward, and Kennedy (1985) also conducted a study on the nature and degree of stress among primary, elementary, and secondary classroom teachers in Newfoundland (159 primary, 174 elementary, and 255 high school teachers). The participants in the study anonymously completed three different questionnaires on teacher stress, and their responses indicated that time management concerns and parent-teacher consultations were the top two sources of stress. Elementary and high school teachers reported higher levels of stress due to time management than did primary teachers. Student discipline problems and parent-teacher consultations resulted in higher levels of stress at the high school level than was the case in primary and elementary.

Efforts have already been made in several Canadian provinces to assist teachers in coping with some of these major sources of stress. For example, in 1985 the British Columbia Teachers Federation established a "teacher helpline". Thirty-five volunteers were trained in basic counselling skills, (such as active listening) and worked closely in pairs with the staff at the Vancouver Crisis Centre. The helpline was open for 150 hours, and 296 calls from teachers were received, which ranged in length from 3 to 130 minutes. The calls covered the following concerns: (i) student discipline problems, (ii) time

management concerns, (iii) interpersonal conflicts (for example, parent-teacher consultations), and (iv) work overload.

Studies by Hiebert and Farber (1984, as cited in Hiebert, 1985), show that the stressors identified by British and American researchers are the same as those identified by Canadian writers. As well, results of research conducted by Rudd and Wiseman (1962, as cited in Hiebert, 1985), Wilson (1981), and McMurray (1982, as cited in Hiebert, 1985) all point to time management as a top ranked source of teacher stress.

Management Strategies

It is obvious from the preceding literature review that time management must be a component of any comprehensive stress awareness and management package for teachers. But what exactly is "time management"? Certainly we know that we cannot alter the pace at which time passes. However, we can make much more efficient use of the time we do have. The first step towards this end is to dispel some of the myths which often prevent us from attempting to change our present patterns of behavior. One such false belief is that if all of our activities can be recorded in a calendar book, then it is possible to accomplish all of them. Another common misconception is that it does not matter in which order we complete our

tasks. Many people also believe that the way in which they manage their time at present is the only way. However, just as we have learned ineffective ways of accomplishing tasks (such as procrastination), we can also learn new skills. Which skills are related to time management? According to Jerrold Greenberg (1983) there are several key components: assertiveness training, delegation of tasks, the setting of short and long term goals, prioritizing goals, thinking positively, and rewarding yourself for your accomplishments. Let us take these components and establish how each one relates to time management.

Assertiveness Training

You might be surprised at how much of your present feelings of stress could be alleviated through the use of two basic techniques--saying "no", and asking directly for what you want. Many people find it extremely difficult to say "no" to anyone, even if the request being made is totally unreasonable and/or inappropriate. The result is that much of their valuable free time is spent doing tasks for others which they have no desire to do, and which cause them to feel resentful and angry. These unpleasant feelings can carry over long after the task has been completed. Sometimes this anger remains "bottled up" inside where it grows out of proportion, until finally the person "explodes" at someone who makes a seemingly small

and "harmless" request of them. The only way to eliminate (or at least reduce) this problem is to actually practice saying "no"! Let us take an example of a situation that might occur at the school level.

It's 12:20 and you have just finished eating your lunch. You had supervisory duty this morning and you've also had quite a hectic morning, so you are looking forward to spending the next twenty minutes in your classroom by yourself, mentally preparing for your one o'clock literature class. On your way to the classroom you run into Mr. Harding, the principal. He has just noticed that no one is on elementary corridor duty, and he wonders if you would mind taking over. Mrs. White, who was supposed to be on duty, must have forgotten again. Mr. Harding doesn't really feel like going back to the staffroom and reminding her. Would you mind covering for Mrs. White?

You can respond with one of the following:

- (a) you can ignore your own plans and immediately agree to Mr. Harding's request, since he is the principal;
- (b) you can tell Mr. Harding that you are already "tied up" for the remainder of lunch period, but that you would be happy to go to the staffroom and find Mrs. White for him;
- (c) you can tell Mr. Harding that you have preparations to make for your one o'clock class, but that you just saw Mrs. White in the staffroom; or
- (d) you can tell Mr. Harding that you are "fed up" with always being asked to do other people's jobs and that you do not appreciate his request.

Which of the above responses is the one you are likely to make? Which is the most assertive response? Which

response is likely to result in feelings of frustration and annoyance for you?

Being assertive is different from being aggressive. The latter approach may result in your getting what you want, but it also often causes the other person to feel "bullied" or forced into meeting your request. Obviously this approach does not encourage effective communication. Being assertive, however, means being able to stand up for your own rights without infringing upon the rights of others. It means saying "no" without feeling an obligation to supply excuses for your response. Most importantly, it involves possessing enough self-esteem to allow you to say no without being afraid that the person who made the request will not like or love you anymore. Self-esteem is the key ingredient. Most of us do not have much difficulty in being considerate of others' needs, but what of our own needs? Many of us have been taught that looking after our own needs is selfish. Fortunately, this school of thought is becoming less popular, and people are realizing the importance of looking after their own needs, as well as those of others. Being assertive will also assist you in eliminating or at least reducing "time gobblers", such as phone calls, unexpected visits, and meetings (Fanning, 1979). If you are a school principal, for example, chances are that you have experienced great frustration in trying to achieve goals, only to be prevented from doing so by the constant interruption of

phone calls and meetings. You need to be assertive with regard to deciding when you will receive phone calls, when you will complete necessary paperwork, and when you will be available to teachers to discuss school-related concerns. Perhaps you can set aside the first half hour each morning for meeting with the school secretary to go over the day's schedule. She can remind you of any meetings you are required to attend during the day, and you can inform her of the two hours you have set aside for uninterrupted paperwork. No phone calls (other than emergency ones) are to be put through to your office during that time. She can take the names and numbers of the callers and you will return their calls between two and three o'clock that afternoon.

You can also be assertive with regard to meetings. If you have scheduled a staff meeting, ensure that you have prepared a reasonable agenda in advance, and begin the meeting by giving teachers copies of the agenda, and informing them of how long the meeting will be. Encourage staff participation, but if discussion on one particular topic starts to dominate the meeting, limit the discussion time, and suggest that any teachers who wish to continue the discussion with you may do so at the end of the meeting, so that the others may leave on time. Another option would be to schedule a brief meeting with all interested teachers for later in the week. These are just some suggestions of how being assertive can help you

manage your time more effectively. For further readings and exercises in this area, see the reference list at the end of this chapter.

Setting Goals

One of the most important tasks under the heading of time management is setting goals. Goals help to establish a clear sense of direction. They also assist you in the monitoring of progress. How can you determine whether or not you are managing your time effectively if you have not previously set out certain tasks to accomplish within a particular time frame? Once you have decided on your long range goals, you need to break down each goal into manageable objectives. This procedure not only allows you to monitor your progress towards goals, but it also helps reduce the likelihood of procrastination. If you tackle one small objective at a time, eventually your major goal will be accomplished.

Priorizing Goals

Once you have defined your goals, it is essential that you prioritize them. One way of approaching this task is to review each goal and develop "A", "B" and "C" lists. Let us say you have listed six goals to be accomplished on a particular day. Obviously, some of these goals are more important than others, so rather than giving them all equal importance, decide on two goals which are top

priority, and two others you would like to accomplish today but which can be done tomorrow if necessary. The goals on your "C" list will be tackled only if you get all of the "A" and "B" lists completed. In fact, you will find that the majority of goals on your "C" list are unnecessary. If you never achieve them there is often no loss.

The following is a possible list of goals, apart from your teaching job, that you might hope to accomplish on a typical weekday:

- ♦ groceries
- ♦ correct last week's history tests
- ♦ visit Aunt Mary in hospital
- ♦ help Mark with his math homework
- ♦ do the laundry
- ♦ go to aerobics class

Obviously it is not possible to accomplish all six of these goals between four-thirty when you leave school and eleven o'clock when you go to bed! A decision must be made as to which are top priority goals, and which can be tackled tomorrow or the next day. This is where "values" come in. If you recall from Chapter Two, your reaction to a potential stressor depends not only upon your perception of the situation, but also on what value or importance you place upon the outcome of that situation. How important is it, for example, that you get groceries today? Is it crucial that you visit Aunt Mary tonight, or can you do that tomorrow? Your responses to these questions will depend upon what you consider to be your priorities.

Perhaps Aunt Mary is quite old and very ill. If you are fond of Aunt Mary, then visiting her as soon as possible will be number one on your "A" list. If you've had a busy day and need an hour to unwind, perhaps going to an aerobics class will also be on the "A" list. The other items will then go on your "B" and "C" lists.

Delegating Tasks

Another important component of time management is the delegation of tasks. Many people see themselves as indispensable. They believe that if they do not do everything themselves, things will not be done properly, or perhaps not done at all.

Refer back to the list on the preceding page. Are there any tasks which can be delegated to someone else, thereby saving you time? While it may be true that you are the only one who can correct your class's history tests, it is not true that you are the only person who can do the laundry. And if you are, then perhaps it is time you showed your husband, children, or roommate how to operate a washing machine! The delegation of certain tasks will greatly assist you in managing your time effectively. Teachers, for example, are often expected to complete a myriad of paperwork each day, as well as to devise lesson plans and correct homework assignments and tests. These day-to-day activities tend to take valuable time away from other tasks, such as the actual teaching of

coursework. Why not use the students in your homeroom to help with these tasks? Perhaps you could assign different people each week to be responsible for completing the Register, writing the homework assignments on the board, photocopying materials for class, and putting important notices on the class bulletin board. The delegation of responsibilities will not only save you valuable time, but it will create more of a "team" atmosphere in the classroom. The teacher will no longer be solely responsible for the smooth running of the classroom, and the students will feel they are active participants in the process.

The Importance of Reinforcement

We are all aware of the impact of positive reinforcement upon students. During our teacher training we are constantly reminded that students need to be rewarded in some way for doing a good job, or for even attempting to do a good job. The idea of reinforcement is to encourage students to put forth their best effort. As teachers in the field, we are constantly trying to encourage and motivate our students through positive reinforcement. But what of our own need for encouragement? Teachers cannot be expected to continue to strive for excellence in their teaching without some form of recognition for their efforts. We need to be affirmed, and rewarded in some way. Teachers can be encouraged in

many ways. The principal of a school plays a key role in this regard. He/She must be aware of the efforts being made by teachers to improve their teaching and motivate their students, and must ensure that such teachers are rewarded in some way. Their accomplishments can be pointed out, at a staff meeting, a special note of appreciation or memo can be placed in their mailbox, or even a genuine comment of appreciation can go a long way. Unfortunately, sometimes principals, teachers, and parents tend to focus on the things that are not being done by teachers, and tend to overlook much of the fine work that is being done in their school. Because the principal is responsible for large numbers of teachers, it is often impossible for him/her to keep track of all the positive efforts being made. This is where the rest of the staff can be of assistance. If you notice that a fellow teacher has done a particularly thorough job in organizing Awards Night or the Graduation Dinner and Dance, tell your colleague how you feel. You may notice that certain teachers are always willing to cover another's class when an emergency arises. Tell them how much you appreciate their cooperation. When the Social Committee organizes a retreat or a social for the staff, let the committee know that you enjoyed yourself and that you appreciate their efforts. Finally, if you have set goals for yourself, and have broken each goal down into manageable objectives, reward yourself for each step along the way. Perhaps the

principal has not yet noticed that you are managing to deal with that disruptive student in your homeroom by yourself now, or that you have enlisted the support of a parent who previously has been totally uncooperative. Do not wait for someone else to notice your accomplishments--REWARD YOURSELF! Buy yourself that dress you have been looking at for months, leave school early (that is, as soon as the students leave) one afternoon and go home and have a long, relaxing bath before supper. Take a fellow teacher out for lunch, or spend an evening with a friend you have not seen for a while, instead of grading papers.

Remember that we all need reinforcement to encourage us to continue striving for our goals.

The Power of Positive Thinking

If you take the time to incorporate the time management approach outlined in this manual into your lifestyle, and still find that you are not successful in achieving your goals, then it is time to assess how accurate and consistent you have been in using the aforementioned strategies.

- ♦ Have you set long range goals for yourself? Are they realistic?
- ♦ Have you broken down each goal into manageable, daily objectives?
- ♦ Have you prioritized your goals by placing them in the appropriate A, B or C lists?

- ♦ Have you delegated some of your tasks to others wherever possible?
- ♦ Have you rewarded yourself for each task as it is accomplished?

If you answered "yes" to all of the above, then one further question might be asked: Are the goals you set for yourself actually things which you want to accomplish, or are they simply based on the expectations of others? If the goals you have set are based upon your own priorities, then continue to strive for these goals. Do not give up simply because you sometimes may fall short. Remember that you can change, but it will require hard work and consistency to overcome past patterns of behavior. Trying to overcome procrastination, for example, is much like trying to lose weight. You are likely to fall back on old habits from time to time, but do not become so discouraged that you give up altogether. Remind yourself that you are human, and therefore susceptible to making mistakes. Tell yourself that you are still a good person, and that you will try again tomorrow!

The following vignette illustrates the manner in which many of us approach time management. We argue that we have not got enough time to even organize how we spend our time, so we end up rushing around constantly, and accomplishing very little, much the same as the main character in this story:

7

Once there was a little grey rat who skittered and scurried all day long. Exactly what he did is not remembered, but he did look extremely busy all the time. His right forepaw always took a stitch in time; his left perpetually slapped the right to remind it that haste makes waste; one eye was fixed forever ahead of him while the other watched behind; his hind paws juggled a schedule and a watch back and forth, and his tail--why, his tail twitched uncontrollably. If he had nothing to do, he leaped onto the exercise wheel for a second or two. Every night before he fell asleep--if he did--he planned his next day down to the second. In his sleep he mumbled, "They all depend on me." His wife could never figure out who he was talking about. When the little grey rat inevitably dropped dead of a heart attack, the coroner wrote "Hurry poisoning". The rat's family was sorry to see him go, of course, and so were his friends, both of them. But they each breathed a sigh of relief when no one else was looking--being around a little grey rat can wear you down. But that wasn't the end of it. The little grey rat had specified that his headstone read "Efficient". The unappreciative stonecutter substituted "Dead".

(Taken from Get it all done and still be Human, by Tony and Robbie Fanning, 1979)

Points to Remember

1. A review of American and British research on stress shows that the sources of teacher stress are the same as those identified by Canadian writers. Top ranked stressors include time management concerns, parent-teacher consultations, and student discipline problems. Research conducted in Newfoundland and Labrador identified the same top ranked sources. As well, Newfoundland teachers cited mainstreaming concerns and isolation factors as stressors.
2. One of the key components of time management is assertiveness training. Being assertive involves learning to say "no" to unreasonable or inappropriate requests. It also means learning to ask directly for what you want.
3. Other components of time management include delegation of tasks, setting short and long term goals, prioritizing goals, thinking positively, and rewarding yourself for the accomplishment of goals.

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Appendix I

Homework Exercises

1. (a) On three different teaching days during the week, jot down how you have spent all of your free time during the day. (Free time refers to any time when you are not teaching.) If you spend two hours in the evening watching television, half an hour reading the paper etc., include all of these things.
- (b) At the end of each day, look at the list of things you did in your free time. What did you spend the most time doing? Would this activity be on your "A" list?
- (c) What would you have liked to do during your free time today? Did you set aside any time to do something you enjoy doing?
2. Priorizing Goals: Try this exercise for a full school week.
- (a) Each evening after supper jot down a list of tasks you want to accomplish the following day. Include everything outside of actual teaching (e.g., correcting papers, planning lessons, etc.).
- (b) Look at your list carefully. Which goals are "top priority"? Place an "A" beside these goals.

- (c) Which tasks on your list can be left for another day? Place a "B" beside these tasks.
- (d) Which tasks are relatively unimportant? Can any of these be delegated to someone else? Place a "C" beside these tasks.
- (e) At the end of each day, check your list from the previous evening and see how many goals from the "A" list you have accomplished. Have you completed any of the tasks under "B"?
- (f) If you find that you have completed mostly "B" and "C" tasks, review your list again. Are the items you have placed in the "A" list actually your priorities? If so, you should be spending the majority of your free time on them.

3. Assertiveness Training: It is important to be able to distinguish between assertive, non-assertive, and aggressive behavior. Place a check (✓) in the appropriate blank before each statement.

Situation 1: You have lunch duty from 12 to 12:25 today. You are anxious to finish because you plan to make an important call to one of your student's parents before 1 p.m. The teacher who is supposed to take over lunch duty at 12:25 arrives at 12:50. You say:

- (a) "Hi John. I have to run and make a phone call right away. See you later."

— assertive
— non-assertive
— aggressive

- (b) "John! It's about time! Don't ever ask me to do you any favors."

— assertive
— aggressive
— non-assertive

- (c) "John, it's 12:50 and I was due to be off duty at 12:25. I would have appreciated it if you had told me you were going to be late."

— aggressive
— assertive
— non-assertive

4. Learning to Say No: A particular teacher on staff is known for always asking fellow teachers to "cover" for him by supervising his class until he arrives each morning at 8:55. At first you did not mind occasionally doing this for him, but now you realize that he is late every morning, and constantly relies on other teachers to cover for him. He approaches

you this afternoon to watch his class tomorrow morning, "just in case" he is late. You say:

(a) "Okay, Bill. I will check on your class in the morning."

- assertive
- aggressive
- non-assertive

(b) "Listen, Bill! I've had it with supervising your class. Don't you think it's about time you got organized and got here on time?"

- assertive
- aggressive
- non-assertive

(c) "No, Bill. I'm afraid you will have to make other arrangements."

- assertive
- non-assertive
- aggressive

5. List some possible situations within the school setting in which you could practice saying "no" to unreasonable requests. These situations could involve fellow teachers, the administration, or students.

Appendix II

Recommended Readings

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CHAPTER FIVE

PARENT-TEACHER CONSULTATIONS: A MAJOR SOURCE
OF TEACHER STRESSResearch Review

As was previously discussed in Chapter Four, studies by Needle, Griffin, Svendsen (1981) and Cichon and Koff (1978) pinpoint parent-teacher consultations as a major source of stress for teachers. As testimony to this fact, the "Teacher Helpline" established by the British Columbia Teachers' Federation in 1985 received 296 calls (in 150 hours of operation), covering the following concerns: (i) student discipline problems, (ii) time management concerns, (iii) work overload, and (iv) interpersonal conflicts such as parent-teacher consultations. The significant number of calls regarding this last category reinforces the need for providing assistance to teachers that will reduce the level of stress associated with this task (Hiebert, 1985). The results of a study conducted by Bartell on 5% of the membership of the Manitoba Teachers Society indicate that three of the top four stressors identified were interpersonal in nature, such as interactions with administrators, and interactions with parents (Bartell, as cited in Hiebert 1985). In his review of Canadian stress research, Bryan Hiebert points out that although several sources of stress identified by teachers are interpersonal in nature, very few preparation

programs for teachers involve any training in interpersonal skills (1985).

Klas, Kennedy, and Kendall-Woodward conducted a study in 1984 which attempted to systematically measure the levels and perceived sources of stress for Newfoundland specialist teachers. The results indicated that teachers were experiencing moderate levels of stress in their jobs, and both specialist and regular classroom teachers alike identified the same sources of that stress. Top ranking sources included time management concerns and parent-teacher relations. Special education teachers reported higher levels of stress regarding parent-teacher consultations than did regular classroom teachers. In 1985, the same group of researchers (Klas et al.) sought to identify levels and specific causes of stress perceived by regular classroom teachers. Once again, a moderate level of stress was reported, and the top ranking sources of time management, interpersonal conflicts, and parent-teacher consultations emerged. Elementary and high school teachers reported higher levels of stress regarding time management and interpersonal conflicts than did primary teachers. Student discipline problems and parent-teacher consultations were greater sources of stress at the high school level than at the primary and elementary levels.

Management Strategies

From the preceding literature review it is obvious that the inclusion of a section on parent-teacher consultation skills is vital to the success of any stress management program. A large percentage of teachers do not look forward to the occasions during the year when they are required to meet with their students' parents. As was reported in the literature review, their apprehension is increased if they are special education teachers. It is logical to assume that if a regular classroom teacher has several disruptive and/or behaviorally disturbed students in his/her homeroom, the level of anxiety with regard to meeting with their parents will likely be high. No one likes to be the bearer of bad news! As well, the parents of children who have special needs or who are behaviorally disturbed in some way often feel apprehensive about meeting with the teacher, because it is likely that the reports on their children have not always been positive over the years. As Caspari noted "...If things do not go as well as parents or teacher expect, it is unavoidable that both are inclined to blame each other. The parents will doubt the teacher's skill in teaching, and teachers will attribute the child's failure to the parents' attitude at home..." (Caspari, 1976, as cited in Fiscus and Mandell, 1983). There are, however, specific skills teachers can learn which will help combat the "mutual blame" approach to parent-teacher consultations. This

chapter will define each of the criteria required for positive interaction between parents and teachers. Appropriate examples and exercises are also included so that you can practice your newly-acquired skills. Let us begin by stating the criteria necessary for a successful parent-teacher consultation:

- (i) both groups must have genuine concern for the success and well being of the child;
- (ii) there must be a recognition by both parents and teachers that a "team" approach is required to ensure the child's success in school;
- (iii) the teacher must demonstrate a willingness to spend time communicating with parents; arranging one consultation per term or per year will not encourage a team approach;
- (iv) the teacher must be willing to learn some basic effective communication skills, namely reflective listening, empathic responses, open-ended questioning, and problem-solving strategies;
- (v) the teacher must also incorporate time management skills such as preparing an agenda and being assertive in consultations with parents.

In the following pages, each of the above will be discussed in terms of its relationship to effective parent-teacher consultations.

Genuine Concern

Although it is a fact that not all parents and teachers have a genuine concern for their children, fortunately many of them do. It is also true that the

majority of individuals initially chose teaching as a career because of a desire to work with people, although their enthusiasm and concern for students may eventually be somewhat overshadowed by the frustrations and stressors of the job. It is important, therefore, that teachers take time out to reflect upon why they chose teaching, and that they attempt to communicate their concern for students to the parents. Parents often accuse teachers of not caring, of simply "punching in time" from nine to three. If parents have this mistaken impression, it is important for teachers to ask why. It could be that some parents simply use this as an excuse for not participating in the team approach. It is often the case, however, that parents doubt the teacher's genuine concern simply because that teacher may not have the necessary skills at his/her disposal to communicate that concern and interest. You can learn how to share that concern for your students through the use of a few simple communication skills. These will be explained and illustrated with examples in the "Effective Communication Skills" Section of this chapter.

The Team Approach

Teachers can have a profound influence upon their students. Besides teaching the required coursework, teachers have many opportunities to shape the behaviors and attitudes of students. Their own values and attitudes

ar shown to students through their overt behavior. Although this places a tremendous responsibility on those individuals who are teachers, it can also make the job a particularly rewarding one, especially during those times when you feel that you have "gotten through" to a particular student. However, since children spend only about one quarter of their day in school, the people with whom they interact during the rest of the day also have considerable influence upon them. According to experts in developmental psychology, the family exerts the biggest influence during the formative years, while peers have an increased influence upon an individual during adolescence. Since the family plays such a key role in the child's development, it is imperative that primary and elementary teachers, in particular, take the initiative in establishing cooperative relationships with parents. The teacher may be working diligently with a child on learning a new skill or changing an inappropriate behavior; however, all of his/her hard work may be in vain if the parents of that child do not participate in this process. (By the time the student has reached middle adolescence, parental influence has decreased, and the responsibility for academic and personal success shifts more to the student.) Once teachers recognize that a team approach is the key to a student's success in school, they can begin to establish a positive relationship with parents through the use of a few simple communication skills.

Spending Time with Parents

Another way of increasing the likelihood of a positive parent-teacher consultation is simply to spend time with the parents of your students. It is not suggested that you need to know each parent personally; however, in order for any sort of rapport to develop, you must be willing to spend time with them. It is unrealistic to think that you can build a relationship based on two twenty-minute meetings with a parent. Typically, teachers who meet with and talk to parents at times other than the scheduled parent-teacher nights are more likely to have positive and cooperative relationships with the parents of their students. Just as spending the time to learn time management strategies will save you time in the long run, such is the case with spending time with parents. Establishing a team approach to the child's education will inevitably save you valuable time and effort.

There are several ways of spending more time with parents, thus enhancing the parent-teacher relationship and promoting the team approach:

- (i) Within the first two months of the school year, arrange to meet with the parents of each student in your homeroom. These meetings can take place in your classroom after school, or you can volunteer to go to your students' homes. The vast majority of parents are open to this, and

most are appreciative of the teacher's willingness to meet them "on their own turf". Some parents feel intimidated by the school setting and are much more relaxed and communicative in familiar surroundings. These visits need not be long--perhaps just a half an hour to introduce yourself, make a positive comment or two about the child, and encourage the parents to ask questions about the school program or their child's progress at any time throughout the year.

(ii) Phone calls are another way of enhancing the parent-teacher relationship. Why wait until a child does something wrong before making an initial contact with a parent? For example, if you notice that a particular student who was previously having difficulties in math has noticeably improved, why not call his/her parents to inform them of that improvement? Everyone likes to hear good news!

(iii) Perhaps early in the Fall you can organize a class outing and have volunteer parents come along to assist you in supervising the outing. This provides an opportunity for parents to see you in a more informal setting, and allows their children to see them interacting positively with you.

- (iv) Another way to involve parents in their child's education is to have them serve as guest speakers for a "Career Day". This will not only provide your students with information on various careers, but will make parents feel they are contributing to the education of their child. Do not restrict invitees to the parents in standard occupations. If a student's mother is a construction worker or his/her father is a nurse, encourage these parents to be guest speakers. Resist the temptation to involve only those in traditional occupations.
- (v) Parents can also be called upon to be chaperones at dances, or to coach school sports teams. Perhaps a teacher and a parent can work together with a school team--one can do the coaching and the other can be the manager.
- (vi) Teachers can also become involved in parish and/or, community activities to promote a positive relationship between themselves and parents. Working together on parish or school fundraising, or organizing a social event can provide an opportunity to work cooperatively towards a common goal.
- (vii) Parents can also assist teachers by supervising children during lunchtime. Teachers need a break from students, a chance to unwind and

share concerns with their colleagues. It is both frustrating and tiring for teachers to have to gulp down lunch in twenty minutes and rush to the playground to do "lunch duty".

- (viii) Another way of involving parents in a team approach is to enlist them as assistants to the classroom teacher. If, for example, a teacher has a physically disabled student or a student with special needs, perhaps that student's mother or father could be involved in the child's program one or two mornings a week. This provides some individual attention to the child which the teacher may not be able to give due to class size. As well, it provides an opportunity for the parent to gain a greater appreciation of the teacher's job and its inherent frustrations. It also provides the parent with a model of how to teach the child at home.

All of the aforementioned suggestions have as their objective the provision of opportunities for teachers and parents to spend time together working towards mutually beneficial goals. This cooperative interaction will foster a team approach to the student's education, thereby increasing the likelihood of a successful year for the child.

Effective Communication Skills

In order to convey your concern and interest to parents and to promote a cooperative approach to the child's education, you will need effective communication skills such as reflective listening, open-ended questioning, empathy, and problem-solving strategies.

- (i) reflective listening: involves a response which indicates to the speaker that you have been listening to what he/she is saying, and that you are attempting to understand him/her.

ex. 1 Parent: "I can't believe Mark failed Math again this term. I just don't know what else to do with him!"

Teacher: "You feel frustrated because Mark didn't pass Math again."

ex. 2 Parent: "I can't understand why Mary has lost all interest in her schoolwork."

Teacher: "You feel confused because your daughter no longer seems interested in school."

Note that in both of these examples, the teacher responds with the format "You feel _____ because _____."

This response shows the parent that you are attempting to understand how she/he is feeling. When parents are discussing their children's difficulties, they may be so upset that they are not even aware of how they are

feeling. Through the use of reflective listening, the teacher is able to help the parent see the situation from a clearer perspective. Let us go back to example 1 for a minute:

Parent: "I can't believe Mark failed Math again this term. I just don't know what to do with him!"

Teacher: "Perhaps he just isn't trying hard enough."

OR

"Perhaps you aren't strict enough with him about his study habits."

What sort of reaction might you expect from a parent if you responded to their concerns in the above manner? Does either of the above two responses demonstrate an understanding of how the parent is feeling? Both statements are judgments by the teacher regarding the causes of Mark's failure in Math. Even if the judgment being made is accurate, it will only result in the parents becoming defensive. After all, you are making a negative statement about them or their child. To discourage a defensive reaction from parents in discussing their child, ask yourself the following two questions before responding:

1. What is this parent feeling at this point?
2. What has brought on this feeling?

For practice in reflective listening skills, see the Appendices at the end of this chapter.

(ii) Open-ended Questioning: involves phrasing a question in such a way that it encourages the individual to elaborate on what he/she is saying. An open-ended question cannot be answered by a simple "yes" or "no".

Ex. 1 Teacher: "Do you think Sarah spends enough time on her homework each night?"

Parent: "No."

Ex. 2 Teacher: "Does John behave appropriately when he is at home?"

Parent: "Yes."

In both of the above examples, the teacher is attempting to get the parent involved in assessing the child's academic or behavioral performance. However, both questions are worded in such a way that the parent can give a one word response, and the teacher is still left with no idea of how the parent perceives the situation, or how he/she feels about it. Lets go back to example 2 and see how a simple rewording of the question can elicit a totally different response:

Ex. 2 Teacher: "How do you feel about John's behavior at home?"

Parent: "Well he is pretty good for the most part, but I find that I have to ask him to do something several times before he will actually do it. He seems to daydream a lot, and it's often hard to even get his attention..."

The open-ended question results in the teacher getting much more information about the child. It also creates an atmosphere in which parents feel free to express how they are feeling about the situation, because now they are not being "interrogated" with close-ended questions. You have thus created an environment conducive to open and honest communication. For further examples and exercises in open-ended questions, see the Appendices at the end of this chapter.

Empathy

Communicating empathy is one of the most important skills to be learned, but it is also the skill that requires the most thought and a genuine willingness to share experiences with others. Empathy refers to an attempt to "walk in the shoes of another", and to identify with whatever feelings he/she might be experiencing as a result of his/her situation. A teacher who plans to meet with the parents of a special needs child, for example, should be aware that some parents may be anxious and/or

defensive about discussing their child, since they are already acutely aware of his/her differences. Parents may be experiencing any of the following emotions:

- (i) guilt--if they have not been able to deal with the fact that their child was born with a physical or mental disability;
- (ii) denial--if they are not yet able to accept that their child might not achieve everything they had hoped;
- (iii) frustration--because they cannot change their child's situation, or because they do not have the "know how" to help the child as much as they might like;
- (iv) anger--because they had hoped that you would be better able to help their child and now they realize that you, too, are faced with many limitations in the school setting;
- (v) discomfort--because perhaps they left school at an early age or were in special education or remedial classes themselves, and are somewhat uncomfortable dealing with professionals such as teachers.

Any of these feelings may be experienced by the parents of any children, not just special needs students. The teacher must be aware of these possibilities, and attempt to put parents at ease during parent-teacher consultations. If parents sense that you are empathic and

understanding, they will be much more comfortable about discussing their concerns with you. How can you convey empathy to parents? You can use the effective communication skills (such as reflective listening) which were discussed previously. Through the use of these skills you will be able to express your concern and interest to parents. Empathy is not a quality that can be instilled in a person who really does not care. However, teachers can learn how to demonstrate their caring qualities to parents through the use of effective communication skills, and through attempting to understand a situation from the parents' perspective.

Problem-Solving Skills

In order to design and implement a suitable program for a student, both parents and teachers will need to utilize problem-solving skills. This is necessary whether the desired change is in the academic or behavioral area. Once again, a team approach increases the likelihood of success.

- (i) The first step in the problem-solving process is to define the problem. What specific aspect of the child's academic or behavioral program is causing a problem for the child, the teacher, or the parents?
- (ii) The next step is to generate alternatives or ideas of how to tackle the problem. Teachers

must encourage parents to come up with ideas, since the responsibility for carrying out the child's program is shared. The fact that the teacher shows interest in ideas other than his/her own demonstrates to parents that their views are important. The child's parents can offer valuable insight into their child's strengths, weaknesses, and interests outside of school. It is important that ideas put forth by both participants are not evaluated at this stage of the process. The idea is simply to come up with as many different ways of approaching the problem as possible. If, for example, the teacher begins to criticize or judge the suggestions made by the parent, that parent will very quickly cease to offer ideas, and will be discouraged from being part of the team.

- (iii) The third step in the problem-solving process is to discuss the "pros" and "cons" of each idea. Perhaps the parent has had some success with a particular approach in the past, and both teacher and parent can agree to try the approach again.
- (iv) Having generated several different ideas, the team goes through each one and discusses the feasibility of carrying it out. Members of the

team must agree upon which alternatives they are going to try. It is unlikely that any idea will be acted upon if either the parent or the teacher does not see the approach as a viable one.

- (v) The next step is to carry out the approaches that you have chosen. It is important that both parents and teachers are consistent. In a behavioral intervention, for example, it is important that the child experience a consequence every time he/she behaves inappropriately. It is also crucial that both parents participate. If one parent is carrying out a specific program while the other parent is allowing the child to behave inappropriately, the program will not be successful. The same holds true in the school setting. If a behavioral intervention is carried out by one of the child's teachers but not the others, the likelihood of a positive behavior change is significantly reduced.

- (vi) The final step in the problem-solving process is to monitor progress, and modify the program where appropriate. After a pre-determined period of time using a particular approach, the team must get together to evaluate its effectiveness. How is the child responding to

the program? Are all members of the team carrying out the approach consistently and accurately? What modifications can be made which will make the program even more effective? (Keep in mind that when a new approach is used with a child, his/her undesirable behavior usually increases at first, because the child is attempting to "test" you, and to figure out what the new boundaries are. You must continue to carry out the program, even though it may initially appear to be ineffective.)

Other Skills Necessary for Successful Parent-Teacher Consultations

One final skill you will need to use to reduce the stress of parent-teacher consultations is time management. If you have already spent time with parents in an informal setting, then you can be more comfortable going into the required parent-teacher meeting with an agenda. You will have already met and talked with the parents, so this scheduled consultation can be fairly brief and "to the point". As was suggested in Chapter Four (Time Management), stick to your agenda. If you sense that a particular parent needs more time than you have allotted, suggest another time to get together, and meet as soon as possible. Explain to the parent that you have other parents waiting to see you, but that you would be willing

to meet again next Wednesday or at another mutually convenient time.

One of the skills deemed necessary for effective time management (in Chapter Four) was "assertiveness". Sometimes teachers have to deal with parents who are so upset that they may become aggressive and try to dominate the interview. You must be assertive in reminding the parent of why you both wanted to get together--namely to discuss their child's progress. Hopefully, the teacher's use of effective communication skills, such as empathy and reflective listening, will prevent the parent from feeling the need to become aggressive or abusive. However, if you feel that the parent is becoming too upset or angry to be rational, suggest that perhaps this is not a good time to continue the interview, and suggest another time to get together. If parents get the impression that you are genuinely interested in their concerns, they will typically not feel threatened or feel the need to become aggressive.

Points to Remember

1. One of the top-ranked sources of stress according to teachers across Canada, is parent-teacher consultations. Results of studies by Klas, Kennedy, and Kendall-Woodward indicate that the level of stress due to this source is higher for Special Education teachers than for regular classroom teachers.
2. Positive interactions between parents and teachers are much more likely if the following criteria are met:
 - (i) both parents and teachers must have a genuine concern for the academic success and well-being of the child;
 - (ii) there must be a recognition by both parents and teachers that a "team" approach is required in order for the child to experience success in school;
 - (iii) the teacher must be willing to spend time communicating with parents in a more "informal" setting. One parent-teacher consultation per term or per year is not enough to enlist parents in a team approach;
 - (iv) the teacher must learn and use effective communication skills when dealing with parents. These skills include reflective

listening, open-ended questions, empathic responses, and problem-solving skills;

(v) the teacher must also use time management strategies, including assertiveness, in parent-teacher consultations.

3. There are several ways of involving the parents of your students in a "team" approach: (a) through meeting with them at the beginning of the school year either in their own homes or at the school, (b) through phone calls regarding their child's progress, including positive reports, (c) through having them chaperone dances, supervise class outings, or coach a school team with you, (d) through working together on a school fundraising project or a parish or community committee.
4. Teachers can assist parents in actively participating in their child's program through the use of problem-solving skills. The problem-solving process involves the following steps: (i) identifying the problem, (ii) generating alternatives, (iii) evaluating the pros and cons of each alternative, (iv) carrying out the chosen plan of action, and (v) monitoring progress and modifying the program where necessary.
5. The issue of confidentiality is an important one. If parents are comfortable enough to discuss their child's program or perhaps even some family difficulties with a teacher, then the teacher must

not betray that trust. If the parent is seeking assistance in a personal or family matter, do not give advice. Inform the parent that the school guidance counsellor, psychologist, or social worker, is available for consultation, and that you would be happy to arrange an appointment with him/her. Do not discuss what a parent has told you with other staff. If you are concerned about the student or his/her family situation, meet with the school counsellor to discuss your concerns. Perhaps the counsellor may be able to suggest ways in which you can help.

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Appendix I

Homework Exercises

1. Reflective listening: Remember that a reflective response demonstrates to the speaker that you are listening and attempting to understand the situation from his/her perspective. Supply a reflective response for each of the following statements: (You feel _____ because _____.)

(a) Student: "Miss White, John keeps taking my pencil without asking me first."

You: _____

(b) Student: "Miss White, I studied really hard for that literature test, and I still only managed to get 60%!"

You: _____

(c) Fellow teacher: "Mary Snow is continually disrupting class. I'm so fed up with her behavior!"

You: _____

(d) Parent: "I can't understand it!" Joan used to be so well behaved and interested in her school work!"

You: _____

2. Think of three school based situations in which you could use your newly acquired reflective listening skills. Use situations with colleagues, students, or parents. Give a reflective response in each situation and try to determine the response of the other person to your approach.

3. Open-ended questions: Remember that an open-ended question encourages elaboration. Such a question requires more than a "yes" or "no" response.

(a) You: Mrs. Jones, how do you feel about your son's progress in school?

(b) You: Mr. Brown, what do you think of Terry's behavior at home?

4. Think of three situations (school or home based) in which you can use open-ended questioning. Ask an open-ended question in each "real life" situation, and try to determine the response of the other person.

Appendix II

Recommended Readings

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CHAPTER SIX

STUDENT DISCIPLINE PROBLEMS: A MAJOR SOURCE
OF TEACHER STRESSResearch Review

In a study conducted by Cichon and Koff in 1978, a teaching events inventory was sent to approximately 22,000 teachers employed by the Chicago Board of Education. Twenty-two percent of the questionnaires were returned and analyzed in an attempt to rank each event according to its degree of stress. The analysis of the 36 items identified four main themes, and the theme considered by teachers to be top priority was "managing disruptive children". Teachers who participated in the Kyriacou and Sutcliffe Study (1978) also ranked "pupil misbehavior" as one of the top sources of teacher stress. In 1982, Klas, Kendall-Woodward, and Kennedy surveyed 588 regular classroom teachers from Newfoundland and Labrador, in an attempt to identify some of the major causes of stress in education. Teachers were asked to anonymously complete three test instruments, and results were reported on the following four areas: (1) overall level of stress experienced, (2) specific causes of stress (stressors), (3) a comparative analysis of findings from (1) and (2) for each of the three teacher categories, primary, elementary, and high school; and (4) an examination of the differences of perceived stress according to biographical subgroups.

Analysis of this data showed that teachers at all three levels considered their jobs to be moderately stressful. One of the major sources of stress, according to these teachers, was "student misbehavior". Teachers at the high school level reported higher levels of stress due to this source, than did those at the primary and elementary levels. Klas suggested that possible reasons for this might include the special nature of problems in adolescence, such as peer pressure and the search for identity. As well, teachers at the high school level have generally received less training in the psychological development of children and adolescents. The focus in high school teacher training tends to be more on academic areas (1985). Results of studies by Caspari (1976, as cited in Hiebert, 1985); McMurray (1982, as cited in Hiebert, 1985); and Rudd and Wiseman (1962, as cited in Hiebert, 1985), have concurred with the aforementioned findings.

Management Strategies

Introduction

Since student discipline problems is cited as a major source of teacher stress at all school levels, it is important that specific strategies to assist teachers in this area be included in any comprehensive stress management program. One particularly useful, systematic approach to classroom management is the S.T.E.T. program

(Systematic Training for Effective Teaching) designed by Dinkmeyer, Dinkmeyer and McKay (1980). This program offers teachers a step-by-step approach to classroom management which they can learn in approximately 14 weeks. The package contains a leader's manual, several teacher's manuals, and tapes containing examples of the skills being taught for each of the 14 sessions. The S.T.E.T. program is designed to be taught in a group setting, so that participants can benefit from the experience and expertise of others in the group. However, the group experience is not essential, in that individuals can certainly benefit from reading the material in the manual and practicing the skills being taught in their own school setting. The essential components of the S.T.E.T. program are described in the following pages. As well, there are several examples and homework exercises included at the end of the chapter so that you can try out your newly acquired skills. The second section of this chapter focuses on school discipline, and the roles of both teachers and administration in this regard. While the reader may initially question the necessity of spending so much time on this area, it is the contention of the writer that a major portion of stress experienced by teachers due to student misbehavior can be alleviated through a thorough and consistent school-wide discipline policy. The writer has attempted to combine ideas from Discipline in the

Secondary School (Sprick, 1985) with insights gained from personal experience.

Dreikur's Theory

Dinkmeyer, Dinkmeyer, and McKay based the design of the S.T.E.T. program on a theory of human behavior put forth by Rudolf Dreikurs (1964, as cited in Dinkmeyer, Dinkmeyer, and McKay, 1980). Dreikurs viewed all behavior as an attempt to gain acceptance by others, to attain a feeling of "belonging". This need to belong is the underlying motivation for all behavior, including misbehavior. Students who misbehave have the mistaken belief that they cannot gain acceptance through constructive, positive behavior. They are usually individuals who are discouraged, who have been hurt frequently in the past and have come to believe that they are not worthwhile or lovable. They attempt to cover up their low self-esteem by engaging in behaviors which will give them a sense of power or revenge, or will result in the receipt of much needed attention.

According to Dreikurs, there are four main goals of misbehavior: power, revenge, attention, and displays of inadequacy. Students who misbehave believe that they will be significant to the teacher and/or the other students only by gaining power, seeking revenge or attention, or by displaying their feelings of inadequacy. If teachers are aware of these four short-term goals, they can re-direct

students' behavior through encouragement and reinforcement of positive behavior. How can you tell which goal a student is seeking in a given situation? Ask yourself two questions: How did you feel when the misbehavior occurred? How did the student respond when you reacted to his/her misbehavior? The answers to these questions will alert you to the intended goal. Once you recognize the goal, you can use several different strategies to redirect the student's behavior. The following is an example of attention-seeking misbehavior:

You have assigned the class five questions to complete individually during the last fifteen minutes of class. You plan to finish correcting the last history test so that you can return the tests to the class before the period ends. Tom goes to the garbage bucket and proceeds to toss crumpled up papers into the bucket as though he were taking a basketball shot. He even takes scrap paper from a nearby classmate's desk and "shoots" it into the garbage. You remind Tom that students are not supposed to go to the garbage bucket or the pencil sharpener in the middle of class because it disturbs the other students who are trying to work. Some of the other students look up and giggle. Tom returns to his seat grinning.

It is obvious that Tom is engaging in attention-seeking behavior. You feel annoyed by his behavior, and his response to your reminder is to take his time and wander back to his seat, grinning. He has achieved his goal--both you and his classmates have responded by giving him attention for his misbehavior. At a later point in the chapter you will find alternate approaches to dealing with this kind of behavior, as well as some "homework" exercises for practice.

The Influence of Lifestyle on Behavior and Attitudes

The S.T.E.T. program ascribes to the theory that whether we are teachers or students, our behavior and attitudes are affected by our lifestyle, that is, the pattern by which we conduct our lives (Dreikurs, 1958). Lifestyle reflects our beliefs about ourselves, others, and the way in which the world operates. These beliefs are formed very early in life. Even kindergarten students come to school with a set of beliefs which have been formed during the first five years of life. Several factors influence the development of an individual's lifestyle. One such factor is family atmosphere. A student's home life may be structured to the point of rigidity by autocratic parents, or it may be chaotic, due to overly-permissive parents. Through regular parent-teacher consultations, as well as other informal ways of spending time with parents (as outlined in Chapter V), teachers can become aware of a student's home atmosphere. This information will be of great assistance in understanding a student's behavior.

A child's position in the family constellation also plays a role in his/her perception of himself and the world. Family constellation refers to the psychological position of each child in the family in relation to the other siblings. This position does not necessarily correspond to birth order. For example, even if you were the youngest child in your family, but for various reasons

always felt you had the responsibility of being the oldest, your position in the family constellation would be as the oldest child. If family atmosphere accounts for personality similarities in children, then the family constellation accounts for the differences. Children often subconsciously feel they must compete for a place in the family; and the brother or sister most different from a particular child is often that child's major competitor. Although the child is not aware of it, he/she develops certain attitudes as a result of this competition.

Children also learn a great deal from role models. It is a well established fact that "actions speak louder than words", and children learn very quickly to imitate the behavior of parents and teachers. Unfortunately, they may not always imitate only desirable behaviors! If, for example, John's father gets his own way at home by being aggressive and verbally abusive, John may attempt to get what he wants by using this approach. Teachers must keep in mind that they act as role models too. If a teacher relies totally on manipulation and power for managing students, then he/she can expect that students may try the same approach. If a teacher takes a more democratic approach to classroom management, students will learn how to cooperate and compromise.

Classroom Management Style as a Stress Reducer

Whether you are a beginning teacher or a "seasoned veteran", other teachers offer much conflicting advice on how to manage a classroom. This well-intentioned advice ranges from "Take charge and structure every minute" to "Be flexible and go with the flow"! To add to the confusion, you find out rather quickly that your weeks of well-prepared, supervised student teaching were nothing like having 30 grade eight boys for a full year! It is a great challenge to today's teacher to effectively manage a classroom full of students who have been raised very differently than they have, and who tend to be much more aware of their individual rights. Dinkmeyer, Dinkmeyer and McKay promote the democratic classroom as the key to effective management, because it is in this type of atmosphere that students learn how to exercise their individual rights without interfering with the rights of others.

In a democratic classroom discipline is logical and consistent, and self-discipline is encouraged. One would expect a lower level of stress for both teachers and students in this type of atmosphere. Just as society has certain rules which, when broken, will result in predictable consequences, so does a democratic classroom. According to Dinkmeyer et al., there are four main criteria for the establishment of a democratic classroom:

- (1) establish a climate of equality and mutual respect,

- (ii) encourage students,
- (iii) offer students a role in decision-making,
- (iv) encourage students' self-discipline by establishing consistent, logical and clear guidelines for behavior.

How can a teacher incorporate the above into the classroom? Let us begin with the idea of (i) establishing a climate of equality and mutual respect. Do we as teachers have mistaken beliefs about our students which may prevent us from treating them as equals? Some common misconceptions are:

- (i) the "I am superior" belief; these teachers attempt to shield and protect students from learning through experience. They prevent students from experiencing the natural and/or logical consequences of their behavior. This approach promotes feelings of inadequacy in the student.
- (ii) the "I must control" belief; teachers who hold this belief are continuously attempting to supervise, monitor and restrict students' every move. These teachers spend most of their time and energy reminding, scolding, and demanding that students behave in a certain way.
- (iii) the "I am entitled" belief; the teacher with this attitude expects students to treat him/her with courtesy and respect simply because of the title "teacher". (This same teacher may not behave in an equally respectful manner toward students.)
- (iv) the "I must be perfect" belief; this teacher is a perfectionist, and attempts to avoid making mistakes at all costs. This attitude tends to rub off on his/her students who become hesitant to try anything new for fear of failure.

- (v) the "I don't count" belief; the teacher with this underlying belief may want students to respect him/her, yet he/she behaves in ways which demonstrate a lack of self-confidence. In a democratic classroom both students and teachers have rights, and they must be assertive in exercising those rights.

In order to establish an atmosphere of mutual respect and cooperation, the teacher must be aware of the possibility that he/she falls into one of the above categories, and must strive to overcome these misconceptions, which may seriously hamper the development of positive relationships with students. Also, remember that teachers are subject to the same influences upon lifestyle as students; position in the family constellation, the atmosphere in which we grew up, and the role models we had--all have resulted in us becoming the person we are today.

- (ii) Another key component of a democratic classroom is encouragement. Encouragement is different from praise, in that the latter involves a judgment on the teacher's part. A student is praised only when he/she attains the teacher's standards or expectations; thus, earning the teacher's praise becomes the sole motivation for completing good work. Encouragement, on the other hand, can be given for improvement, or for making an honest effort. This motivates the student to improve his/her work for himself, not for the teacher. Encouragement results in the student developing confidence in his/her

ability to improve. Teachers also communicate their expectations to students through facial expressions, body language, and seemingly harmless comments. "As usual, John, you're the last one finished" clearly communicates disapproval. How do you think John feels when the teacher makes such a comment? Is this comment likely to result in John trying to improve?

Giving encouragement also helps students be courageous enough to try something new, to take risks. Many students will not even attempt to do something new because of the overriding fear that they will make a mistake. The perfectionist teacher emphasizes the importance of immediate success, while the encouraging teacher focuses on perseverance and improvement.

The reduction of competition will also promote an encouraging and less stressful atmosphere. Resist the temptation to compare a misbehaving student to a student who is behaving appropriately: "Why can't you be like Maria over there, who's quietly reading her book?" This sort of remark is discouraging to the misbehaving student, and embarrassing to the "good" student. Finally, remember to be realistic in your expectations of students and yourself. If a student who constantly engages in attention-seeking behavior manages to do her work quietly for ten minutes, reinforce her positive behavior.

(iii) In a democratic classroom teachers offer students a role in decision-making. Why is this so

important? Think about how you feel when the principal or the school board makes a decision which will have significant impact on you, without consulting you at some point in the process. Research has consistently suggested that individuals are less stressed by decisions if they have had a role to play in making those decisions. Students should be given choices in a democratic classroom. The following are some aspects of educational programming in which students can have input: activities and projects, deciding what will go on the class bulletin board, seating arrangements, committees and small groups, classroom jobs, the amount of time spent on particular topics, the way in which a topic might be studied, methods of evaluation, and possible consequences of misbehavior. Students are much more likely to cooperate with the teacher if they feel they have been involved in some or all of the above. They will show respect for the teacher because he/she has shown them respect, through listening to their views and incorporating some of their ideas into matters which affect them. Offering students a role in decision-making also helps the teacher in the long run, because dividing up classroom responsibilities, for example, will result in a more efficient use of time. This division of responsibility will also make each student feel that he/she has a special role to contribute in the smooth running of the classroom.

Many teachers shudder at the idea of students having a role in the evaluation process. The possibility of students not taking decisions seriously, or simply giving themselves credit where no credit is due, can be greatly reduced (if not eliminated) by the following procedure:

1. Have a class discussion to help determine what the criteria are for a pass, for an A., B, C, D.
2. Put the criteria decided upon on a piece of paper, in the form of a contract. Give one to each student.
3. Let the student decide what grade he/she is going to work toward and allow the student to take responsibility for earning that grade.

For an excellent example of such a contract, see Appendix I at the end of this chapter.

Other areas for possible student input are the way in which a topic is studied, and how much time is spent on that topic. Although the teacher is responsible for covering a set amount of the curriculum, students can help decide how this is to be accomplished. Perhaps students could form small groups of three or four and each group could research a particular topic to present to the class. The teacher could allow each group to choose the topic in which they are most interested. Students could be encouraged to make their presentations as informative and interesting as possible, through the use of films, illustrations, and in-class activities. With regard to the amount of time spent on a particular topic, students are often the best judges of how much time they need. For

example, if they are particularly interested in putting on a play that has been studied in literature class, perhaps they would agree to read most of the play outside of class time, and literature periods could be used solely for discussion and questions, rather than reading. Once the essential points have been covered, the teacher could give a quiz to ensure that the students' level of knowledge is adequate. If the results are satisfactory, the remaining class periods could be spent on rehearsing the play. Perhaps the class could perform the play for other classes at the end of term:

(iv) A democratic classroom has as its underlying motive the development of self-discipline. This goal is accomplished through the teacher's continuous encouragement and reinforcement for positive behavior, and through the establishment of consistent and logical consequences for inappropriate behavior. The importance of encouragement and reinforcement has been explained earlier in the Classroom Management section of this chapter. At this point a definition of logical consequences, as well as an explanation of how to incorporate them into the classroom, is appropriate. What is the difference between a logical or natural consequence and punishment? Essentially, punishment is a way of establishing power over another person. This is not appropriate in a democratic classroom, particularly since we have already identified one of the goals of student

misbehavior as power. Attempts at punishing a student for misbehavior will likely result in a power struggle in which neither side will win. Often teachers use methods of punishment which are in no way related to the inappropriate behavior, nor are they congruent with what would happen in "real life". Natural consequences, on the other hand, involve allowing events to occur which would happen naturally; for example, if you decide not to take an umbrella with you on a rainy day you will get wet. If a student daydreams for 15 minutes during a math test, he will not have enough time left to complete the test. These are natural consequences. In the classroom setting the opportunities for natural consequences to occur are somewhat limited. However, the results of violating the social order by misbehaving can be dealt with through the use of logical consequences. For example, if Jane chooses to mark up her desk, she must remain at lunch time or after school to clean the desk. If Tony wastes class time by misbehaving, he must remain after school for ten minutes to make up the lost time. This approach makes sense because the consequences which occur are directly related to the misbehavior. The student cannot accuse the teacher of "picking on" him, because he is able to understand the consequences of his behavior. He has been given a choice of discontinuing the inappropriate behavior or experiencing the consequences; he must take responsibility for his own actions.

The key to applying logical consequences is to examine the goal of misbehavior first. What is the student trying to accomplish? Is his goal attention? If so, the teacher must behave in a manner that will discourage him from misbehaving to get attention; for example, the teacher could ignore the student when he/she tries to interrupt. The teacher could also pay attention to only those students who raise their hands to speak. When the attention-seeking student sees that he cannot get the teacher's attention by misbehaving, he will likely raise his hand. At this point the teacher should reinforce him for his positive behavior by calling on him to speak. If the student continues to disrupt the class by talking out of turn, the teacher can use an appropriate "I message" such as "Jerry, I feel annoyed when you keep speaking out of turn because it interferes with what others are saying". If Jerry still continues, you can offer him a choice--"Jerry, your interruptions are interfering with the other students. Either raise your hand to speak or you'll have to sit away from the rest of the class for a while". If Jerry chooses to continue misbehaving, immediately follow through on the consequences. Jerry must go to a specified "time out" area in the classroom until you feel he is ready to join the class again.

Remember: Step 1. Identify the goal of misbehavior.

- Step 2. Respond appropriately--e.g., if attention is the goal, ignore.
- Step 3. If behavior continues, send an "I message".
- Step 4. Give the student a choice--either the behavior must stop or a consequence will follow.
- Step 5. Immediately follow through with the consequence.

The Establishment of a Discipline Policy as a Stress Reducer

Introduction

Perhaps one of the most controversial aspects of educational programming is a school's discipline policy. Some teachers think that corporal punishment should be reinstated, while others prefer to handle severely misbehaving students on their own within the classroom; still others believe that chronic misbehavers should be suspended or even expelled from school. Because teachers on staff may be divided on this issue, it is imperative that the administration take the lead by establishing a school-wide discipline policy. Staff should initially be consulted for ideas and opinions regarding a policy, but once the school has decided on a particular approach, all staff must follow the policy. Students can be quite adept at picking out discrepancies between teachers' individual styles of discipline; thus, consistency is necessary for an effective approach to discipline.

Problem Ownership

The first step in dealing with student misbehavior, according to Dinkmeyer, Dinkmeyer and McKay (1980), is to decide who owns the problem. Problem ownership is important because in a democratic classroom all students are expected to take responsibility for their own behavior. If, for example, two students in a class have difficulty getting along, who should be responsible for remedying the situation? Is it a teacher-owned problem? Situations which directly interfere with your teaching, or with the safety or rights of others in the class, are teacher-owned problems. Two students not being able to get along is a student-owned problem. If the teacher interferes and attempts to resolve that problem, the students involved are denied the opportunity to be responsible for their own behavior. They will not learn how to resolve their own difficulties through compromise. If, however, their difficulty in getting along results in the total disruption of a math period, then the situation has become a teacher-owned problem as well, because the rights of others in the classroom are being infringed upon.

Once you have determined that a particular student's misbehavior is a teacher-owned problem (because it is affecting the rest of the class), the next step is to identify the goal of misbehavior. As was mentioned in the beginning of this chapter, the four goals of misbehavior,

according to Dreikurs, are attention, power, revenge, and displays of inadequacy. Let us take an example of misbehavior aimed at each of these goals, and discuss how the teacher might approach these situations in the classroom setting:

(1) Scene I:

You are at the blackboard explaining how to do a math problem to the class. The majority of students are listening attentively and asking questions. Joey, however, is staring at the top of his desk and tapping his pencil. You stop talking and give him a sharp look. He stops tapping, but as soon as you resume teaching he begins tapping again.

What is the goal of Joey's misbehavior? To determine the goal, remember to ask yourself two questions: (1) How did I feel when Joey misbehaved? (2) What was Joey's response to my giving him a sharp look? You probably would feel annoyed at Joey's behavior, and although he did stop tapping for a short while, he resumed the misbehavior.

Joey may be seeking ATTENTION. A general guideline for responding to attention-seeking behavior is to refrain from giving attention on demand, even for appropriate behavior. Give students attention when they least expect it by "catching them" while they are engaging in behavior which demonstrates self-discipline. In the case of Joey, the teacher might first attempt to ignore his misbehavior. As soon as Joey stops tapping his pencil and starts to pay attention, the teacher could reinforce this behavior by asking him a question or making a positive comment. This

will provide Joey with the attention he wants, but not for misbehavior. If Joey continues to tap his pencil, the teacher could use an "I message": "Joey, I feel annoyed when you tap your pencil because it interferes with the rest of the class." This kind of statement focuses on how you feel, and does not personally attack Joey. If the misbehavior still continues, you can offer Joey a choice: "Joey, your pencil tapping is interfering with the rest of the class. You have a choice to either stop the tapping or you'll have to go to the time out area for a while". This statement gives Joey a choice. He must take responsibility for his own behavior. If he chooses to continue to misbehave, the teacher must immediately follow through on the consequences.

(ii) Scene II:

You have told the class that they must finish their tests before going to gym class. The gym teacher has been made aware of the fact that some students may be late because of this. You know that Mary has not completed all the questions on her test, but she prepares to leave as soon as the end of period bell rings. You remind the class that they are not to leave until the test is completed. Mary ignores what you are saying and heads for the door. "I'm going to gym and you can't stop me."

What is the goal of misbehavior in this situation? Once again, examine how you feel about Mary's misbehavior. You probably feel more than annoyed--angry, in fact! Mary's final comment as she headed for the door indicates that she is engaging in POWER-SEEKING behavior. A general

guideline for responding to power seeking behavior is to withdraw from the confrontation. Resist the temptation to "show who's boss". Allow a logical consequence to occur, and at a later point in time try to win the student's cooperation by enlisting his/her help. In the case of Mary, the teacher could first ask Mary if she is finished her test. If she says no, you could ask her what the instructions are regarding going to gym. If she refuses to answer or says she doesn't remember, you can remind her that no one is to go to gym until the test is completed. You can offer Mary a choice: "Mary, either you finish your test first before going to gym or you will have to remain after school to finish it." This statement gives Mary an opportunity to reconsider. She must choose to stay and finish the test or experience the consequences. If she chooses to stay you can follow up with positive reinforcement: "Mary, I think you made a good decision. Good luck on the test."

(iii) Scene III:

You have allowed your class to use Religion period to work on their term projects, which are due next week. You glance around the room to ensure that everyone is working and you notice that Tim is staring at you. You smile at him but he does not smile back. Instead he scowls at you and immediately looks away. You wonder what is wrong with Tim, and then you remember that you called his parents yesterday to inform them about his detention for today. This was necessary so that alternate transportation arrangements could be made for him.

What is the goal of Tim's misbehavior? Remember the two key questions: (1) How do I feel about Tim scowling at me when I smiled at him? (2) How did he respond when I looked surprised? You probably felt hurt and somewhat confused when Tim scowled at you. He may be engaging in REVENGE-SEEKING behavior, because he is angry at you for calling his parents yesterday. When dealing with revengeful behavior, remember not to get hooked into seeking your own revenge. You may initially feel somewhat hurt by this sort of behavior, but do not take it personally. Students like Tim are deeply discouraged and want to hurt someone else because they have been hurt. In this situation, the teacher must resist the temptation to seek revenge--this will only result in the cycle continuing. It could also cause a power struggle. Attempt to ignore the misbehavior, and seek ways of re-establishing a trusting relationship. Encourage Tim for positive behavior, and if he shows the slightest interest in interacting with you, let him know that you are pleased.

(iv) Scene IV:

You have just assigned the class 10 Math problems to be completed before the end of the period. You notice that Sarah is just sitting in her desk, staring out the window. You walk around the class to see how students are doing, and when you get to Sarah's desk you see that she has not even started the first problem. You ask Sarah if you can help her get started but she says she cannot do the problems--they are too hard. You ask

her to try the first one with your help, but she says "It's no use. I just can't understand this math!"

What is the purpose of Sarah's behavior? You feel frustrated and discouraged. Maybe she cannot do this math. The goal of Sarah's behavior is to display her feelings of INADEQUACY. A general rule of thumb when dealing with such students is DON'T GIVE UP! Avoid pity or criticism. Go out of your way to encourage even the smallest effort. In Sarah's case, you could begin with an empathic statement: "I know some of these problems are tricky Sarah"; or a reflective listening response: "You feel frustrated because you find these problems difficult". This shows that you understand how Sarah feels. However, do not stop there. "I know you can do these Sarah, and if you'd like to go over the method after school I'd be happy to help." This statement demonstrates your confidence in the student, and does not give her permission to give up trying simply because she is experiencing difficulty.

There are no guarantees that the aforementioned approaches of dealing with misbehaving students will work in every situation or with every student. Some students will not respond to anything you do or say. However, the establishment of an atmosphere of mutual respect and equality, coupled with consistent and logical guidelines for behavior, will greatly increase the likelihood of successful interactions.

Review

At this point in the chapter it would be useful to review the information discussed thus far.

- (1) Briefly explain Dreikur's theory.
- (2) (a) How does lifestyle influence behavior?
(b) What factors determine one's lifestyle?
- (3) (a) What is meant by a "democratic" classroom? According to Dreikurs, what are the four criteria for such a classroom?
(b) Briefly explain how each of the above can be achieved.
- (4) What is the essential difference between punishment and the use of natural and logical consequences? Give an example of a natural consequence and a logical consequence.
- (5) Why is problem ownership so important? Give an example of a student-owned problem, a teacher-owned problem, and an administration-owned problem.
- (6) State briefly the general guidelines for dealing with the following:
 - (a) attention-seeking behavior
 - (b) power-seeking behavior
 - (c) revenge-seeking behavior
 - (d) displays of inadequacy

- (7) (a) What is preventative discipline? How does offering students choices help prevent misbehavior?
- (b) In what areas can students help make decisions?
- (8) How is stress management related to classroom management and problem ownership?

Major Discipline Problems

The first section of this chapter focused upon the establishment of a democratic classroom, the effective use of logical consequences rather than punishment, and various systematic approaches to dealing with misbehavior, thus reducing the stress caused by misbehavior in the classroom. Problem ownership was also discussed. Most of the teacher-owned problems previously mentioned are relatively minor. Unfortunately, however, many teachers have to also deal on a daily basis with chronic cases of misbehavior, and sometimes even severely behaviorally-disturbed students. In these situations, the use of reflective listening, "I" messages, and minor logical consequences may not result in any significant improvement in behavior. These students need a well-organized "team" approach to discipline, because it is likely that all of their subject teachers are experiencing frustration. Such students are often interfering with the education of large numbers of students. A typical example of this type of

student is one who is continuously disrupting class by engaging in power struggles with other classmates, and who openly defies the teacher at every opportunity. Although his/her behavior often makes sense in light of the size and nature of the student's personal problems, it can nonetheless be extremely frustrating and stressful for a teacher to deal with such individuals in a classroom setting. A total team approach maximizes the likelihood of success. The team should be comprised of the following school personnel: the student's homeroom teacher and all of his/her subject teachers, the administration, and the educational psychologist and/or counsellor. Parental cooperation is also highly desirable. The team must develop a specific behavioral program for the behaviorally-disturbed individual, and all those dealing with the student must participate--consistency is the key.

This meeting format may be useful:

- (i) discussion of the problem at hand and the presenting problem behaviors,
- (ii) discussion of the methods which have been tried thus far to deal with the misbehavior--what approaches have worked? Which approaches have not worked?
- (iii) determination as to whether all participants have consistently followed the discipline policy and procedures. (If individual styles have interfered with consistency, the principal reviews the school discipline policy, and opens the floor for questions.)

- (iv) The final step involves the development of future procedures and policies, and time lines to evaluate progress.

The most important part of this team approach is the consistent implementation of the agreed upon policy. In the following section an approach to school discipline is outlined, the basis of which can be found in both the S.T.E.T. Manual for teachers (1980) and Discipline in the Secondary Classroom (1985) by Randall Sprick.

School-wide Discipline Policy

The principal takes the lead in establishing the school's discipline policy. Teachers' input should be encouraged, and suggestions should be noted by the principal. A draft of the school discipline policy should then be developed. This draft should contain: (i) an overall statement regarding positive expectations for student behavior, (ii) a set of logical consequences that can be used by teachers within the classroom, and (iii) a list of the unacceptable student behaviors which should be referred to the administration (e.g., refusal to comply with a direct teacher request), (iv) and a list of consequences for students who are referred to the office, as well as office referral forms. (See Appendix II at the end of this chapter for an example of an office referral form.)

- (i) An example of an overall statement regarding student behavior is below:

1. Attend class regularly.
2. Be in your seat with all necessary materials when the final bell rings.
3. Treat all students and teachers with respect.
4. Help maintain the building and all school equipment and materials.
5. Follow the specific classroom rules.

(Sprick, 1985)

- (ii) Teachers should be given a list of possible consequences for dealing with classroom misbehavior. Consequences can include parental contact, time out within the classroom, time out in a specified area, time owed (that is, staying after school to make up "lost" time), and if the behavior is serious enough, an office referral.

- (i+1) Behaviors deemed serious enough for office referral include: the use of drugs on school property, throwing or destroying school furniture, possession of a weapon of any kind, truancy, refusal to comply with a direct teacher request. The principal should emphasize that

behaviors of a minor nature should not be referred to the office. These include: talking in class, chewing gum, homework not completed, swearing in class and arguing with another student.

- (iv) Another important part of the discipline policy is a section containing a list of consequences which the administration will use in dealing with office referrals. If the teacher sends a student to the office for a serious offence, it is imperative that the principal deal with the student in such a way that he/she will recognize the seriousness of the misbehavior. (Nothing is more frustrating to teachers than sending a severely disruptive student to the office, only to have him/her return to the classroom, grinning, fifteen minutes later. This shows a total lack of appreciation for the nature of the misbehavior, and can potentially cause further confrontation between teacher and student, neither of whom have had long enough away from each other to "cool off"). Possible consequences for an office referral could include an immediate phone call home by the principal to inform the parents of their child's misbehavior; if the law has been broken, as in

the case of severe destruction of school property, the proper authorities should be notified; if the student has been using illegal drugs on school property or comes to class under the influence of drugs, parents should be informed of their child's condition, and perhaps the family could be referred to the school counsellor for assistance in dealing with the problem; if the student has been selling drugs to other students, the parents of that student and the parents of those to whom he sold the drugs must all be informed immediately; the principal might also involve the police in some way--they may deem it appropriate to even press charges, depending on the circumstances of the situation; if a student openly defies a direct request from a teacher, he/she must learn that such behavior is totally inappropriate and will not be tolerated in the classroom.

Corporal Punishment and Suspensions--Two Issues in Student Discipline

Although some teachers feel that administering corporal punishment is an effective way of dealing with severe misbehavior, the vast majority of research has indicated that corporal punishment does not deter students from further misbehavior. One of the problems with the use of corporal punishment is that a mild form could just

be a "joke" to junior high and high school students. In order for it to be taken seriously, it would need to be quite severe, and then the risk of injury would be high. Obviously, this would result in legal implications. Quite apart from the "practical" reasons, corporal punishment is not appropriate because it provides students with a model of aggression. Its use implies that the individual with the most physical power is right. This is extremely detrimental to students' development, in that they must be encouraged to work out their problems intelligently, not simply through aggression. A final important point to consider is the fact that many students who engage in serious misbehaviors which would qualify them for corporal punishment are already quite familiar with the use of aggression to deal with problems. These students often come from families where parents constantly use physical threat and violence to attempt to control each other, and their children. Such students come to school with the belief that the only way to handle conflict is through aggressive behavior. What are we as teachers telling them if we resort to the same tactics?

Regular vs. In-School Suspensions

It is important that students be referred to the office only for major infractions. If they are constantly sent for minor offenses, they will quickly get the idea that the teacher cannot handle them, which will encourage

them to continually misbehave in an effort to prove their power over the teacher. This will likely result in other students misbehaving as well. Frequent office referrals tend to trivialize the effect of being sent. Students will cease to regard being sent to the principal as a serious consequence.

Once a student who has demonstrated serious misbehavior has been referred to the administration, a suspension becomes a possibility. Suspensions should be used only as a last resort. Sending a student home for a couple of days may be a reward rather than a punishment for some students, especially for those who do not want to be in school. An out-of-school suspension can also reinforce the idea that a particular student is so "tough" that the school cannot handle him/her. There is a certain amount of prestige in this for the student. Finally, an out-of-school suspension can indirectly tell a student who is really seeking attention and who needs help, that you have "given up" on him/her.

An in-school suspension eliminates most of the aforementioned problems, but is still viewed as a serious consequence because the student is suspended from being part of his class. He has behaved inappropriately to such an extent that he must remain apart from other students and his teacher, until such time as the principal feels he is ready to return and behave appropriately. There should be a designated in-school suspension room, and teachers

can take turns supervising it for short periods of time. The administration and the school counsellor/psychologist should be involved in the supervision as well. A set of rules must be established for behavior in the in-school suspension room:

1. Remain quiet. , No talking is permitted.
2. Stay seated.
3. Use of restrooms will be allowed only during the times listed on the board. If you need to go to the restroom, raise your hand at the appropriate time.

Any deviation from the expected behavior in the in-school suspension room results in an immediate out-of-school suspension. Students, teachers, and parents must be informed as quickly as possible of the principal's decision to assign an in-school suspension.

The Use of Group Dynamics in the Classroom as a Stress Reducer

In this final section of the chapter, particular group dynamics will be discussed, including peer encouragement, peer acceptance, spectator learning, ventilation, universalization, reality testing, altruism, and positive interaction. A brief explanation of these phenomena will assist the teacher in using them to promote cohesiveness and reduce stress in the classroom. If students feel accepted as part of the classroom group,

they will be much more likely to cooperate with their classmates and teachers. This will greatly reduce the frequency of student misbehavior.

(i) Peer encouragement--although continuous encouragement and reinforcement from the teacher is important, the impact of an encouraging comment from one's peers cannot be underestimated. Whether the goal is to help a student improve in the academic or behavioral area, the teacher should enlist the assistance of some of the other students in the class who can offer valuable insights and ways of relating to the student above and beyond what the teacher has to offer. There are numerous encouraging group exercises available which can be used in the classroom setting. (See list of recommended books at the end of this chapter.)

(ii) Spectator learning--students can learn a great deal from listening to how other students are dealing with their difficulties. For example, one shy student can learn from another who has worked on improving his/her self-confidence. They might benefit from a "buddy system", whereby they encourage and reinforce each other for attempting new behaviors.

(iii) Ventilation--it is important that both students and teachers feel comfortable enough to express their thoughts and feelings in the classroom. This does not mean that "temper tantrums" and verbal abuse are acceptable, but that individuals are free to express

opinions on issues in the classroom. As well, students and teachers should make an effort to be aware of each other's feelings and to respond to them empathically.

(iv) Feedback--students need to be made aware of how they are seen by others. This feedback must be given in a non-threatening and sensitive manner. It must be clear that the behavior and the individual are separate, so that while you might not like the behavior, you still accept the student as a worthwhile individual. Once again, although the teacher's input is important, it can be even more meaningful if students provide each other with positive and constructive feedback.

(v) Universalization--students feel accepted and part of a cohesive group when they become aware that others in the class experience the same feelings as they do--they are not alone. The teacher can take the lead in this regard by sharing some of his/her experiences with the class. This will encourage others to share, and will result in students becoming more sensitive to the feelings of others.

(vi) Reality testing--students need to feel comfortable enough in their environment to take risks and try new behaviors. The classroom can provide an accepting atmosphere in which individuals receive encouragement and constructive feedback. In such an accepting environment, students are not judged on past behavior, but rather are continuously given opportunities to improve.

(vii) Altruism--students should be encouraged to help each other "for the good of the class", rather than to compete. For example, the teacher could organize a class activity in which each student identifies a particular area they feel is a strength of theirs. They could volunteer to help another student in that area.

(viii) Interaction--teachers need to re-think the idea of a quiet classroom as being the ideal. Students must be encouraged to interact with each other so that they can try out their social skills in a "safe" environment. If they are expected to spend most of their time doing individual work in silence, they will not have the opportunity to learn the skills necessary for positive interactions in the real world.

Review

At this point it would be useful to review the information contained in the second and final sections of this chapter. Answer the following questions in an effort to ensure that you have understood the material presented.

1. (a) Why is a "team" approach desirable in dealing with students who have major behavioral problems?
(b) Who should be on the school "team"?

2. Why is consistency so important when dealing with "chronic misbehaviors"?
3. What information should be included in the school's overall discipline policy?
4. Why is it important that teachers refer to the office only those students who have committed major infractions?
5. What are some of the problems regarding the use of corporal punishment?
6. Discuss the differences between an in-school suspension and an out-of-school suspension. Why is the former often considered to be more appropriate?
7. Briefly explain how a teacher can use group dynamics in the classroom to help foster a cohesive group and reduce stress. Include at least five of the eight phenomena discussed in your explanation.
8. How are each of the above questions related to stress management?

Points to Remember

The following is a list of helpful "tips" (taken from the S.T.E.T. Manual) which will assist the teacher in dealing effectively with student discipline problems, thereby reducing stress for both teachers and students.

1. Fully acknowledge and accept your own imperfections. This will encourage your students to do the same.
2. Recognize and change your purpose. Be aware of your "gut" reaction to a student who misbehaves. Instead of responding to a power-seeking student with more power, choose to withdraw from the conflict. Seek ways of winning the student's cooperation.
3. Think positive! Don't "dump" on yourself because you cannot control every student you teach. This is not a reflection on your teaching abilities.
4. Plan for the unexpected. Decide how you are going to respond to the various types of misbehavior before you go to class. Build up a repertoire of skills to draw from.
5. Speak in a firm but friendly tone. Resist the temptation to be condescending or sarcastic when a student misbehaves.
6. Make use of your sense of humour--it will help to relieve tension. If you are able to laugh at yourself once in a while, your chances of survival in the classroom will greatly increase!

7. Avoid making excuses for why you cannot change. The phrases "I can't...", "I'll try..." and "He made me behave that way..." all demonstrate that you are not taking control of your own situation. If we expect students to take responsibility for their own behavior, we must be prepared to do the same.
8. Set realistic goals--this applies to ourselves and our students. Improvement occurs gradually. Do not expect to change quickly.
9. Reward and encourage yourself. If you manage to respond appropriately to a misbehaving student two out of four times during the week, REWARD YOURSELF!
10. Do not "wallow" in guilt. Sometimes we allow feelings of guilt to be an excuse for not trying again. If you make a mistake, simply acknowledge it and then move on.
11. Discipline requires consistency. If you let students know what to expect in advance, they will be less likely to "test" you.
12. Remember that "I messages" are much more effective than "You-messages". The "You" messages may result in the student (or colleague) doing whatever it is you want, but their feelings about it will not be positive--they will likely feel resentment.
13. Body language, facial expression, and tone of voice are all key components of effective communication. If you are using an "I message", ensure that your

non-verbal message is congruent with the verbal one. If you are too angry at a particular moment to speak calmly, take a minute to walk away and calm down--then respond.

14. When you are giving a student the choice of discontinuing his present inappropriate behavior or accepting a logical consequence, choose your words carefully. Certain words usually sound negative, such as, never, always, should, must, and have to.
15. The teacher's attitude is very important when dealing with misbehaving students. Although you may feel that you're a teacher, not a counsellor, you must recognize that you are the individual who spends the most time with your students on a daily basis. While the counsellor (or other professionals) may greatly assist the student in dealing with his/her problems, the classroom offers regular opportunities for the student to try out new behaviors and to learn how to interact positively with others. You can have a profound influence upon the success of your students, and your classroom climate will be much less stressful for both teachers and students.

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— APPENDIX I

Grade ContractSubject: Social Studies

Student _____

Unit: Indians of the American
Southwest during the
Nineteenth Century

Teacher _____

Instructions:

You may decide what grade you wish to earn for this unit. Here are some ideas from our discussion on how you can earn a certain grade. You may have other ideas that you want to discuss with me.

Grade of A: Four of the projects listed below.Grade of B: Three of the projects listed below.Grade of C: Two of the projects listed below.Grade of D: One of the projects listed below.

NOTE: If you decide to work for a C or above, you may choose only one small-group project. The other project or projects must be individual.

1. Write a composition comparing the daily life of three Southwestern Indian tribes.
2. Form a small group and present a play about the life of one of the tribes. (NOTE: If more than one group decides to do this, each group will have to choose a different tribe.)
3. Form a small group and design a mural or a model village showing the way of life of one of the tribes. (Each group chooses a different tribe.)
4. Give an oral report on a novel about Southwestern Indians and compare the story to the facts about the way the Indians lived.

5. Make a presentation using the overhead projector the life of a Southwestern tribe. (Each presenter will need to choose a different tribe. Tribes chosen should be different from those presented in plays or art projects.)
6. Either individually or in a small group, make a map showing the location of each tribe.
7. Answer five study questions from the text. (We will decide together which questions you will answer.)
8. Other ideas? _____

REMEMBER: Your grade also depends upon quality. For example, if you decide to work for an A but your work is really B quality, you will have the opportunity to improve the work or accept a B. You and I will decide together the quality of your work.

I have read and understood all of the above. I wish to contract for a grade of _____. I will earn the grade by doing the following projects. (If you're doing a small-group project, name the other members of your group.)

Date _____

Last day to renegotiate _____

Signature of
Student _____

Signature of
Teacher _____

Taken from the S.T.E.T. Manual for Teachers by Dinkmeyer, Dinkmeyer, and McKay (1980).

APPENDIX II

Student Referral Record

Student _____

Teacher who made the referral _____

Reason for referral (must be in behavioral terms)

Student's explanation of what happened

Action taken: _____

Parents contacted (include date): _____

Is this the first referral for this problem? _____

If not, how many other referrals? _____

*If repeated referrals, check the following:

Academic placement _____

Ratio of interactions between teacher and student _____

Need for individualized reinforcement system _____

Need for counselling or other professional help _____

(This form is suggested by Randell Sprick in Discipline in the Secondary Classroom, 1985.)

APPENDIX III

Behavioral Contract

The following is an example of a behavioral contract for a disruptive student. Note that both the student and the teacher have responsibilities in affecting positive change. The "Student Advocate" can be the school counsellor or psychologist.

Student _____

Class _____

Goal (must be in concrete, behavioral terms) _____

Student responsibilities for achieving this goal _____

Teacher support responsibilities for achieving this goal _____

Advocate's responsibilities _____

Evaluation procedure _____

Date of goal evaluation _____

Student's signature _____

Teachers signature _____

Advocate's signature _____

Taken from Discipline in the Secondary Schools (1985) by
Randell Sprick.)

APPENDIX IV

Homework Exercises

1. Practice reflective listening during the week. Remember the basic format: "You feel _____ because _____." Set up an appointment with one of your students to discuss his/her progress, and use reflective listening during the interview. Take note of how the student responds to your approach.
2. Practice using "I" messages during the week. Remember the basic format: "I feel _____ when _____." Focus on how you feel when a particular student engages in inappropriate behavior. Jot down one or two typical situations in which you could use "I" messages. Try using them in class.
3. Practice applying logical consequences for misbehavior in your classroom. Jot down three or four typical examples of student misbehavior which occurs in your classroom, and think of appropriate consequences for that behavior. Try using these consequences in class. Take note of how students respond to your approach.

4. Take a student who is a behavior problem for you, and analyze his/her behavior in terms of the four goals-- power, displays of inadequacy, revenge, and attention. Consider your feelings when this student misbehaves, and take note of the student's response to what you say. Determine possible appropriate responses to his/her misbehavior.
5. Select a student in your class whom you think is discouraged. Try to think of possible reasons for this student's discouragement. Attempt to encourage this student through positive reinforcement. Jot down each day how you attempted to encourage the student. How did he/she respond to your approach? How would a parent-teacher consultation assist you in understanding and helping this student?
6. Choose one area of classroom management which you would like to improve. The following format will assist you in monitoring your progress: (This form is taken from the S.T.E.T. Manual, 1980.)

(a) Skill(s) I intend to improve: _____

2

(b) Present beliefs which impede my progress: _____

(c) Specific examples of successful application of skills: _____

(d) Specific examples of difficulties in applying new skills: _____

APPENDIX V

Recommended Readings

- Carkhuff, R.R., Berenson, D.H., and Pierce, R.M. (1977). The skills of teaching: Interpersonal skills. Amherst, MA.: Human Resource Development Press.
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CHAPTER SEVEN

THE ROLE OF HEALTH AND LIFESTYLE IN THE
MANAGEMENT OF STRESSIntroduction

Chapters Four to Six focused on management strategies which are directly related to the three major sources of teacher stress, according to the literature--namely, time management concerns, parent-teacher relations, and student discipline problems. It is also important to note that the literature over the past ten years has pointed to a high correlation between chronic stress and health problems (Friedman and Rosenman, 1974; Needle, Griffin and Svendsen, 1981; Eliot, as cited in Vogue, 1984). Although health and lifestyle have not been reported to be sources of stress, as such, the inclusion of a chapter on the relationship between lifestyle, general health, and stress is as important as including approaches to effective time management, classroom management, and parent-teacher consultation skills.

Many medical researchers are now convinced that an individual's general health may be the primary determining factor in the development of certain diseases, particularly those which are stress related (DuBos, 1960, and Antonovsky, 1979, as cited in Thoreson and Eagleson, 1985). William Osler, regarded as one of the founding

fathers of modern medicine, is noted for this advice to his medical students:

...Ask not what kind of disease the person has, but rather what kind of person has the disease...(cited in Thoresen and Eagleston, 1985, p. 78)

The significant role that health plays in this regard has been studied and explored for centuries. In the early 19th century, experimental physiologist Claude Bernard described the relationship between general health and disease:

✓ ...Illnesses hover constantly above us, their seeds blown by the wind; but they do not set in the terrain unless the terrain is ready to receive them... (cited in Jaffe, 1980, p. 15)

This chapter will focus upon three major components of lifestyle--diet, exercise, and attitude. This format parallels the approach to treatment of cancer patients (previously outlined in Chapter Two) taken by Carl and Stephanie Simonon. The literature and logic suggest that the adoption of a "healthy" lifestyle (proper diet, regular exercise, and the maintenance of an optimistic attitude) will serve as a preventative measure against stress related illness and disease.

Research Review

The Importance of an Appropriate Balanced Diet in Maintaining Health and Combating Stress

In recent years, increasing attention has been given to the role that diet plays in the maintenance of health

and the development of certain diseases. There is a great deal of evidence which suggests, and in some instances proves, that diet is a significant contributing factor in the development of cancer, hypertension, diabetes, cirrhosis of the liver, and arteriosclerosis. Since cancer and heart disease are the two leading causes of death today in North America, it makes sense to adopt a lifestyle which reduces risk-taking behaviors which may result in the onset of these diseases. Inappropriate diet, lack of adequate exercise, excessive use of alcohol, excessive stress, and genetic predisposition have all been linked to a higher incidence of heart disease and cancer. Fortunately, all but the last factor are within our direct control, as they are matters of lifestyle. They are "habitual" behaviors which can be changed through awareness, commitment, and hard work.

Why is diet so important to our general health and well being? A balanced diet is essential so that the body can obtain the vitamins and minerals necessary to carry out its three major functions, namely growth, repair, and defense. — For example, the body needs an adequate amount of calcium for healthy development of bones and teeth. A calcium deficiency (and genetic predisposition) can result in malformation of the spine and weakening of the bones, and osteoporosis may be the result. Vitamin E is needed for the formation of red blood cells, which are responsible for carrying food and oxygen to the other

cells, and for carrying waste products to the kidneys to be eliminated from the body.

The body also requires an appropriate balanced diet so that the systems within it, such as the immune system, can perform efficiently. When a person is confronted with a threatening situation, the body immediately responds in an effort to adapt to the change. There is an increase in the amount of adrenalin produced, and heart and respiration rates also increase. These changes assist the individual in dealing with the stressor. If the body is not functioning at optimal level due to vitamin or mineral deficiencies, it will be more difficult for the individual to cope with the change, and if the stressor is prolonged or repeated frequently, illness or even death could be the result (Selye, 1974).

Another important function of the body is to repair damaged cells (such as when a limb is cut or broken), and to act as a defense against foreign substances. Vitamins A, C, E, and the B complex vitamins assist the body in this regard.

The body contains a certain amount of potentially toxic or cancerous cells within it, but these are harmless as long as the "healthy" cells remain "in control" and the immune system is functioning properly. If, however, the body has responded to chronic stress by suppressing the immune system, this provides the potentially dangerous cells with an opportunity to multiply and destroy the

healthy cells, thus encouraging the onset of illness and disease (Paget, 1870, as cited in Simonton, 1978; Cannon, 1932; Selye, 1974; Simonton, 1978).

The following pages contain vital information regarding the dangers of "crash" or "fad" dieting, as well as an explanation of the role of various vitamins and minerals in helping the body perform efficiently.

Rule No. 1 Beware of "fad" diets!

Although being twenty or more pounds overweight can be hazardous to your health, the effects of crash dieting upon the body can be equally disastrous. If you go on a diet which results in a sudden loss of weight, your metabolic system may essentially go into "shock". Certain hormonal and chemical changes occur which can cause an abrupt rise in blood pressure. When an individual is faced with a stressor, the brain sends a signal to the nerve cells which manufacture norepinephrine, otherwise known as the "fight or flight" hormone. An increase in the amount of norepinephrine produced causes an increase in heart rate and constriction of the blood vessels. This results in a rise in blood pressure. These same nerve cells also respond to another form of stress--namely overeating. When you overeat, the nerve cells respond by producing more norepinephrine. If you overeat only occasionally, your metabolism will allow you to "burn off" the extra calories, but if you engage in constant

overeating, your system will not have a chance to rest and recover. The norepinephrine-producing cells will become hyperactive, causing your blood pressure to remain high. The healthiest way to lose weight is to change your eating habits gradually. Follow Canada's Food Guide and ensure that you eat well-balanced meals. This will not only prevent sudden changes in your blood pressure, but will ensure more permanent weight loss as well (Ersberger, 1985). See Appendix I for tips on "sensible" dieting.

Rule No. 2 Eat a well balanced diet.

In order for our bodies to function at an optimal level of efficiency, we must eat a balanced diet. Our bodies need appropriate levels of certain vitamins and minerals for growth, and proper levels of sugar, salt, water, and oxygen so that the blood can maintain a consistency which allows it to circulate freely throughout the body. The blood plasma takes food and oxygen to all cells, and brings nutrients to specific organs in the body for storage. The lymph contains white cells which are largely responsible for defending the body against foreign substances.

In order for our body to receive all the vitamins and minerals necessary for survival, we must maintain a daily diet that consists of foods from all of the major food groups. We need calcium for the growth and maintenance of bones and teeth and for responsiveness in nerve and muscle

tissue. This essential mineral is contained in such sources as milk and milk products, tofu, broccoli, and Tums. We also require carbohydrates because they are used for energy; pasta, potatoes, whole grain breads, apples, and oatmeal are all sources of carbohydrates. In recent years, some medical and nutritional experts have suggested that increasing the amount of carbohydrates in our diet and lowering our fat intake will help prevent the development of cancer. We also require a certain amount of fat in our diet, for the production of milk, for energy, and for maintaining a constant body temperature. Fats are contained in dairy products, cold cuts, sausages, and red meat. Protein is also a vital component of a balanced diet. It contains stored energy, as well as nitrogen and other necessary chemicals. Protein helps the blood retain the appropriate level of salt, which in turn regulates the amount of fluid retention. Protein is found in meat, fish, peanut butter, and eggs. The amount of fibre in our diet has received increasing attention in recent years. A diet rich in fibre is encouraged, as fibre not only helps the body to break down food, but it also acts as a protector of the digestive tract--it guards against serious diseases such as cancer of the colon. Fibrous foods include bran, fruits, vegetables, whole grains, beans, nuts, seeds, and rice.

Rule No. 3 Reduce the amount of processed foods you eat.

Another practice to consider in the maintenance of a healthy diet is to ~~reduce~~ the amount of processed foods you eat. The most common additives and preservatives are oil, sugar, and salt, none of which are healthy in excessive amounts. For example, the average adult requires less than 1 gram of salt a day. However, we tend to exceed that amount by three times, just from the salt that is naturally present in the foods we eat. Many of us add salt at the dinner table, thereby increasing our total salt intake to 10 or 12 times the recommended amount!

A well balanced diet includes foods which contain all the necessary vitamins for growth in children and the prevention of deficiencies in adults. However, as it is not always possible to get all the daily requirements from meals, a multivitamin supplement is sometimes appropriate. For a list of the 13 vitamins, their sources, and their functions, see Appendix II of this chapter.

In conclusion, the following general dietary guidelines may be useful (Wilson, 1981):

1. To avoid being overweight, consume only as much energy (calories) as is expended. If overweight, decrease caloric intake and increase exercise.

2. Increase the consumption of complex carbohydrates and "naturally occurring" sugars from 28 percent of energy intake to 48 percent.
3. Reduce the consumption of refined and processed sugars by about 45 percent, to account for 10 percent of total energy intake.
4. Reduce overall fat consumption from 40 percent to about 30 percent of total energy intake.
5. Reduce saturated fat consumption to about 10 percent of total energy intake; balance that with poly-unsaturated and mono-saturated fats, which should account for about 10 percent of energy intake each.
6. Reduce cholesterol consumption to about 300 mg. a day.
7. Limit sodium intake to a maximum of 5 grams a day.

The Importance of Exercise in Maintaining Health and Combating Stress

Literature Review

In 1980, Breslow and Enstrom conducted a study which involved a sample of 6928 adults, ranging in age from 40 to 80 years. The two researchers attempted to discover which behavioral health practices were significant in terms of improving the quality and duration of life.

During the 5½ years of the study, 371 of their sample died. Breslow and Enstrom noticed a consistent pattern of behavior among those who lived longer, healthier lives. This pattern included:

- ♦ eating breakfast daily
- ♦ rarely eating between meals
- ♦ sleeping 7 to 8 hours nightly
- ♦ rarely or never smoking
- ♦ avoidance of alcohol (or using it in moderate amounts)
- ♦ maintenance of appropriate weight for age, height, and sex

Males at age 45 who followed the majority of the above practices had an average lifespan of 11 years longer than those subjects who followed three or fewer. In the case of females in the 65 to 74 age range, the death rate was 26 percent higher in those who did not engage in the above practices. In a follow-up study (4 years later) on 4000 of the subjects, the original findings were maintained (Breslow and Enstrom, 1980, as cited in Thoreson and Eagleston, 1985).

In terms of maintaining an appropriate weight for one's height, age, and sex, there are two important areas of focus--diet and exercise. (The former has been discussed in the preceding section of this chapter.)

Ken Cooper, M.D., stated in an interview on "Living Fit" (1982), that "...when a person dies, he dies not so

much from his disease as from his entire life...". Cooper believes that regular exercise is a vital component of any health care program. Robert Beck, Director of Benefits and Services for I.B.M., (who was also interviewed for the same article), started a comprehensive health care program for the employees of I.B.M. because the company's health care costs were escalating due to illnesses such as ulcers, chronic back pain, headaches, and heart disease, all of which were largely lifestyle oriented. His program, called "Plan for Life", included information on diet, stress management, and exercise. I.B.M. established the necessary facilities for exercising and hired trained personnel to do the instruction. Beck also encouraged the employees to involve their families: "Corporate fitness should involve the employees and their families--that is where the long lasting results come..." Beck believes that the "Plan for Life" program will result in healthier, happier, and more productive employees at I.B.M.

Studies by Farquhar (1978, as cited in Wilson, 1981) and Friedman and Rosenman (1974) show that participating in regular exercise is an effective way to reduce the likelihood of a heart attack or stroke. Exercise has psychological benefits as well; according to Dr. Helen DeRosis, a psychiatrist, movement is a "natural" antidepressant, and is often more effective in treating chronic depression than psychoanalysis (Vogue, 1982). Kostrubula, also a psychiatrist, has used a combination of

running and psychotherapy with patients with depression or schizophrenia, and has reported notable improvement in their ability to cope with their illness (Kostrubula, 1976, as cited in Wilson, 1981). Exercise has numerous positive side effects. Some of the physiological benefits include:

1. improves the functioning of the lungs and circulatory system so that transportation of food and oxygen to cells is facilitated,
2. provides the lungs with greater elasticity to breathe in more air by expanding more,
3. delays the degenerative changes of aging,
4. increases the production of red blood cells in the bone marrow, resulting in a greater ability to transport oxygen,
5. helps to maintain normal blood pressure in normotensives, and lower blood pressure in hypertensives,
6. results in a quicker recovery time from strenuous activity,
7. strengthens the heart muscle,
8. burns calories, thereby helping to prevent hypertension, heart disease, diabetes, and other conditions related to body fat,
9. results in a lower pulse rate, indicating that the heart is working more efficiently,

10. accelerates the speed and efficiency with which food is absorbed,
11. tones and strengthens muscles,
12. increases endurance,
13. improves posture,
14. decreases low density lipoproteins (associated with heart disease) and serum cholesterol
15. raises high density lipoproteins which protects against heart disease (Greenberg, 1983, Wilson, 1981)

These physical benefits of exercise will help the individual cope more effectively with stress, because he/she will recognize more easily when the muscles of the body become tense. Also, having a well-toned body tends to increase an individual's self-esteem, which will give him/her more confidence in dealing with stressful situations.

Some of the psychological benefits of exercise include:

1. being more positively perceived by others, due to attractive physical appearance,
2. feeling more alert and competent,
3. being a better worker, since good health decreases the need for sick days,
4. decreasing feelings of depression and anxiety,
5. decreasing the likelihood of frequent accidents or illness,

6. being better able to manage stress, with a resulting decrease in stress-related behaviors. (Greenberg, 1983)

For all of the aforementioned reasons, participating in regular exercise is effective in maintaining both physical and mental health, and in coping with the stresses of daily life.

How to Set Up Your Own Exercise Program

Step No. 1. Medical Check-Up

The first step toward making regular exercise part of your lifestyle is to have a complete medical check-up. This will determine whether or not you have any physiological or psychological conditions which may be exacerbated by physical exertion. Caution: Do not skip this step, as people have suffered heart attacks and died within days of beginning an exercise program, simply because they were unaware of their own physical condition and fitness level.

Step No. 2 Set Goals

The second step in devising a personalized exercise program is to decide what the goals of your program are. Are you attempting to lose 10 pounds? Do you want to use exercise as a tension-releaser? Do you wish to become more physically fit? Do you wish to become more flexible, and tone up stomach and leg muscles? Once you have

answered these questions you will be able to choose the appropriate type of exercises to achieve the goals you have set. Remember: Set realistic goals for yourself. If you have not exercised regularly during the past five years, do not expect to suddenly be able to walk three times a week, swim twice a week, and lose 20 pounds! Set reasonable goals, and reward yourself for any small improvement.

Step No. 3 Begin Your Program

Once you have set goals for yourself and determined the exercises best suited to meet your needs, begin your program. It is important to "set yourself up for success" by beginning slowly. Perhaps you could start by incorporating a half hour walk, three times a week, into your schedule. Although walking at a moderate pace is a relatively mild form of exercise, it has many benefits. Walking helps build up your cardiovascular endurance, and is also an excellent stress reducer, because you can focus on the rhythm of your stride or on your breathing, rather than on whatever problems may be bothering you. The continuous, repetitive movement of walking also "calms down" the body, and if you walk outdoors, the scenery provides a pleasant distraction from the hassles of daily life. You may find the following walking format, (suggested by Balboa and Karabel of the New York City Walking Centre) useful:

1. Release yourself from any goal or objective while you are walking. Walk somewhere where you can maintain a steady pace without interruption.
2. Consciously relax your shoulders. Keep your head erect for proper breathing.
3. Lower your eyelids to decrease the amount of visual stimuli (if you want to totally relax).
4. Allow your arms full range of motion. In so doing, you will automatically breathe more deeply, thus relaxing.
5. Take regular deep breaths.
6. Clear your mind--simply focus on breathing. Be aware of the swing of your arms.
7. Periodically check your shoulders--keep them down.

(Balboa and Karabell, 1987, as cited in Spilner, 1987)

Other forms of exercise which are good for "starters" are swimming and bicycling. As your strength and endurance improve, you can swim, bicycle, walk, or even jog more vigorously and for longer periods of time.

Step No. 4 Follow a Set Format

Research has indicated that beginning or ending exercise abruptly can result in cardiac rhythm problems (Lamont and Reynolds, 1980, as cited in Greenberg, 1983). For this reason, it is imperative that you begin your exercise routine with a ten to fifteen minute warm-up

period. This warm-up should involve the slow stretching of muscles and deep, regular breathing.

After vigorous exercise (anywhere from 15 to 40 minutes) you must also have a "cool down" period. Stopping exercise suddenly can result in dizziness, nausea, and even fainting. The cool down period (10 to 15 minutes) allows time for muscles to get rid of the waste products of exercise (such as lactate), and prevents too much blood from rapidly pooling into the veins. Walking and stretching exercises are good for "cool downs".

Step No. 5. Exercise in Moderation

In order for exercise to be effective in losing weight or relieving stress, it need not be intense or painful--in fact, the "no pain, no gain" approach can be quite dangerous. It is important to get away from the idea that you must "go fast and push hard" each time you exercise. This attitude can result in uncomfortable side effects such as backaches, headaches, and strained muscles. Light to moderate regular exercise is recommended for most people. In a study conducted at St. James University Hospital in Leeds, it was found that light activity (that is, activity which increases oxygen intake by 15 percent) helps reduce depression (as cited in Prevention, 1985).

Step No. 6 Exercise Regularly

To receive maximum benefit from exercising you must exercise regularly. If, for example, you are participating in an aerobic exercise such as jogging or swimming, the cardiovascular benefits attained in a half hour session are lost within two days. Thus, if you only engage in this form of exercise once a week, your cardiovascular endurance will not improve. In order to keep track of improvements in endurance, you should take your pulse every ten minutes to see if you are working too hard or not hard enough. You should be within the appropriate "target rate" for your age. "Aerobic" exercise refers to any form of exercise that is of relatively long duration, uses the large muscle groups, and does not require any more oxygen than you can take in; examples include walking, bicycling, and jumping rope. "Anaerobic" exercise refers to physical activity of short duration, performed "all out" (such as short swimming races), that requires more oxygen than is taken in by the body while exercising. Both types of exercise are effective for managing stress, and to achieve the maximum level of physical fitness it is advisable to participate in both.

It is also advisable to vary your work-outs, so that the body has a chance to recover. For example, if you go to an aerobic dance class one day, you could swim or bicycle the following day. It is important to alternate

between the different groups of exercises so that you do not put the same type of stress on the same group of muscles each day (Kiesling, 1985). The body needs time to repair itself.

Step No. 7 Take Breaks

The importance of taking adequate breaks (rest periods) during exercise cannot be overstated. The key to improving one's level of fitness and endurance, according to Dr. George Brooks of the University of California, is to "apply a stressor and wait for the response" (cited in American Health, 1985). Many people do not wait for the body's response before applying more stress. Rest is essential for the body cells to recover: muscle tissue may be torn, the blood sugar level may have dropped significantly, or the body may have lost so much water that dehydration may occur. Loss of water through heavy breathing and sweating during strenuous exercise changes the composition of the blood. It becomes thicker and harder to circulate; thus, the heart has to work harder. Vigorous muscular exertion can also cause an increase in the production of lactic acid. If the body is not able to take in enough oxygen during exercise, it will have difficulty changing the lactic acid into carbon dioxide, which can be eliminated from the body.

Step No. 8 Enjoy!

It is important that regular exercise be incorporated into your daily lifestyle. If you simply wait until you have "free time", you will be continually postponing it. Exercise must be viewed as a commitment--an integral part of your daily activities. One way of ensuring this is to involve a member of your family, your spouse, or a friend, in the commitment to exercise; this way, you can give each other moral support. Having someone to exercise with also makes it more of a social event. If you join a health club or go to an aerobid dance class, for example, you will not only benefit from the exercise, but also have the opportunity to meet new people.

Introduction

The importance of diet and exercise in the maintenance of health has been discussed in the preceding sections of this chapter. A third factor, of equal importance in the management of stress, is attitude. According to Cox's definition (1978), the response of an individual to potential threat will depend upon perception; that is, perception of both the event itself and of the availability of adequate coping skills. If a person is faced with a situation over which he has no control (such as the death of a loved one), he will likely experience more stress than in situations in which he could exert more control. Individuals who believe they

can have a direct influence on the course of their own lives are said to have an "inner locus of control", while those who frequently adopt the "victim" stance demonstrate an outer locus of control. This latter group operate under the belief that their fate is pre-determined, and that whatever happens to them is totally outside of their control. This attitude can result in serious consequences, particularly where health is concerned. People who believe that their status of health is simply determined by chance are not likely to engage in practices conducive to good health, such as eating a balanced diet and participating in regular exercise. Thus, their attitude determines the route their health will take. On the other hand, those who believe that their general health and well being is largely within their control, will be more likely to behave in a manner which will promote good health.

The following pages provide an explanation of how our attitude about ourselves and our coping abilities can cause us even more stress than the particular situation with which we are faced.

The Importance of Attitude Upon Health and the Reduction of Stress

Literature Review

According to several recent studies, one of the most effective "weapons" for combating stress is one's

attitude. It is important to develop an inner locus of control--to believe that you have control over the course of your own life. Experiments with animals have pointed the way in this regard. In a study conducted by Maier and Laudenstag~~er~~ at the University of Colorado, two groups of rats were exposed to a series of mild electric shocks. One group had a switch in their cage which could turn off the electric current in both cages. The other group of rats had no means of avoiding the electric shock. The first group quickly learned to touch the switch to avoid receiving the shock. Both groups initially experienced the same amount of stress (the same number of electric shocks), but within a short while the first group learned they had a degree of control, while the second group had to depend on the first for relief from their situation. When both groups were examined, those who could turn off the current had more active lymphocytes than those who had no control over their situations (as cited in Self, 1984). Lymphocytes are an integral part of the immune system, and a decrease in their production results in an impairment of the immune system, thus paving the way for the onset of illness and disease.

A study conducted by Dr. Steven Keller on men who had lost a spouse through death showed that their lymphocyte functioning was severely impaired for at least two months after their spouses' death, and in some cases, for up to a full year (as cited in Self, 1984).

Yet another study which indicates the role of locus of control upon health is that of Judith Rodin, a professor of Psychiatry and Medicine at Yale University, who found that elderly individuals in a nursing home who were given control over their own schedules, the furnishing of their rooms, and other daily decisions, showed improved levels of alertness and memory, and lower levels of stress hormones (as cited in Newsweek, October 1986).

In an interview with Nan Silver for the November 1986 issue of American Health, psychologist Martin Seligman stated that an individual's "attributional style" determines whether he is an optimist or a pessimist. Pessimists attribute problems to circumstances outside of themselves, that is, they have more of an outer locus of control. They see problems as being of a global nature, thus affecting every area of their lives. They also assume that any difficulty they encounter will be long-term, and they often blame themselves for whatever circumstances might occur. Optimists, on the other hand, view problems as temporary, specific to one area, and caused by circumstances rather than by themselves; this view reduces the amount of stress they experience as a result of being faced with a problem. Their optimistic attitude causes less anxiety and therefore increases their confidence in their ability to cope with stressors. This self-confidence is a key factor in dealing with stress.

The following section will show the reader how to identify the thinking patterns they have which may be causing undue stress.

The Effects of Self-Talk Upon the Management of Stress

A crucial step toward improving your general health and well-being is to adopt a positive attitude. You must believe that you are the only person who can control your own behavior, and that positive change is within your grasp. Many people attribute their responses to situations, and even their feelings, to other people; "He made me angry!", "She made me feel guilty." In fact, it is one's own perception or thoughts about an event which cause one to feel a particular way. Albert Ellis, the founder of Rational-Emotive Therapy, believes that people do not experience a direct emotional response to most situations. Rather, they think first, and their feelings arise out of their beliefs. For example, if a colleague criticizes the way you handled a particular situation, it is your thoughts about what he/she said which will determine how you feel. If your self-confidence is minimal, you will probably feel threatened by the criticism, and your thoughts may go something like this: "He thinks I don't know how to do my job; he probably doesn't like me anyway....". This sort of self-talk or irrational thought leads to negative feelings, such as anger, frustration, and depression. If, on the other

hand, you accept your colleague's criticism and think "Maybe I didn't handle that situation as well as I might have" or "I guess I made a mistake in my approach--perhaps I can ask how someone else might have handled it", your feeling about the incident will be totally different. The second response will not give rise to the same number or degree of negative feelings, thereby reducing the amount of stress you will experience.

Ellis believes that much of the stress people experience can be significantly reduced by altering the irrational thinking patterns they have established. He cites the following 10 irrational beliefs as the underlying basis upon which we respond to situations:

1. I must have the sincere love and approval almost all of the time from all the people who are significant to me.
2. I must prove that I am thoroughly competent, adequate, and achieving; or I must at least have real competence or talent at something important.
3. It is awful, terrible, catastrophic and horrible when things in life do not go the way I would like them to go.
4. People who hurt me are bad, wicked and villainous individuals who should be blamed and severely punished for their misdeeds.
5. I should be constantly anxious and concerned about the possibility that something dangerous or fearsome might happen.

6. People and events should turn out better than they sometimes do, and it is awful and horrible if good solutions to life's problems cannot be found quickly.
7. Emotional misery comes from external pressures and I have little ability to control my feelings of hostility and depression.
8. The past is all important, because it strongly influences my life; the past determines all my feelings and behaviors TODAY.
9. It is easier to avoid facing life's difficulties and responsibilities than to develop more rewarding forms of self-discipline.
10. I can be truly happy by living passively, doing nothing, and just focusing on "enjoying myself".

(Ellis, 1975)

At this point it might be useful to examine your own tendency to engage in irrational thinking. Which of the above beliefs pertain to you? In Preventing Burnout in Education (1981), Christopher Wilson suggests completing the following worksheet in an effort to examine your own irrational beliefs. Space is provided for "alternatives" to whichever irrational beliefs you have chosen. It is important to think of more rational alternatives, because when you are actually in a stressful situation you are often too anxious to see any alternatives.

Challenging Irrational Beliefs

1. One of my major irrational beliefs is no. _____
(according to Ellis).

An alternate way of thinking about this is: _____

_____.

2. Another irrational belief I frequently engage in is
no. _____.

Alternatives: _____

_____.

3. Another irrational belief I adhere to is no. _____.

Alternatives: _____

_____.

If you are able to see several alternatives in a threatening situation, you are less likely to feel stressed. With practice, you can learn to recognize which of the 10 irrational beliefs pertain to you in a given situation, and you can replace this faulty pattern of thinking with rational alternatives. For example, let us take irrational belief number 8:

The past is all important because it strongly influences my life; the past determines all my feelings and behaviors today...

Some rational alternatives to this belief are:

- No. 1 My past has influenced my life,
 but I am in control of how I feel
 and behave today. No-one else
 can control my life except me.
- No. 2 My past is just that--my past.
 Right now I must focus on the
 present, and decide how I feel at
 this point in time. I can "let
 go" of the past if I decide that
 I want to do so.

Notice that these alternatives are not only more rational, but they also demonstrate a degree of confidence and control. These sorts of self-statements reinforce the idea that you can determine the course of your own life. This approach will give you the confidence to deal with stressful situations, because you will have developed an inner locus of control.

Another approach to managing stress is taken by Donald Meichenbaum (1977, as cited in Wilson, 1981), who suggests that an individual's response to stress is determined by the nature of his/her internal dialogue. He believes that what an individual says to himself before, during, and after a situation is of utmost importance. There are three types of self-talk that we use in response to a stressful situation: over-reacting, under-reacting, and coping self-talk. Most of us tend to use the first two types, and it is the absence of readily available coping self-talk which results in anxiety. In order to combat this tendency, Meichenbaum describes a three-step process of "cognitive restructuring":

1. Recognition of faulty dialogues which result from:
 - (a) jumping to conclusions without adequate information,
 - (b) exaggerating the meaning of an event,
 - (c) missing important aspects of an event,
 - (d) oversimplifying the situation,
 - (e) overgeneralizing from a single incident.
2. Development of coping skills--generating alternatives to different situations is an effective stress reducer. It is often the fact that we are unable to see more than one way of dealing with a situation which causes stress.
3. Practice and use your coping skills in real life, everyday situations. (cited in Wilson, 1981)

Activity

Think of an example of a recent situation in which you engaged in negative self-talk, which resulted in feelings of helplessness, frustration, and anger. Perhaps you had a confrontation with a colleague, with the administration, or with a parent. Jot down a brief explanation of the event. Check back to Meichenbaum's 3-step process, and determine the basis of your faulty dialogue: Did you oversimplify the situation, or jump to inaccurate conclusions about the event? Now jot down some alternative ways of dealing with the situation. Include a brief dialogue you could have with yourself to assist you in this regard.

Points to RememberDIET

1. Research has shown that diet is a contributing factor in the development of certain diseases such as cancer, hypertension, cirrhosis of the liver, and arteriosclerosis.
2. A balanced diet is essential for the proper growth and maintenance of the body.
3. The body requires a constant supply of certain essential vitamins and minerals so that it can carry out its three major functions of growth, repair, and defense.
4. "Crash" or "fad" dieting can be hazardous to your health because a sudden loss in weight sends the metabolic system into shock.
5. An increase in the production of norepinephrine (the "fight or flight" hormone) results in an increase in heart rate and constriction of the blood vessels. Constant over-eating will result in speeding up the production of norepinephrine.
6. Processed foods contain salt, sugar, and oil as preservative ingredients. A diet based on a large number of processed foods is detrimental to your health.

7. It is important to eat food from all the major food groups on a daily basis. Carbohydrates are contained in pasta, potatoes, whole grain breads, apples, and oatmeal. Fats are contained in dairy products, cold cuts, sausages, and red meat. Foods containing protein include meat, fish, poultry, peanut butter, and eggs. Fibrous foods are bran, fruits, vegetables, whole grains, beans, rice, nuts and seeds.

EXERCISE

1. Research has shown that participating in regular exercise is effective in preventing heart disease and managing stress.
2. Exercising (or any form of movement) is a "natural" antidepressant and has been used as an integral part of treatment programs for patients with hypertension, cancer, ulcers, and chronic depression.
3. Some of the physiological benefits of exercise include: improvement in the functioning of the lungs and circulatory system, increased ability to transport oxygen to body parts, strengthening of the heart muscle, lowering of the cholesterol level in the body, and a delaying of the degenerative processes of aging.

4. Some of the psychological benefits of exercise are: feeling more alert and competent, increased self confidence, increased physical attractiveness and thus increased self-esteem, less "sick" days, a decrease in the likelihood of accidents or illness, and fewer feelings of anxiety and depression.
5. In establishing an individual exercise program it is essential to have a thorough medical examination first so that you will be aware of any physiological or psychological conditions which may become worse due to physical exertion.
6. Following a thorough physical examination, you need to set goals for yourself. These goals will determine what types of exercises are best suited to your needs.
7. It is important to begin exercising gradually. You can start with walking, swimming, or bicycling.
8. The format for each exercise period should be the same: a 10 to 15 minute "warm-up", followed by 20 to 30 minutes of moderate to vigorous exercise, and finally a 10 to 15 minute "cool down" period. This format will decrease the likelihood of strained muscles, backache, headache, dizziness, nausea, and elevated blood pressure.

9. Regular rest periods are essential when exercising. The body needs time to recover from the changes that occur as a result of vigorous exercise, namely an increase in heart and respiration rates, an increase in the production of lactic acid, and loss of water through sweating and heavy breathing.
10. Exercise should be incorporated into your daily lifestyle. In this way you are more likely to follow your program. It also helps to have a friend or family member involved.

ATTITUDE

1. Research has indicated that an individual's attitude is a key factor in the management of stress.
2. It is important to believe that you have a large degree of control over the direction of your life. Those who have this belief demonstrate an inner locus of control, while individuals who feel they are simply "victims of fate" have an outer locus of control.
3. Pessimists tend to view problems as global, long-term, and caused by circumstances outside of their control; optimists, on the other hand, see problems as temporary, area-specific, and manageable.

4. Ellis believes that we contribute to our own levels of stress by adhering to 10 "irrational" beliefs. These beliefs prevent us from seeing several different ways of approaching a problem, and as a result, we feel unable to cope, and thus more stressed.
5. Ellis emphasizes the importance of discovering, in advance, several rational alternatives to dealing with a stressful situation. When we are actually involved in a threatening situation, we are often too anxious to think rationally.
6. Meichenbaum believes that the nature of our own "inner dialogue" determines how we respond to potentially stressful situations. There are three main categories of self-talk: over-reacting, under-reacting, and coping self-talk.
7. We can decrease the amount of stress we experience through cognitive restructuring. This process involves three steps: recognition of faulty (irrational) thinking patterns, the development of coping, positive self-talk, and practice of coping self-talk in real-life, everyday situations.

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APPENDIX I

The following is a list of dieting tips taken from Christopher Wilson's Preventing Burnout in Education (1981):

1. Use a small plate and fork when eating, to make less look like more.
2. Eat slowly, and pause between mouthfuls. It takes your stomach more than 20 minutes to signal your brain that you are no longer hungry.
3. Many overweight people immediately go to the fridge upon entering the house. If this is your habit, make a point of going to another room. Go to the kitchen ONLY when it is necessary to prepare food.
4. Banish high calorie foods from the house. Do not buy junk food when you go to the supermarket.
5. Fill the refrigerator with low calorie foods so that when you have the urge to eat, you cannot do too much damage!
6. Do not feel that you must "clean your plate" at mealtime. Only eat until you are comfortably full.
7. Set reasonable goals for yourself; and reward yourself for your accomplishments.
8. Do not be social-pressured into eating. Only you know what is good for you, and others will usually help if you explain that you are trying to lose weight.
9. Do not totally give up all your favorite foods. Give yourself small amounts--to go from eating a package of cookies a day to a package a week is a real accomplishment.
10. If you "cheat" and fall back into old eating habits, DO NOT GIVE UP! Forgive yourself and try again.

APPENDIX II

(Taken from *Vitamins: How to Make Sure You Get What You Need*)
McCalla, January 1965

	Sources	Roles
Vitamin A	liver, kidneys, eggs, butter, cheese, yellow, orange, and dark green vegetables and fruits, fish liver oil, fortified milk	promotes healthy eyes and vision, keeps teeth, bones, hair and nails healthy, keeps immune system ready to fight infection
Vitamin D	produced in body by exposure to sunlight, fish-liver oil, tuna, salmon, sardines, egg yolk, butter, fortified milk	promotes strong bones and teeth, helps absorb calcium and phosphorus
Vitamin E	vegetable oils, margarine, nuts, seeds, whole grain products, liver, leafy green vegetables	aids in formation of red blood cells, muscles and other tissues, protects fat-containing membranes in nerves, muscles, and cardiovascular system; may relieve symptoms of cystic breast disease, may block formation of cancer-causing nitrosamines
Vitamin K	green leafy vegetables, peas, cabbage, cauliflower, potatoes, tomatoes, cereals, dairy products, liver	anti-hemorrhaging vitamin, aids in formation of blood clotting, helps maintain healthy bones
Vitamin C (ascorbic acid)	citrus fruits, dark green vegetables, cauliflower, melons, strawberries, mangoes, potatoes, tomatoes	aids in production of collagen, helps keep teeth, gums and bones healthy, helps protect other vitamins from oxidation, may block formation of cancer-causing nitrosamines, aids in absorption of iron

Vitamin B₁ (thiamin)

Whole and enriched grain products, dried peas and beans, nuts, legumes, dairy products, eggs, organ and lean meats, dark green vegetables, fish, poultry

helps released energy from carbohydrates, fats and protein, aids in building and maintenance of body and nerve tissues, essential for metabolism, aids in formation of hemocytes and red blood cells.

Vitamin B₂ (riboflavin)

same as B₁

same as B₁

Vitamin B₃ (niacin)

same as B₁ and B₂

same as B₁ and B₂

Vitamin B₅ (pantothenic acid)

same as other B complex vitamins

same as other B complex vitamins

Vitamin B₆ (pyridoxine)

same sources as other B complex vitamins

same as other B complex vitamins

Vitamin B₁₂ (cobalamin)

same as other B complex vitamins

same as other B complex vitamins

Folic Acid

same as other B complex vitamins

same as other B complex vitamins

Biotin

same as other B complex vitamins

same as other B complex vitamins

Notes:

1. Fat soluble vitamins are stored by the body, so daily consumption is not essential. Taking in too much can result in a buildup to toxic levels.
2. Water soluble vitamins (C and B) are not stored by the body, therefore they should be in your daily diet.
3. The 8 B-complex vitamins have interrelated functions and are generally found in the same foods.

APPENDIX III

The following "Daily Eating Habits" Chart (taken from Preventing Burnout in Education by Christopher Wilson and Deborah Hall, 1981) will assist you in becoming aware of your present eating habits. Fill out this chart each day for a week and compare your diet with the dietary recommendations presented earlier in this chapter. Decide which areas need improvement.

DAY 1	BREAKFAST	FAT	CARBOHYDRATES	PROTEIN
DAY 1	LUNCH			
DAY 1	SUPPER			

"FOOD" for thought:

1. Do you eat foods containing fibre? _____
2. Do you eat fresh vegetables? _____
3. Do you eat fresh fruit? _____
4. Are you overweight for your height, sex, and age? _____
5. Do you have an illness or disease which requires a special diet? _____

APPENDIX IV

The 9 Causes of Fatigue and How to Beat Them

(taken from Prevention, October 1986,
article by Jeff Meade)

There are several causes of 'chronic fatigue, two of which are lack of proper diet and lack of regular exercise. Since these have been discussed in the preceding section of this chapter, the following is a list of "tips" regarding how to combat the other 7 causes:

1. Not enough sleep
 - Try not to drink coffee or cola after 6 p.m.
 - Go to bed at a regular time each night.
 - Get regular, moderate exercise.
 - Skip alcohol after dinner.
2. Drug reactions
 - Antihistamines, pain relievers, oral contraceptives, and diuretics can all have fatigue as a side effect.
 - Check with your doctor to see if there is an alternate, but equally effective drug that you can take instead of the one which is causing chronic fatigue. "

3. Anemia

- Even if your diet is balanced, you can have an iron deficiency; in women this can occur because of menstruation, and in men it can occur due to gastrointestinal bleeding.
- Pregnant women need extra iron for the developing fetus.
- You may have to temporarily take an iron supplement.

4. Diabetes

- Fatigue can be a result of diabetes.
- If you have diabetes, you must ensure that you eat balanced meals according to a diabetic plan, and take your insulin regularly.
- If you are not required to take insulin or follow a particular diet, be sure to take time out for short rests when you are tired. Do not push yourself to keep going.

5. Heart disease

- One of the warning signs of heart disease is chronic weariness. Consult your doctor if this continues.
- Have regular medical examinations.
- Take your medication regularly.

6. Depression

- Chronic fatigue can be a symptom of depression.
- Unresolved conflicts can cause fatigue because a major portion of your energy is being used to avoid, deny, or cope with the conflict.
- Lack of sleep (due to depression) can also result in always being tired.
- Seek help from family, friends, a counsellor, your family physician, or a mental health professional.

7. Stress

- One of the major symptoms of chronic stress is physical exhaustion.
- You can use several types of relaxation techniques to combat stress. (*See Chapter 8.)
- You can also employ a variety of management strategies which are directly related to the sources of stress. For example, this manual focuses on time management techniques, parent-teacher relations, and classroom management techniques, since these three areas were perceived as top-ranking stressors, according to teachers.

APPENDIX V

Headaches: Causes and Remedies

Many people suffer from headaches, including individuals who are successful, competent, and seemingly "together". In fact, 40 million people a year consult a physician for head pain. It was once thought that headache sufferers were basically "hypochondriacs"--people who constantly complain of having pain or illness. It was also widely believed that all headaches were essentially alike, the only variation being that one could have a "big headache" or a "small headache". In recent years, however, the physiological basis of headaches has received increasing attention, resulting in the recognition that headaches come in many forms and have many different causes. The following page contains a list of headaches and their symptoms, taken from The Headache Book, by Seymour Diamond, M.D. and edited for American Health:

THE COMPLETE HEADACHE CHART

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Tension Headaches	Dull, nonthrobbing pain, frequently bilateral, associated with tightness of scalp or neck. Degree of severity remains constant.	Emotional stress. Hidden depression.	Rest, aspirin, acetaminophen, ice packs, muscle relaxants. Antidepressants if appropriate. Biofeedback, psychotherapy. If necessary, temporary use of stronger analgesics.	Avoidance of stress. Use of biofeedback, relaxation techniques or antidepressant medication.
Common Migraine	Severe, one-sided throbbing pain, often accompanied by nausea, vomiting, cold hands, tremor, dizziness, sensitivity to sound and light.	Certain foods. Use of the Pill or menopausal hormones. Excessive hunger, change in altitude or weather. Bright or flashing lights. Excessive smoking, emotional stress. Hereditary component.	Ice packs. Analgesics such as Darvon or codeine. Medications known as vasoconstrictors, such as ergotamine, which constrict the blood vessels. For prolonged attacks, steroids may be helpful.	Avoidance of precipitating factors. Biofeedback. Propranolol.

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Classic Migraine	Same as for common migraine, except victim develops warning symptoms. These may include visual disturbances, redness in arm or leg, the smell of strange odors, hallucinations. Preliminary reaction subsides within one-half hour and is followed by severe pain.	Same as for common migraine.	At earliest onset of symptoms use of biofeedback or vasoconstrictors can ward off attack. Once pain has begun, treatment is the same as for common migraine.	Same as for common migraine.
Cluster Headaches	Excruciating pain around or behind one eye. Tearing of eye, congestion of nose, flushing of face. Pain frequently develops during sleep and may last for several hours. Attacks occur every day for weeks or months, then disappear for up to a year. 90% of cluster patients are male, most between ages 20 and 30.	Alcoholic beverages, excessive smoking.	Epinephrine or oxygen inhalation.	Steroids, ergotamine, methysergide. Small regular doses of lithium carbonate for chronic cluster headaches.

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Menstrual Headaches	Migraine-type pain that occurs shortly before, during, or after menstruation or mid-cycle, at time of ovulation.	Variance in estrogen levels.	Same as for migraine.	Small doses of vasoconstrictors before and during menstrual period. Anti-inflammatory drugs during menstruation may also help. Δ Hysterectomy does not cure menstrual headaches.
Hypertension Headaches	Generalized or "nathur" type pain, most severe in morning. Disappears as day goes on.	Severe hypertension: over 200 systolic and 110 diastolic.	Appropriate blood-pressure medication.	Keep blood pressure under control.
Aneurysm	Early symptoms may mimic frequent migraine or cluster headaches. Cause is balloonlike weakness or bulge in blood-vessel wall. May rupture or allow blood to leak slowly. A ruptured aneurysm (stroke) results in sudden, unbearable headache, double vision, rigid neck. Victim rapidly becomes unconscious.	Obsepalital tendency. Extreme hypertension.	If uncovered early, surgery.	Keep blood pressure under control. If aneurysm is severe, surgery may be indicated.

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Sinus Headaches	A grinding pain over nasal area, often increasing in severity as day goes on. Caused by acute infection, usually with fever, producing blockage of sinus ducts and preventing normal drainage. Sinus headaches are rare—migraine and cluster headaches are often mislabeled as sinus in origin.	Infection, nasal polyps, anatomical deformities, such as deviated septum, that block the sinus ducts.	Antibiotics, decongestants, surgical drainage, if necessary.	None.
Hangover Headache	Migraine-like symptoms of throbbing pain and nausea.	Alcohol, which causes dilation and irritation of the blood vessels of the brain and surrounding tissue.	Liquids (including broth). Consumption of fruitose (honey, tomato juice are good sources) to help burn alcohol.	Drink only in moderation.
Allergy Headaches	Nasal congestion, watery eyes.	Seasonal allergens, such as pollen, molds. Allergies to food are not usually a factor.	Antihistamine medication or desensitization injections.	Desensitization.

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Caffeine-Withdrawal Headaches	Generalized head pain during or following physical exertion (as in running, jumping, or sexual intercourse) or passive exertion (sweating, coughing, moving one's bowels, etc.).	Organic diseases, such as aneurysms, tumors, or blood-vessel malformation, are the precipitating factor in about 10% of exertion headaches. The rest are usually related to migraine or cluster headaches already in progress. Cause must be accurately determined.	Most commonly aspirin, indomethacin, or propranolol. Surgery to correct organic disease is occasionally indicated.	None.
Trauma Headaches	Localized or generalized pain, can mimic migraine symptoms. Headaches usually occur on daily basis and are frequently resistant to treatment.	Pain can occur after relatively minor trauma. Cause of pain is often difficult to diagnose.	Possible help from anti-inflammatory drugs, propranolol, or biofeedback.	Standard precautions against trauma.
Hunger Headaches	Pain, which strikes just before meals, caused by muscle tension, low blood sugar, and rebound dilation of the blood vessels.	Strenuous dieting or skipping meals.	Regular, nourishing meals containing adequate protein and complex carbohydrates.	Same as treatment.

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Temporomandibular Joint (TMJ) Headaches	A muscle-contraction type of pain, sometimes accompanied by a "clicking" sound on opening the jaw. Infrequent cause of headache.	Malocclusion (poor bite), stress, and jaw clenching.	Relaxation; biofeedback, use of bite plate. In extreme cases correction of malocclusion.	Same as treatment.
Tic Douloureux Headaches	Short, jablike pain in facial area, often around the mouth or jaw. Pain lasts from several seconds to several minutes. Can occur many times a day. Relatively rare disease of the neural impulses: more common in women after age 50.	Cause unknown. Pain brought on by chewing, cold air, even touching face. If condition occurs under age 55, neurological disease, such as MS, may be a factor.	Anticonvulsants and muscle relaxants. Neurosurgery.	Nerve.
Fever Headache	Generalized head pain that develops with fever. Caused by inflammation of the blood vessels of the head.	Infection.	Aspirin, acetaminophen, antibiotics.	Nerve.
Arthritis Headache	Pain at back of head or neck. Intensifies on movement. Inflammation of joints and muscles.	Unknown.	Anti-inflammatory drugs. Muscle relaxants.	Nerve.

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Extracran Headaches	Usually frontal, bilateral pain, directly related to using eyes. Rare cause of headache.	Muscle imbalance, uncorrected vision, astigmatism.	Correction of vision.	Same as treatment.
Temporal Arteritis	A burning, burning, or stabbing pain caused by inflammation of the temporal arteries. Pain, often around ear, on chewing. Weight loss. Problems with eyesight. Rare; affects people over 50.	Cause unknown. May be due to immune disorder.	Steroids.	None.
Tumor Headache	Symptoms include pain that becomes progressively worse; projectile vomiting; possible visual disturbances; speech or personality changes; problems with equilibrium, gait, or coordination; seizures. Condition is extremely rare.	Usually unknown.	Surgery and/or radiation.	None.

APPENDIX VI

Recommended Readings

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CHAPTER EIGHT

THE ROLE OF THE RELAXATION RESPONSE IN MAINTAINING
HEALTH AND MANAGING STRESSIntroduction

There are two ways to approach the management of stress: you can learn to alter the environment so that it is less stressful, or you can simply learn to alter your response to a stressful environment. Chapters 4 to 6 of this manual have focused upon ways of making the school environment less stressful. For example, since student discipline problems were reported by teachers across the country to be a major source of stress, a chapter was included which presented a detailed approach to effective classroom management. It focused on the establishment of a democratic classroom, in which students are expected to take responsibility for their own behavior and accept logical consequences for misbehavior.

There are, however, many aspects of the school setting which cannot be altered. There are occasions when conflicts with students, colleagues, or the administration are unavoidable, and it is during these times that you will need to make use of techniques to control your response to these stressful situations. The various forms of the "relaxation response" presented in this chapter will assist you in this regard. Meditation, autogenic

training, and progressive muscle relaxation are the three techniques discussed. An overview of their histories as management strategies, as well as a step-by-step explanation of how to use them, is included. A list of further recommended readings can be found at the end of the chapter.

Meditation

Research Review

The historical development of meditation dates back to the early 1900's. The founder of this technique was a man by the name of Maharishi Mahesh Yogi, who was born in 1918, and who completed a degree in physics in 1942. Yogi also spent several years studying religion under Swami Bramendra Saraswati, and developed transcendental meditation during the two years he spent alone in the Himalayan Mountains.

There have been several other forms of meditation developed since that time, such as Chakra Yoga, Soto Zen, and Mandra Yoga. Each of these types falls under one of two main categories: (1) meditation which focuses on the "opening up" of attention, so that all external stimuli are allowed to flow into the mind but not be used by the mind in any particular way, and (2) the focusing of the mind upon one particular object or word to the exclusion of everything else (Greenberg, 1983). Herbert Benson,

author of The Relaxation Response (1975) spent several years researching the area of transcendental meditation, and found this technique to be particularly effective. In this approach, a "mantra" is used to help the individual block out other stimuli and focus on one object or word. (A mantra is the repetition of a single sound or word.)

Robert Wallace (1972, as cited in Greenberg, 1983), one of the first modern researchers to scientifically study the effects of meditation, (and who later joined forces with Benson) found that this form of relaxation had several physiological benefits: decreased heart and respiration rates, increased skin resistance, decreased production of blood lactate and carbon dioxide waste products, and increased peripheral blood flow to arms and legs. These findings concur with the earlier observations of Brosse (1946, as cited in Greenberg, 1983), and Bagchi and Wengor (1959, as cited in Greenberg, 1983).

The regular use of meditation also has psychological benefits. Studies by Thomas and Abbas (1978, as cited in Greenberg, 1983) showed significant decreases in both trait and state anxiety levels in school children who participated in meditation training. Shapiro and Giber (1978, as cited in Greenberg, 1983) cited studies in their comprehensive review of the psychological effects of meditation, which indicated a decrease in drug abuse, a reduction in phobia, and other positive outcomes as a result of relaxation training. Other psychological

benefits include a greater sensitivity to one's own needs and feelings, increased self-acceptance, increased capacity for intimate contact, and a decrease in stress related symptoms (Greene and Hiebert, 1988).

A Step-by-Step Guide to Meditation

(taken from Comprehensive Stress Management, 2nd edition, by Jerrold Greenberg, 1983)

- Step 1. Find a quiet place to meditate. Unplug the phone, dim the lights, and ensure that the room temperature is at a comfortable level.
- Step 2. Find a comfortable chair, preferably one with a straight back. If you can find a chair which also supports your upper back and head, all the better. Do not lie down, as meditation may cause you to fall asleep.
- Step 3. Let your muscles relax. Do not try to force yourself to relax. Assume a passive attitude and focus upon the rhythm of your breathing. Allow whatever happens, to happen.
- Step 4. Close your eyes and repeat the word "one" (or any other neutral word) every time you inhale, and "two" (or any other word) every time you exhale. Breathe regularly--do not try to control or alter your breathing.

Step 5. Continue to do this for about 20 minutes. It is recommended that you do this twice a day--perhaps first thing in the morning and before supper or immediately before retiring. Do not meditate immediately after eating, because all the blood is pooled in the stomach area, to participate in the digestive process. This is not conducive to relaxation.

Step 6. When you have finished meditating, give your body a chance to re-adjust. Open your eyes gradually, and take several slow, deep breaths. Stretch while seated, and when you feel ready, stand and stretch. Take your time--do not rush to resume normal activity. Since blood pressure and heart rate decrease during meditation, rising from your chair too quickly may result in dizziness or even fainting.

Autogenic Training

Research Review

Autogenic training involves a series of exercises which bring about body warmth and heaviness in the limbs and torso. The difference between this form of relaxation response and meditation is that the former uses the body to relax the mind, while the latter uses the mind to relax

the body. The term "autogenic" means that you do the procedure yourself. It is a form of self-healing.

The history of autogenic training dates back to the early 1900's when Oskar Vogt, a brain physiologist, noted that some of his patients seemed to be coping with their disease better than others. He discovered that certain patients had learned to place themselves in a hypnotic state, and thus reported fewer headaches, less fatigue, and less overall tension than other patients (Greenberg, 1983).

In 1932, a German psychiatrist, Johannes Schultz, began to use hypnosis with his patients in an effort to generate general bodily warmth and heaviness in the limbs and torso. Through hypnosis, the patients' blood vessels dilated, which resulted in an increased blood flow. The heaviness in their limbs occurred due to the relaxation of the muscles (Schultz, 1932, as cited in Greenberg, 1983).

As is the case with meditation, there are several physiological benefits of autogenic training. They include a decrease in heart and respiration rates, relaxation of the muscles, a lowering of the serum cholesterol level, and an increase in alpha brain waves. This form of relaxation response has also been found effective with migraine sufferers, insomniacs, and hypertensives (Silver, 1979; Coates and Thoreson, 1978; Blanchard and Epstein, 1978, all as cited in Greenberg, 1983). The procedure has also been used with individuals

who suffer from constipation, indigestion, tuberculosis, ulcers, chronic back pain, and bronchial asthma (Lamott, 1974, as cited in Greenberg, 1983).

Some of the psychological benefits include the reduction of general anxiety and depression (Shapiro and Lehrer 1980; Carruthers 1979; Davis, McKay and Eshelman, 1980, all as cited in Greenberg, 1983), less anxiety and pain experienced during childbirth (Zimmermann, 1979, as cited in Greenberg, 1983), and a decrease in phobias (Boller and Flom, 1981, as cited in Greenberg, 1983).

A Step-by-Step Guide to Autogenic Training

(taken from Comprehensive Stress Management, 2nd edition, by Jerrold Greenberg, 1983)

- Step 1. Find a quiet environment to do the training. Make sure the room temperature is at a comfortable level, and dim the lights. Unplug the phone.
- Step 2. There are three possible positions for autogenic training: reclining position with feet slightly apart, arms alongside the body with a slight bend at the elbows; a seated position, in a straight-backed chair with buttocks against the back of the chair, or seated on a stool without back support, arms supported on the thighs,

hands and fingers dangling loosely, with feet placed apart at shoulder width.

- Step 3. Allow your body to relax--do not attempt to "hold" it in any particular position.
- Step 4. Repeat the following sequential stages to yourself:

Stage 1-- My right arm is heavy (can repeat a couple of times if necessary).

My left arm is heavy.

Both of my arms are very heavy.

My right leg is heavy.

My left leg is heavy.

Both of my legs are very heavy.

My arms and legs are very heavy.

Stage 2-- My right arm is warm (again, you can repeat each statement a couple of times).

My left arm is warm.

Both my arms are very warm.

My right leg is warm.

My left leg is warm.

Both of my legs are very warm.

Stage 3-- My heartbeat is calm and regular (repeat several times, slowly).

Stage 4-- My breathing is calm and relaxed (repeat several times, slowly).

Stage 5-- My solar plexis is warm (repeat several times, slowly).

Stage 6-- My forehead is cool (again, repeat several times, slowly).

Step 5. Part of autogenic training uses images of relaxing scenes. You can visualize a sunny day spent on a river in a canoe, an evening spent in a cozy room with a fireplace, or whatever type of scene causes you to feel relaxed. The following questions will assist you in your visualizing:

- What is the temperature at the scene?
- Who is there?
- What colors are in your scene?
- What sounds are present in your scene?
- How are you feeling in your scene?

Try to make your relaxing scene as vivid as possible.

Step 6. When you are ready to leave your relaxing scene, (after about 20 minutes) do so gradually. Open your eyes slowly, and give yourself time to adjust to reality. Take several deep breaths, and then stand up slowly. Stretch, and take more deep breaths. Resume normal activity.

Progressive Muscle Relaxation

Research Review

Progressive Muscle Relaxation was originally developed by Dr. Edmund Jacobson (1938), who noticed that a large number of his bed-ridden patients appeared to be tense and uncomfortable from lying in bed. He discovered that these patients were not relaxed even though they were in bed. They were constantly "bracing" themselves, that is, holding their muscles in a tight, unrelaxed manner.

The idea of progressive muscle relaxation is to systematically relax the muscles of the body, so that one can accomplish tasks with the least amount of effort possible. People often use too much muscular contraction for the completion of simple tasks, resulting in backaches, headaches, and neckaches. According to Jacobson, we even brace ourselves before we are actually faced with a potentially threatening situation. We tend to tighten our muscles in anticipation of the attack.

Like autogenic training, Progressive Muscle Relaxation (hereafter referred to as P.M.R.) uses the body to relax the mind. The first step towards this end is to discover the difference in feeling between a tense muscle and a relaxed one. Jacobson suggests a three step approach to P.M.R.: (1) identify the problem situations in which you become tense, (2) identify your particular muscle tightening pattern, (3) learn P.M.R. and use it regularly in dealing with "real life" situations.

As with other forms of the relaxation response, P.M.R. has several physiological and psychological effects. Some of the physiological benefits include the relaxation and efficient functioning of the gastrointestinal and cardiovascular systems (Brown, 1977, as cited in Greenberg, 1983), and a decrease in tension and migraine headaches (Cox, Freundlich and Meyer, 1975; Otis, 1974; Blanchard and Epstein, 1978; and Mitchell and Mitchell, 1971, all cited in Greenberg, 1983).

Regular use of P.M.R. also results in certain psychological benefits, such as improved self-perception (Dion, 1977, as cited in Greenberg, 1983), the relief of depression (Kondo, Canter and Knott, 1975, as cited in Greenberg, 1983), a decrease in alcoholism (Brown, 1977, as cited in Greenberg, 1983), and an improvement in performance in sports (Kukla, 1977, as cited in Greenberg, 1983).

A Step-by-Step Guide to Progressive Muscle Relaxation

- Step 1. Find a quiet environment in which to do P.M.R.; unplug the phone, eliminate any distractions, and dim the lights.
- Step 2. Stretch out on the floor, lying on your back. you can support your neck with a pillow. You may also find that placing a pillow under your

knees feels comfortable. Let arms hang loosely by your side, or you can rest your hands on your abdomen.

Step 3. There are numerous P.M.R. exercises available. The following format is suggested by Greenberg (1983):

Relaxation of the arms (four or five minutes)

Settle back as comfortably as you can, and let yourself relax to the best of your ability. Now, as you relax, clench your right fist. Clench it tighter and tighter, and study the tension as you do so. Keep it clenched and feel the tension in your right fist, hand and forearm. Now relax ... Let the fingers of your right hand become loose ... Observe the contrast in your feelings.

Now let yourself go, and try to become more relaxed all over. Once more, clench your right fist really tight. Hold it, and notice the tension again. Now, let go, relax, let your fingers straighten out ... Notice the difference once more.

Now repeat that with your left fist. Clench your ~~left~~ fist while the rest of your body relaxes. Clench that fist tighter and feel the tension. And now relax ... Again, enjoy the contrast. Repeat that once more, clench the left fist, tight and tense. Now do the opposite of tension--relax and feel the difference ... Continue relaxing like that for a while.

Clench both fists tighter and tighter, both fists tense, forearms tense. Study the sensations ... and relax ... Straighten out your fingers and feel that relaxation ... Continue relaxing your hands and forearms more and more.

Now bend your elbows and tense your biceps.
Tense them harder and study the tension feeling.
All right, straighten out your arms ...
Let them relax and feel the difference again ...
Let the relaxation develop.
Once more, tense your biceps.
Hold the tension and observe it carefully.
Straighten the arms and relax ...
Relax to the best of your ability ...
Each time pay close attention to your feelings
when you tense up and when you relax.

Now straighten your arms, straighten them so
that you feel most tension in the triceps--the
muscles along the back of your arms.
Stretch your arms and feel the tension.
And now relax ...
Get your arms back into a comfortable position
...
Let the relaxation proceed on its own...
The arms should feel comfortably heavy as you
allow them to relax.
Straighten the arms once more so that you feel
the tension in the triceps muscles.
Feel that tension ... and relax.
Now let's concentrate on pure relaxation in the
arms without any tension ...
Get your arms comfortable and let them relax
further and further ...
Continue relaxing your arms even further ...
Even when your arms seem fully relaxed, try to
go that extra bit further ...
Try to achieve deeper and deeper levels of
relaxation.

Relaxation of the face, neck, shoulders, and
upper back (four or five minutes)

Let all your muscles become loose and heavy..
Just settle back quietly and comfortably.
Wrinkle up your forehead now, wrinkle it
tighter.
And now stop wrinkling up your forehead.
Relax and smooth it out ...
Picture the entire forehead and scalp becoming
smoother, as the relaxation increases.
Now frown and crease your brows and study the
tension.
Let go of the tension again ...
Smooth out the forehead once more.
Now, close your eyes.

Keep your eyes closed, gently, comfortably, and notice the relaxation.

Now clench your jaws, push your teeth together. Study the tension throughout the jaws.

Relax your jaws now...

Let your lips part slightly ...

Appreciate the relaxation.

Now press your tongue hard against the roof of your mouth.

Look for the tension.

All right, let your tongue return to a comfortable and relaxed position.

Now purse your lips, press your lips together tighter and tighter.

Relax the lips ...

Notice the contrast between tension and relaxation ...

Feel the relaxation all over your face, all over your forehead, and scalp, eyes, jaws, lips, tongue, and throat ...

The relaxation progresses further and further.

Now attend to your neck muscles.

Press your head back as far as it can go and feel the tension in the neck.

Roll it to the right and feel the tension shift ...

Now roll it to the left.

Straighten your head and bring it forward.

Press your chin against your chest.

Let your head return to a comfortable position and study the relaxation ...

Let the relaxation develop.

Shrug your shoulders.

Hold the tension.

Drop your shoulders and feel the relaxation ...

Neck and shoulders relaxed.

Shrug your shoulders again and move them around.

Bring your shoulders up and forward and back.

Feel the tension in your shoulders and in your upper back.

Drop your shoulders once more and relax ...

Let the relaxation spread deep into the shoulders, right into your back muscles.

Relax your neck and throat, and your jaws and other facial areas, as the pure relaxation takes over and grows deeper ... deeper ... even deeper.

Relaxation of the chest, stomach, and lower back
(four or five minutes)

Relax your entire body to the best of your ability.

Feel that comfortable heaviness that accompanies relaxation.

Breathe easily and freely in and out ...

Notice how the relaxation increases as you exhale ...

As you breathe out, just feel that relaxation.

Now breathe in and fill your lungs.

Inhale deeply and hold your breath.

Study the tension.

Now exhale, let the walls of your chest grow loose, and push the air out automatically.

Continue relaxing and breathe freely and gently ...

Feel the relaxation and enjoy it.

With the rest of your body as relaxed as possible, fill your lungs again.

Breathe in deeply and hold it again.

Now breathe out and appreciate the relief, just breathe normally ...

Continue relaxing your chest and let the relaxation spread to your back, shoulders, neck and arms ...

Merely let go and enjoy the relaxation.

Now let's pay attention to your abdominal muscles, your stomach area.

Tighten your stomach muscles, make your abdomen hard.

Notice the tension.

And relax, let the muscles loosen and notice the contrast.

Once more, press and tighten your stomach muscles.

Hold the tension and study it.

And relax, notice the general well-being that comes with relaxing your stomach.

Now draw your stomach in.

Pull the muscles right in and feel the tension this way.

Now relax again ... Let your stomach out ...

Continue breathing normally and easily and feel the gentle massaging action all over your chest and stomach.

Now pull your stomach in again and hold the tension.
 Once more pull in and feel the tension.
 Now relax your stomach fully ...
 Let the tension dissolve as the relaxation grows deeper.
 Each time you breathe out, notice the rhythmic relaxation both in your lungs and in your stomach ...
 Notice how your chest and your stomach relax more and more ...
 Try to let go of all contractions anywhere in your body.

Now direct your attention to your lower back.
 Arch your back, make your lower back quite hollow, and feel the tension along your spine.
 Now settle down comfortably again, relaxing the lower back.
 Just arch your back and feel the tensions as you do so.
 Try to keep the rest of your body as relaxed as possible.
 Try to localize the tension throughout your lower back area.
 Relax once more, relaxing, further and further ...
 Relax your lower back, relax your upper back, spread the relaxation to your stomach, chest, shoulders, arms and facial area ...
 These parts relaxing further and further and further and even deeper.

Relaxation of the hips, thighs, and calves (four or five minutes)

Let go of all tensions and relax.
 Now flex your buttocks and thighs.
 Flex your thighs by pressing down your heels as hard as you can.
 Relax and notice the difference.
 Straighten your knees and flex your thigh muscles again.
 Hold the tension.
 Relax your hips and thighs ...
 Allow the relaxation to proceed on its own.
 Press your feet and toes downwards, away from your face, so that your calf muscles become tense.
 Study that tension.
 Relax your feet and calves.

This time, bend your feet towards your face so that you feel tension along your shins. Bring your toes right up. Relax again ... Keep relaxing for a while ... Now let yourself relax further all over ... Relax your feet, ankles, calves and shins, knees, thighs, buttocks and hips ... Feel the heaviness of your lower body as you relax still further. Now spread the relaxation to your stomach, waist and lower back. Let go more and more deeply ... Make sure no tension has crept into your throat. Relax your neck and your jaws and all your facial muscles. Keep relaxing your whole body like that for awhile ... Let yourself relax. Now you can become twice as relaxed as you are merely by taking in a really deep breath and slowly exhaling, with your eyes closed, so that you become less aware of objects and movements around you, and thus prevent any surface tensions from developing. Breathe in deeply and feel yourself becoming heavier. Take in a long, deep breath and exhale very slowly ... Feel how heavy and relaxed you have become.

In a state of perfect relaxation, you should feel unwilling to move a single muscle in your body. Think about the effort that would be required to raise your right arm. As you think about that, see if you can notice any tensions that might have crept into your shoulders and arm. Now you decide not to lift the arm, but to continue relaxing ... Observe the relief and the disappearance of the tension. Just carry on, relaxing like that ... Continue relaxing ... When you wish to get up, count backwards from ten to one. You should now feel refreshed, wide awake and calm.

Points to Remember

1. Before using any form of relaxation techniques it is necessary to check with your physician. Medication for hypertension, diabetes and other diseases already results in changes in the body's physiological processes, so doing relaxation exercises while on medication may result in lowering the blood pressure to a dangerous level.
2. There are several different forms of the relaxation response. It is advisable to experiment with the three presented in this chapter and see which method works best to meet your individual needs.
3. It is important to practice whatever relaxation technique you choose regularly, for maximum benefit. It is usually suggested that you set aside two, 15 to 20 minute periods each day for practice.
4. It is also important to try out your relaxation techniques in the real life situations which cause you to be anxious. If your occupational environment is stressful, for example, it is advisable to spend time during the work day doing relaxation exercises.
5. The five criteria required for successful relaxation are: a quiet environment, a comfortable position, a repetitive mental stimuli, a passive attitude, and a sincere desire to learn to relax.
6. There are two main types of meditation: meditation which focuses on one particular object or word to the

exclusion of other stimuli, and meditation which requires the "opening up" of attention, so that all external stimuli can flow into the mind. A mantra is the repetition of a single sound or word, used in meditation.

7. Autogenic Training involves a series of exercises designed to bring about general bodily warmth and "heaviness" (relaxation) in the limbs and torso.
8. Progressive Muscle Relaxation involves systematically focusing on one muscle group at a time, first tensing the muscles and then allowing them to relax.
9. P.M.R. and autogenic training use the body to relax the mind, while meditation uses the mind to relax the body.

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APPENDIX I
Homework Exercises

1. Remember that to maximize effectiveness, any form of relaxation training must be practiced regularly. During the next two weeks, set aside two, 15 to 20 minute periods each day to practice. Choose those time during the day which are most convenient for you. (It is important that you not be interrupted during those times.) Make a note of when you completed your two sessions, at the end of each day.

2. Although this chapter focused on only three relaxation techniques, there are several other useful activities you can do for some variation. Choose any one of the following exercises and try it during the week instead of your regular relaxation routine:

(a) **Treasure Chest Fantasy**

Put your feet flat on the floor ... scoot your seat against the back of the chair ... place your hands comfortably in your lap.

Take a deep breath ... let it go ... take another deep breath ... let it go ... take another deep breath ... Close your eyes ... let your body relax ... allow yourself to breathe deeply and heavily ... as you inhale, inhale relaxation ... as you exhale, exhale tension ... Allow yourself to be calm and relaxed.

Now imagine yourself in a field of red ... run through the field of red ... see the poppies ... see the cardinals ... Allow yourself to experience red.

(Note: Let people experience "red" for about 45 seconds.)

Then go into a field of orange ... allow yourself to experience orange ... see the oranges ... see the orange flowers ... Allow yourself the experience of the field of orange ... allow yourself to smell it ... What does it taste like?

(Note: Wait 45 seconds.)

Then go into a field of green ... experience the incredible number of shades of green ... Let the green surround you ... experience the field of green.

(Note: Wait 45 seconds.)

Imagine yourself in a field of blue, sky blue ... allow yourself to relax in blue ... see the blue flowers ... breathe in the blueness ... Experience what blue feels like.

(Note: Wait 45 seconds.)

Now imagine a field of dark blue, indigo ... see the bluebirds ... see the blueberries ... surround yourself with that dark blue ... Allow that dark blue to surround you ... What does it taste like? ... What does it smell like?

(Note: Wait 45 seconds.)

Then imagine yourself in a field of purple, deep royal purple ... see the violets ... see the other purple flowers ... Let yourself experience the purple ... what it feels like ... what it sounds like ... what it tastes like.

(Note: Wait 45 seconds.)

Now imagine that all the colors become one and turn into a white light surrounding you ... let the white light penetrate and envelope you,

Now you notice you're on a path in a forest ... allow yourself to walk through the forest ... until you become aware that you're coming to a clearing ... There's a pond in the clearing ... by the pond is your favorite tree ... Let yourself sit by the tree ... and think about (the topic).

(Note: Insert a topic relevant to the course such as "stress," "relationships," "humor," "worrying," "grief," "health," "coping," etc.)

The pond is clear and deep ... you can see the bottom ... and you notice a chest is at the bottom of the pond.

Now imagine yourself -- even if you can't swim, it's okay, you're safe ... just imagine yourself diving into the pond and bringing up the treasure chest ... bring it back over to where you are by the tree.

In just a minute, I'll ask you to open the treasure chest ... Inside there will be a gift regarding (the chosen topic) ... The gift will be a word ... or a picture ... or a thought ... or a presence ... Don't try to make anything happen ... just let it come to you ... if you don't get something during this process ... just let that be okay ... it will come to you later on today ... or in your sleep.

Now, open the box ... and see what gift is inside ... and let the gift talk to you ... telling you what it is for and what it means.
(Note: Wait approximately 30 seconds.)

If you have any questions, ask the gift now.
(Note: Wait approximately 30 seconds.)

Now you have a choice ... In just a minute, I'll ask you to do one of two things ... You can either close the box and put it back in the water ... or ... you can put your hands out in front of you ... and imagine the treasure chest shrinking ... shrinking small enough to fit into your hands ... Then imagine opening your heart ... and putting the treasure chest inside your heart for safe-keeping ... Do one of those right now.

(Note: Wait 30 seconds.)

Now, get up and start walking along the path ... and count from 1 to 5 ... when you get to 5, you'll be back in this room.

(Taken from Structured Exercise in Stress Management,
Vol. II by Donald and Nancy Tubesing)

(b) Musical Movement: Put on your favorite record or tape and turn it up to a relatively high volume (comfort level). Stand in the middle of the room, eyes closed, and concentrate on the rhythm (beat) of the music. Allow your body to feel the music. Sway back and forth, twist and turn, move your arms, legs, and head, tap your feet, or do whatever the music prompts you to do. Loosen up, do not be concerned with how you look, and enjoy! For variation, play different kinds of music. You could begin with a slow piece, then a marching song, and finally a fast, exciting piece.

(c) Music to Relax With: Choose any of the following selections of music and lie on your back on the floor, with your legs slightly elevated by a pillow or two. Turn on the music, close your eyes, and focus on the melody. Do not think about anything other than the music.

Vocal

Walking Man by James Taylor

Shower the People by James Taylor

You've Got a Friend by James Taylor
I Made It Through the Rain by Barry Manilow
Somewhere Down the Road by Barry Manilow
Bitter Green by Gordon Lightfoot
The Long and Winding Road by The Beatles
Piano Man by Billy Joel
You're Only Human by Billy Joel
Leader of the Band by Dan Fogelberg
Only the Heart May Know by Dan Fogelberg
The Reach by Dan Fogelberg
Your Song by Elton John
Candle in the Wind by Elton John
Harmony by Elton John
Levon by Elton John
Another Lullaby by Art Garfunkel
All I Know by Art Garfunkel
Mary Was An Only Child by Art Garfunkel
Once a Sailor by Valdy

Instrumental

S. Rachmaninoff, Piano Concerto No. 2 in C
Minor, Op. 18, 2nd movement
J.S. Bach, Cantata No. 149 (Jesu, Joy of Man's
Desiring)
J.S. Bach, Cantata No. 208 (Sheep May Safely
Graze)

J.S. Bach, Prelude No. 1 in C Major (Well
Tempered Clavier)

L. Van Beethoven, Sonata in C Minor
(Pathetique), Op. 13, 2nd movement

Solitude by Michael Jones (from the tape
"Seascapes")

Nostalgia by Michael Jones (from the tape
"Seascapes")

L. Van Beethoven, Sonata No. 14 in C Minor
(Moonlight), 1st movement

C. Debussy, Clair de Lune (from Suite
Bergamasque)

C. Debussy, Reverie

A. Vivaldi, Concerto No. 2 in G Minor for Flute

APPENDIX II

Recommended Readings

- Benson, H. (1975). The relaxation response. New York: Morrow.
- Hiebert, B. and Eby, W. (January 1985). The effects of relaxation training on grade XII students. The School Counsellor, 32, (3).
- Kirsta, A. (1986). The book of stress survival. New York: Simon and Schuster Inc.
- Neiderherdt, E.J. (1985). Managing stress. International Self-Counsel Press.
- Ricks, D. (1985). Faith, hope, and therapy. Crédo Publishing Corporation.
- Simonton, C. and Simonton, S. (1978). Getting well again. Toronto: Bantam Books.



