

Stress Management

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Stress Management Pre-workshop Questionnaire

Name (In Block letters)	
Designation	
Organization's Name	
Mobile	
Email	

1. How did you come to know about Timelenders?

2. Where did you do your FSc/FA/High School from? (Name of the institution and the city where located)

3. Where did you do your graduation/post graduation from and in which areas? (Name of the institution and subject)

4. What are your expectations from the workshop?

5. List 5 main things in your life which are a cause for stress (stressors)?

1.

2.

3.

4.

5.

Training norms and guidelines for the participants

1.0 Timings: While following time schedules is very important in all aspects of our lives, it is all the more so at training workshops. This is because training is generally aimed at “behavior modification” and thus offers us an opportunity not only to gain knowledge about the theme at hand but also to realign our self-development habits.

1.1 The Stress Management Workshops are very sequential and missing out on even a small section would necessarily entail later challenges; it would be difficult to reconnect with the group which would have moved forward and the learning deficit would not be easy to make up. Unless the participant’s absence is due to an unavoidable emergency, such absence would, at the very least, mean missing out on his or her responsibility to the sponsoring organization and also to herself or himself as a conscientious learner. Accordingly, we expect all participants to be on time at the beginning of every session of the workshop. Care must be taken to come back at the scheduled /agreed time(s) after the breaks. We shall not wait for any participant when starting or re-starting a session.

1.2 In the event of an unforeseen happening, if a participant happens to miss out on more than one and a half hours of the workshop, we shall not be able to award the certificate to her/him. We have, however, developed a fair mechanism to offset the learning deficit and enable delivery of the certificate to such participants. We encourage any participant who has missed out on one or more sessions of the workshop to come to us after the workshop hours (preferably during the workshop or otherwise after it ends) for a special one-on-one make-up session in which our trainer(s) shall happily go over the missed out sections in our own time. It would only be after this special session that we would award the certificate. We are sure that participants would agree with us on this policy which essentially comprises a rights and fairness issue (it is the right of all participants to be treated equally and it is fair that a distinction be made amongst those who attend the training fully and those who do not).

1.3 Even though we will try to be on the minute in terms of starting and finishing our sessions but sometimes we might be in the middle of a

discussion and extend our session by a few minutes and in this case we will inform you and try to give you a credit during the break.

2.0 Mobile/cell phones: We believe that training is a full time assignment. Like all other organizational activities, training should be undertaken with full concentration and seriousness. A distinction should not be made between office work which is generally considered to be “important” and “mere” training. The ringing of mobile phones disturbs the whole group and sets back the training process, often severely. Accordingly, we cannot make any allowance or compromise on mobile phone usage inside the training room. While we strongly urge participants to keep their cell phones turned off, if that is not possible, the sets may be kept in silent or vibration mode. Although emergency calls may be attended by walking out of the room, participants should appreciate that doing so not only deprives them of the required focus and continuity but also disturbs other participants. We have lately become very strict after receiving strong complaints from our participants in this regard. Thus, if any individual participant continues to move out of the room very frequently, he or she should expect a “behavior modification intervention.” We believe this is also a rights issue – as one participant’s attending to phone (even by walking out) deprives others of their right to focus. There are ample breaks in which calls can be made and taken. Sending or receiving short messages (sms) from/in the classroom is also counterproductive to the important task of training and hence not allowed. However, leaving for washroom is allowed without permission from the trainer.

3.0 Questions & Answers: We strongly request participants to ask questions. No question is irrelevant or trivial. We shall deal with these questions in the following five ways:

3.1 answer it immediately.

3.2 ask you to wait as the coming section(s) will cover the relevant topic which will then answer the question.

3.3 ask the individual to meet the trainers later for a one-on-one session (when the question is very specific to the questioner).

3.4 put all questions on hold for a specific time.

3.5 admit our lack of knowledge and try to find the answer which may be given at a subsequent time.

4.0 Workshop Language: Depending largely on the choice of the participants (and partially on the facility of the trainers), the training shall be conducted in English, Urdu or a mix of both the languages (as is often the case in most Pakistani organizational settings). Sometimes we may have participants who are totally unfamiliar with Urdu and in such cases the training would be conducted in English. This shall be clarified at the outset of the training. During an all English session, we shall sometimes use Urdu (especially poetry) which we shall translate for our English speaking friends.

5.0 Design of the folder: The folder which has been provided to all participants for use in the workshop has been specially designed and includes the following features:

5.1 Sheets of punched paper have been provided; it is strongly recommend that these sheets be used for note-taking and be subsequently inserted into the folder so that all the notes and handouts are in one place.

5.2 All of our workshops undergo continuous changes. Accordingly, when a major section is re-written or developed anew old participants would be informed via email; they may then download the material from our website, print it and place it in this manual.

6.0 Getting the most out of this workshop:

6.1 The brain performs different functions in the body. Comprehension and expression of ideas are two distinct functions of the brain and amongst these two functions expression of an idea is higher in complexity. Whenever the brain is given a cue that an idea will have to be expressed together with being understood and comprehended, the brain sequences the information differently and comprehension is automatically increased. Also, the person is more attentive knowing that this information has to be reproduced.

The best way to get the most out of this workshop would be to make an intention of passing on the knowledge gained to at least one person, preferably who is close to the officer – and as soon as possible. Please also keep in mind that as a part of participants' homework individuals will be asked to deliver condensed versions of the sections of this workshop to someone who is close

to them. Generally participants would be asked to share the experience (of sharing the knowledge) the next day. This training delivery does not have to be very elaborate; only a few minutes of instruction would also suffice.

Participants have permission to reproduce all our training materials including the multi-media presentations; they are free to use it to train others and also to make further copies. Of course, it remains their moral obligation to acknowledge the source.

6.2 When someone is spoken to, the listener is usually doing three things:

- a. The act of hearing, which is a mechanical action.
- b. Comprehension, in which the listener is making sense of what is being heard by comparing it with all the relevant data that is available in the brain.
- c. Judgment, in which the listener decides on the authenticity of the information received and the usefulness or the lack of it (for example the information may be correct but the listener may decide that it is not relevant to him/her or that it has limited or no use).

Since (b) and (c) cannot happen without (a), we can easily declare that (a) is a pre-requisite. Similarly it is clear that the better the comprehension, the better the judgment.

One of the most common errors that normal listeners make is trying to do both comprehension and judgment at the same time. So as individuals try to comprehend information while it is still in the process of arriving and as they comprehend it, they are also in the judging mode, many a times they arrive at a judgment before the complete information has arrived. Since the judgment has been made, the mind then tunes off to later pieces of information which could have resulted in a different judgment had those were also factored in. In general, this is called premature judgment.

Also, judgment takes away brain resources which were better suited for comprehension at that time, thus impairing our comprehension.

Premature judgment is one of the major reasons behind a lot of unnecessary conflict and misunderstanding.

Here are a few steps that we propose – and which participants would find valuable in getting the best out of this workshop:

1. Suspend judgment till all the information has been received. If some information is not clear, then a question should be asked to fill in the information gap.
2. If there is a lot of information (anything that goes on for more than five minutes), please take notes so that not only the important points but their sequencing is preserved.
3. Once the information has been gained, participants should calmly analyze the information and then proceed to make a judgment. Also, judgment can be delayed to a later, quieter time.

Our workshop is interspaced with breaks, group exercises, simple stories and anecdotes which provide ample time for judgment of critical ideas.

Assess your Stress (Questionnaire)

Notes: Please note that for some of the questions, there could be multiple answers. Check all the answers that apply to you."

- 1. You are upset by your partner's or colleague's behavior. Do you**
 - a. Blow up
 - b. Feel angry but suppress it
 - c. Feel upset but do not get angry
 - d. Cry
 - e. None of the above

- 2. You must get through a mountain of work in one morning. Do you**
 - a. Work extra hard and complete the lot
 - b. Forget the work and make yourself a drink
 - c. Do as much as you can
 - d. Priorities the load and complete only the most important tasks
 - e. Ask someone to help you

- 3. You overhear a conversation in which a friend or colleague makes some unkind remarks about you. Do you**
 - a. Interrupt the conversation and give him or her a piece of your mind
 - b. Walk straight by without giving it much thought
 - c. Walk straight by and think about getting even
 - d. Walk straight by but sulk about it

- 4. You are stuck in heavy traffic. Do you**
 - a. Sound your horn
 - b. Try to drive down a side road to avoid the jam
 - c. Switch on the radio or cassette
 - d. Sit back and try to relax
 - e. Sit back and feel angry
 - f. Get on with some work
 - g. The question does not apply because you do not have a car

- 5. When you play a sport, do you play to win**
- a. Always
 - b. Most of the time
 - c. Sometimes
 - d. Never. I just play for the game
- 6. When you play a game with children do you deliberately let them win**
- a. Never. They've got to learn
 - b. Sometimes
 - c. Most of the time
 - d. Always. It is only a game
- 7. You are working on a project. The deadline is approaching fast but the work is not quite right. Do you**
- a. Work on it all night and day to make sure it's perfect
 - b. Start to panic because you think you will not complete it in time
 - c. Present your best in the time available without losing sleep over it
- 8. Someone else tidies up your room/office/garage/workshop and never places the items/furniture back in the original place. Do you**
- a. Mark the position of each item and ask the person to put it back exactly where it should be
 - b. Move everything back to its original position after the person has gone
 - c. Leave most things as they are – you do not mind the occasional shift round
- 9. A close friend asks for your opinion about a newly decorated room. Do you**
- a. Think it's awful ¹and say so
 - b. Think it's awful but say it looks wonderful
 - c. Think it's awful but comment about the good aspects
 - d. Think it's awful and suggest improvements
- 10. When you do something do you**
- a. Always work to produce a perfect result
 - b. Do your best and do not worry if it is not perfect
 - c. Think that everything you do is perfect

¹ extremely disagreeable or objectionable

11. Your family complains that you spend too little time with them because of your work. Do you

- a. Worry but feel that you cannot do anything about it
- b. Work in the lounge so that you can be with them
- c. Take on more work
- d. Find that your family has never complained
- e. Reorganize your work so that you can be with them more

12. What is your idea of an ideal evening?

- a. A large party with lots to drink and eat
- b. An evening with your partner doing something you both enjoy
- c. Getting away from it all by yourself
- d. A small group of friends at dinner
- e. An evening with the family doing something you all enjoy
- f. working

13. Which one or more of the following do you do?

- a. Bite your nails
- b. Feel constantly tired
- c. Feel breathless without exertion
- d. Drum with your fingers
- e. Sweat for no apparent reason
- f. Fidget ¹
- g. Gesticulate²
- h. None of the above

14. Which one or more of the following do you suffer from?

- a. Headaches
- b. Muscle tenseness
- c. Constipation³
- d. Diarrhea
- e. Loss of appetite
- f. Increase in appetite
- g. None of the above

¹ to move or act restlessly or nervously

² to make gestures especially when speaking

³ abnormally delayed or infrequent passage of usually dry hardened feces

15. Has one or more of the following happened to you during the last month?

- a. Crying or the desire to cry
- b. Difficulty in concentrating
- c. Forgetting what you were going to say next
- d. Little things irritating you
- e. Difficulty in making decision
- f. Wanting to scream
- g. Feeling that there is no one with whom you can really talk
- h. Finding that you are rushing on to another task before you have finished the first one
- i. I have not experienced any of the above

16. Have you experienced any of the following during the last year

- a. A serious illness to yourself or someone close to you
- b. Problems with your family
- c. Financial problems
- d. None of the above

17. How many cigarettes do you smoke each day?

- a. None
- b. One or ten
- c. Eleven to twenty
- d. Twenty-one or more

18. How much alcohol do you drink a day

- a. None
- b. One or two drinks
- c. Three to five drinks
- d. Six or more drinks

19. How many cups of tea do you drink a day?

- a. None
- b. One or two cups
- c. Three or five cups
- d. Six or more cups

20. How old are you?

- a. 18 or below
- b. 19-25
- c. 26-39
- d. 40-65
- e. 66 or over

21. You have a very important appointment at 9:30 am. Do you

- a. Have a sleepless night worrying about it
- b. Sleep well and wake up fairly relaxed but thinking about the appointment
- c. Sleep well and wake up looking forward to the appointment

22. Someone close to you has died. Of course you are very upset. Do you

- a. Grieve because no one can ever fill that awful gap
- b. Grieve because life is so unfair
- c. Accept what has happened and try to get on with your life

23. You have got into deep water over a problem. Do you

- a. Reassess the situation by yourself and try to work something else out
- b. Talk over the problem with your partner or close friend and work something out
- c. Deny that there is a problem in the hope that the worst may never happen
- d. Worry about it and do nothing to try and solve it

24. When did you last smile?

- a. Today
- b. Yesterday
- c. Last week
- d. Cannot remember

25. When did you last compliment or praise someone – your children, your partner, colleagues, and friends?

- a. Today
- b. Yesterday
- c. Last week
- d. Cannot remember

Assess your Stress - Scores

Now note down your score for each question and add them up.

1. a=0 b=0 c=3 d=0 e=1
2. a=1 b=0 c=1 d=3 e=2
3. a=0 b=3 c=0 d=1
4. a=0 b=0 c=2 d=3 e=0 f=2 g=1
5. a=0 b=1 c=2 d=3
6. a=0 b=1 c=2 d=3
7. a=0 b=0 c=3
8. a=0 b=0 c=3
9. a=0 b=0 c=3 d=1
10. a=0 b=3 c=0
11. a=0 b=0 c=0 d=0 e=3
12. a=1 b=3 c=0 d=1 e=2 f=0
13. a=0 b=0 c=0 d=0 e=0 f=0 g=0 h=1
14. a=0 b=0 c=0 d=0 e=0 f=0 g=1
15. a=0 b=0 c=0 d=0 e=0 f=0 g=0 h=0 i=1
16. a=0 b=0 c=0 d=2
17. a=3 b=1 c=0 d=0
18. a=3 b=2 c=1 d=0
19. a=3 b=2 c=1 d=0
20. a=0 b=0 c=1 d=2 e=3
21. a=0 b=1 c=3
22. a=0 b=0 c=3
23. a=2 b=3 c=0 d=0
24. a=3 b=2 c=1 d=0
25. a=3 b=2 c=1 d=0

Assess your Stress - Evaluation

51-68: Your stress level is low. You show very few signs of stress. You are not a workaholic. You show Develop Baseline Type-B behaviour by focusing on related attitudes and habits behavior and cope very well with stress generally.

33-50: Your stress level is moderate. You show some stress. You are not a workaholic but there is some tendency for it. You show mild Type A behavior and generally cope quite well with stress.

16-32: Your stress level is high. You may show many signs of stress. It is likely that you are a workaholic. You display moderate Type A behavior and do not handle stress very well.

0-15: Your stress level is very high. You show a great deal of stress. You are a workaholic. You display extreme Type A behavior and your ability to deal with stress is very poor.

Type A behavior Quiz

	Never	Seldom	Sometimes	Usually	Always
1. I become angry or irritated whenever I have to stand in line for more than 15 minutes.	1	2	3	4	5
2. I handle more than one problem at a time.	1	2	3	4	5
3. It's hard finding the time to relax and let myself go during the day.	1	2	3	4	5
4. I become irritated or annoyed when Someone is speaking too slowly.	1	2	3	4	5
5. I try hard to win at sports or games.	1	2	3	4	5
6. When I lose at sports or games, I get angry at myself or others.	1	2	3	4	5
7. I have trouble doing special things for myself.	1	2	3	4	5
8. I work much better under pressure or when meeting deadlines.	1	2	3	4	5
9. I find myself looking at my watch whenever I'm sitting around or not doing something active.	1	2	3	4	5
10. I bring work home with me.	1	2	3	4	5
11. I feel energized and exhilarated ¹ after being in a pressure situation.	1	2	3	4	5
12. I feel like I need to take charge of a group in order to get things moving.	1	2	3	4	5

¹ to make cheerful and excited

	Never	Seldom	Sometimes	Usually	Always
13. I find myself eating rapidly in order to get back to work.	1	2	3	4	5
14. I do things quickly regardless of whether I have time or not.	1	2	3	4	5
15. I interrupt what people are saying when I think they are wrong.	1	2	3	4	5
16. I'm inflexible and rigid when it comes to changes at work or at home.	1	2	3	4	5
17. I become jittery ¹ and need to move whenever I'm trying to relax.	1	2	3	4	5
18. I find myself eating faster than the people I'm eating with.	1	2	3	4	5
19. At work, I need to perform more than one task at a time in order to feel productive.	1	2	3	4	5
20. I take less vacation time than I'm entitled to.	1	2	3	4	5
21. I find myself being very picky and looking at small details.	1	2	3	4	5
22. I become annoyed at people who don't work as hard as I do.	1	2	3	4	5
23. I find that there aren't enough things to do during the day.	1	2	3	4	5
24. I spend a good deal of my time thinking about my work.	1	2	3	4	5
25. I get bored very easily.	1	2	3	4	5

¹ a sense of panic or extreme nervousness

	Never	Seldom	Sometimes	Usually	Always
26. I'm active on weekends either working or doing projects.	1	2	3	4	5
27. I get into arguments with people who don't think my way.	1	2	3	4	5
28. I have trouble "rolling with the punches" whenever problem arises.	1	2	3	4	5
29. I interrupt someone's conversation in order to speed things up.	1	2	3	4	5
30. I take everything I do seriously.	1	2	3	4	5

Score of Personality Type Questionnaire

The minimum score is 30, the maximum 150. The breakdown by personality type is as follows:

Score Personality Type

100-150 Type A

76-99 Mild Type A

30-75 Develop Baseline Type-B behaviour by focusing on related attitudes and habits

Some distress-related disorders and diseases

Cardiovascular System

Coronary heart disease (angina and heart attacks)

Hypertension (high blood pressure)

Strokes

Migraine

Digestive System

Indigestion

Nausea

Heartburn

Stomach and duodenal ulcers

Ulcerative colitis

Irritable bowel syndrome

Diarrhoea

Constipation

Flatulence

Muscles and Joints

Headaches

Cramps

Muscle spasm

Back pain

Neck pain

Others

Diabetes

Cancers

Rheumatoid arthritis

Allergies

Asthma

Common cold and flu

Sexual disorders

Infertility

Skin disorders

Sleep disorders

Behavioural

Overeating – obesity

Loss of appetite – anorexia

Increased cigarette smoking

Increased caffeine intake

Increased alcohol consumption

Drug abuse

Emotional

Anxiety, including fears, phobias and obsessions

Depression

Definition of Stress

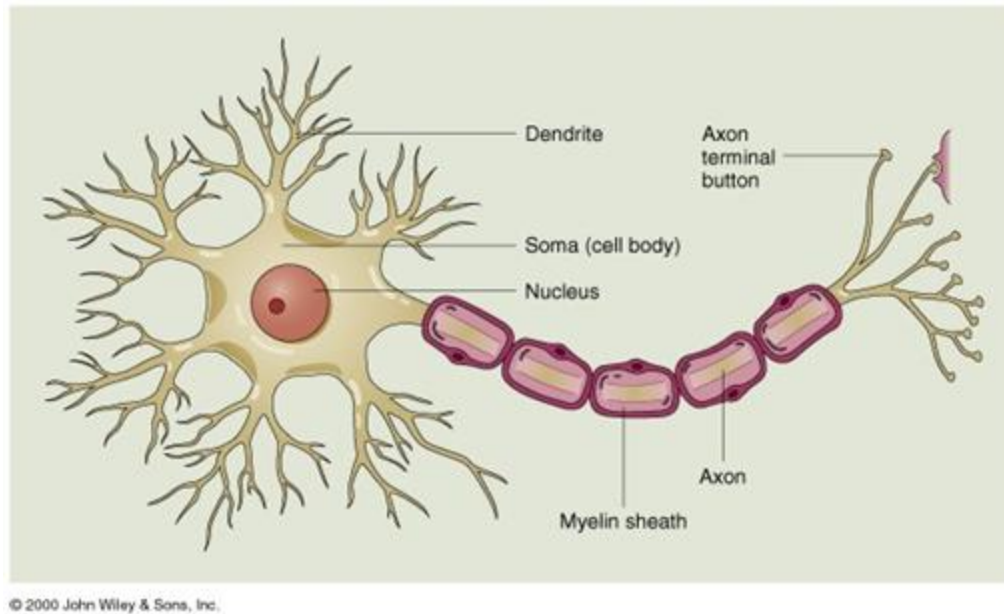
Stress can be defined as a state we experience when there is a mismatch between perceived demands and perceived ability to cope. It is the balance between how we view demands and how we think we can cope with those demands that determines whether we feel no stress, distressed or eustressed.

Anxiety

Anxiety is a generalized mood condition that can often occur without an identifiable triggering stimulus. As such, it is distinguished from fear, which is an emotional response to a perceived threat. Additionally, fear is related to the specific behaviors of escape and avoidance, whereas anxiety is related to situations perceived as uncontrollable or unavoidable. Another view defines anxiety as "a future-oriented mood state in which one is ready or prepared to attempt to cope with upcoming negative events", suggesting that it is a distinction between future vs. present dangers which divides anxiety and fear.

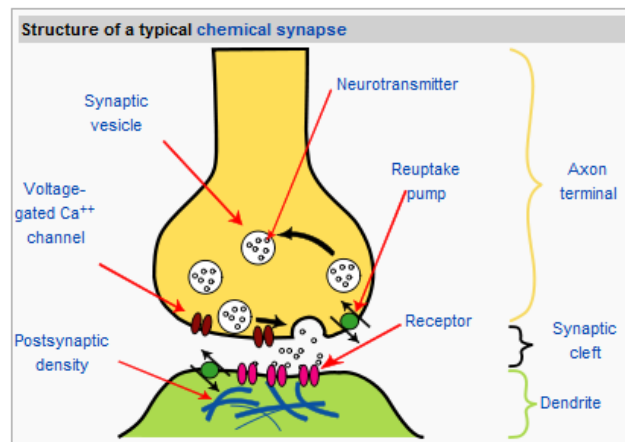
(Source:Wikipedia)

The Neuron



Synapse

In the nervous system, a synapse is a structure that permits a neuron to pass an electrical or chemical signal to another cell (neural or otherwise).



Neurotransmitter

Any of several chemical substances, as epinephrine or acetylcholine, that transmit nerve impulses across a synapse to a postsynaptic element, as another nerve, muscle, or gland.

Hormone

A hormone is a chemical released by a cell or a gland in one part of the body that sends out messages that affect cells in other parts of the organism. Hormones in animals are often transported in the blood.

Endocrine hormone molecules are secreted directly into the bloodstream, whereas exocrine hormones are secreted directly into a duct, and, from the duct, they flow either into the bloodstream or from cell to cell by diffusion.

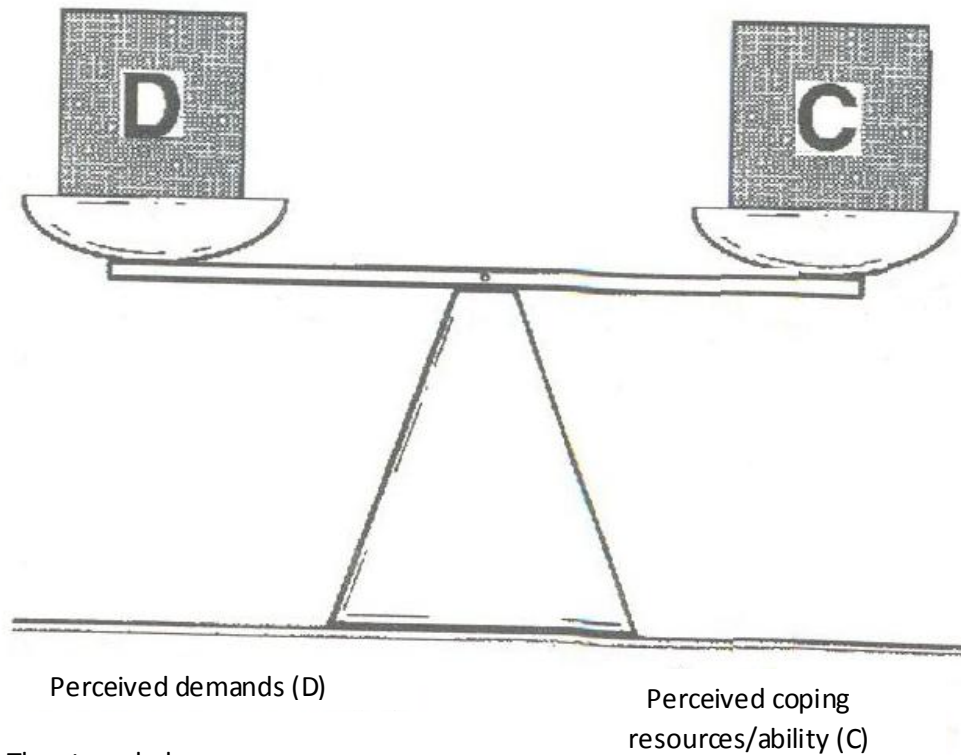
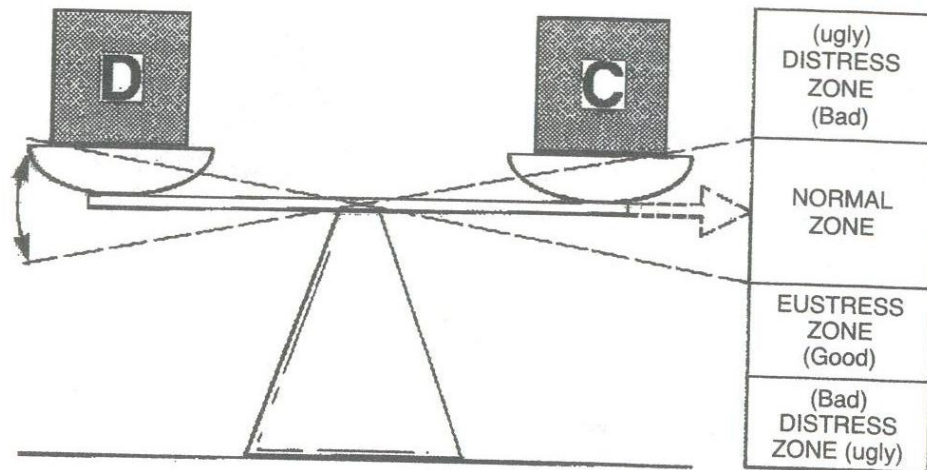
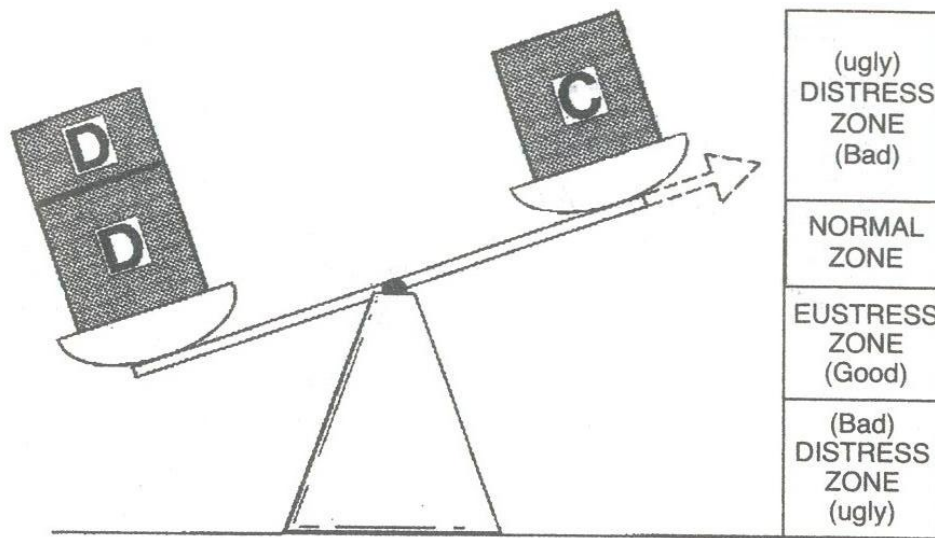


Figure 1: The stress balance



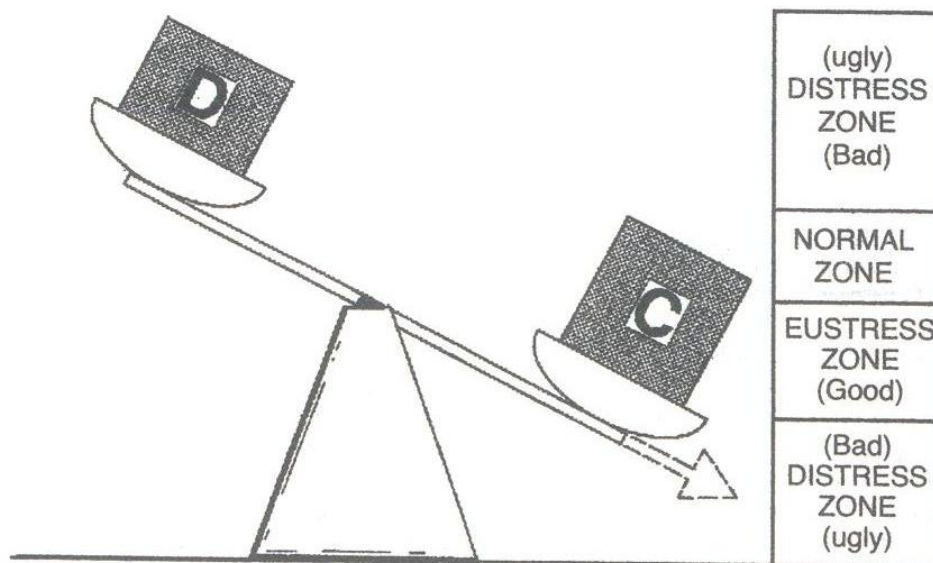
Situation: fluctuations in perceive demands and perceived coping resources but balance remains in the normal stress zone.

Figure 2: The normal zone



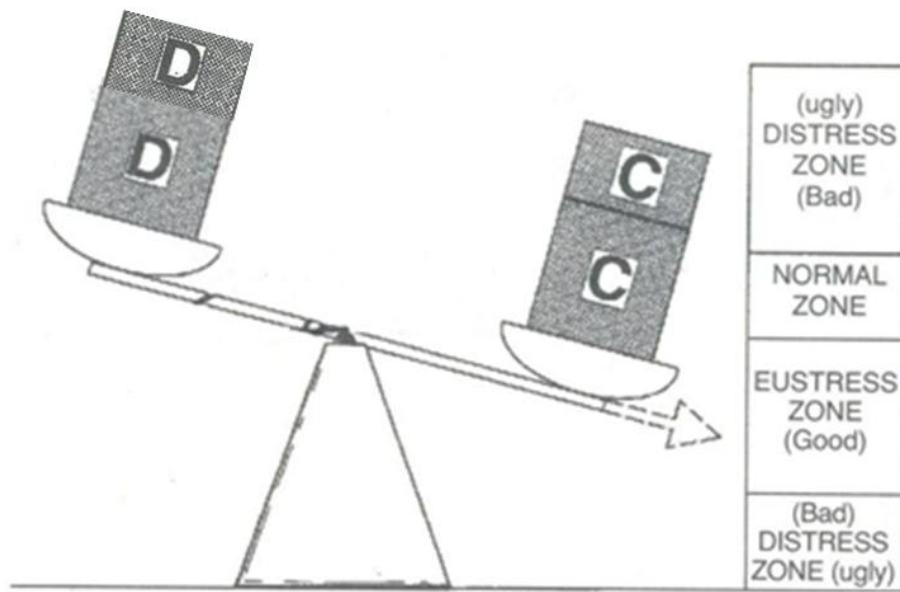
Situation: perceived ability to cope with increased demands does not match – distress is experienced.

Figure 3: The distress zone 1



Situation: perceived ability to cope far outweighs the perceived demands; boredom, frustration – distress experienced.

Figure 4: The distress zone 2



Eustress is when the perceived demand is extraordinarily high and the perceived ability to cope is higher than the perceived demand.

Figure 5: The eustress zone

Different Stress responses

Situations	Perception of Demand	Perception of coping ability	Stress response	Feelings	Examples
A	Demand is not too high	I can manage	No stress	No particular feelings	Simple tasks that we come across in our lives for example: Driving in moderate traffic Projects that we do at work House chores Quieting a crying child
B	Demand is high	I can manage	Eustress	Feelings of confidence Feelings of being in control Mentally alert Engaged Excited Enjoyment	Driving on a difficult mountain road Engaging an enemy Heavy traffic Difficult and challenging project at work Proposing to the King for his daughter

Situations	Perception of Demand	Perception of coping ability	Stress response	Feelings	Examples
C	Demand is high Need immediate action Life threatening	Ranging from the doubt about our ability to manage to confidence that I may manage	Distress: Alarm response (fight)- Body goes into heightened state Reflexes take over	Mentally alert Feelings of being threatened Fear Mental engagement on the stressor	Threatened by a wild animal in the woods Threatened by an enemy Suddenly the book shelf is about to fall A child has fallen into a river The car has skidded on the snow Putting out the fire in a house
D	Demand is high Need immediate action Life threatening	I can't manage	Distress: Alarm response (flight)- Body goes into heightened state Reflexes take over	Mentally alert Extreme fear Mental disengagement from the Stressor and focusing on escape	Threatened by a wild animal which we can't fight off Threatened by a much superior enemy I will not be able to control the bookshelf which is about to fall I will not be able to save the drowning child I will not be able to control a skidding car on the snow

Situations	Perception of Demand	Perception of coping ability	Stress response	Feelings	Examples
E	Demand is high Need immediate action Not life threatening	Ranging from the doubt about my ability to manage to confidence that I may manage	Distress: Alarm response (fight)- Body goes into heightened state Reflexes take over	Mentally alert Feelings of being threatened Fear Mental engagement on the stressor	Our ideas are being challenged in a meeting or in public The deadline for a critical project is coming closer Running late for a very important meeting Not feeling adequate in responding to the King's questions while proposing for his daughter
F	Demand is high Need immediate action Not life threatening	I can't manage	Distress: Alarm response (flight)- Body goes into heightened state Reflexes take over	Mentally alert Extreme fear Mental disengagement from the Stressor and focusing on escape	Our ideas are being challenged and there is no way I can defend them in this forum I am going to miss the deadline for the project I am running late for the meeting and will not be able to make it The King is not buying into the answers for my proposal for his daughter and he will be saying no.

Situations	Perception of Demand	Perception of coping ability	Stress response	Feelings	Examples
G	<p>Demand is high</p> <p>Doesn't need an immediate response</p> <p>May or may not be life threatening</p>	<p>Ranging from my doubt about my ability to manage to I can't manage</p>	<p>Distress: Resistance Response-</p> <p>Physiological changes due to increased level of cortisol in the body like reduction of immunity</p>	<p>Anguish</p> <p>Worry</p> <p>Fear of what may happen in the future</p> <p>Feelings of anxiety</p>	<p>Trying to manage a deteriorating relationship</p> <p>A deepening financial crisis whether personal or at work</p> <p>Inability to make financial ends meet</p> <p>Deteriorating health due to an chronic illness</p>

Signs of Distress

Physical

- Aware of heart beating, palpitations
- Breathlessness, lump in the throat, rapid shallow breathing
- Dry mouth, 'butterflies' in stomach, indigestion, nausea
- Diarrhea, constipation, flatulence
- General muscle tenseness particularly of the jaws, grinding of teeth
- Clenched fists, hunched shoulders, general muscle aches and pains, cramps
- Restlessness, hyperactive, nail biting, finger drumming, foot tapping, hands shaking
- Tired, fatigued, lethargic, exhausted, sleep difficulties, feeling faint, headaches, frequent illness such as colds
- Sweaty especially palms and upper lip, hot flushed feeling
- Cold hands and feet
- Frequent desire to urinate
- Overeating, loss of appetite, increase cigarette smoking
- Increased alcohol consumption, loss of interest in sex

Mental

- Distressed, worried, upset, tearful, deflated, feelings of helplessness and hopelessness, hysterical, withdrawn, feeling unable to cope, anxious, depressed
- Impatient, easily irritated and aggravated, angry, hostile, aggressive
- Frustrated, bored, inadequate, guilty, rejected, neglected, insecure, vulnerable
- Loss of interest in self-appearance, health, diet, sex; low self-esteem, and loss of interest in others
- Polyphasic (doing too many things at once), rushed
- Failing to finish tasks before moving onto the next
- Difficulty in thinking clearly, concentrating and making decisions, forgetful, lack of creativity, irrational; procrastinating, difficulty in starting to do things
- Prone to make silly mistakes and having accidents
- Having so much to do and not knowing where to start so ending up doing nothing or going from task to task and not completing anything
- Hypercritical, inflexible, unreasonable, over-reactive, non-productive, poor efficiency

Signs of Eustress

- Euphoric, stimulated, thrilled, excited
- Helpful, understanding, sociable, friendly, loving, happy
- Calm, controlled, confident
- Creative, effective, efficient
- Clear and rational in thought, decisive
- Industrious, lively, productive, jolly, often smiling

Chemical messenger league table

Dominant part of stress response	Chemical messenger(s) order of dominance
Alarm 'Fight' aspect	1. Noradrenaline 2. Adrenaline
Alarm 'Flight' aspect leading to resistance	1. Adrenaline 2. Cortisol 3. Noradrenaline
Resistance	1. Cortisol 2. Adrenaline

Relationship between how you feel and some of the hormones released in your body

Emotions/ Behaviours	Chemical Messengers/ Hormones	Amount And Direction Of Change From 'Normal' Levels
Anger	Noradrenaline	Large increase
Aggression fight	Adrenaline	Small increase
	Testosterone	Small increase
	Cortisol	Little or no change
Fear	Adrenaline	Large increase
Withdrawal flight	Cortisol	Increase
	Noradrenaline	Small increase
	Testosterone	Little or no change
Depression	Cortisol	Large increase
Loss of control	Adrenaline	Little or no change
Submission	Noradrenaline	Little or no change
	Testosterone	Decrease
Serenity	Noradrenaline	Decrease
Relaxation	Adrenaline	Decrease
Meditation	Cortisol	Little or no change
	Testosterone	Little or no change
Elation	Testosterone	Increase
Security	Noradrenaline	Decrease
Love and support	Adrenaline	Decrease
	Cortisol	Decrease

Actions of Noradrenaline

1. Alertness increases, thinking and decision making becomes quicker and performance increases
2. Neck, upper back and shoulders tighten.
3. Fists are clenched
4. Hair stand erect on the skin (goose bumps)
5. Reduced blood flow in the skin
6. Palms of the hands, the upper lips and feet become sweaty
7. Pupils dilate
8. Hearing becomes more acute
9. It produces a feeling of pleasantness and excitement in the absence of irritation, anger and hostility.
10. Blood vessels to non-critical areas constrict
11. Gut activity is slowed and blood supply is reduced
12. Reduced urine formation

Actions of Adrenaline

1. Heart beats faster and harder
2. Legs, arms and body wall muscles tense and blood flow increases
3. Blood pressure rises
4. Airways dilate in the lungs and breathing becomes deeper and more rapid
5. Feelings of insecurity, worry and uncertainty are the hallmarks of Adrenaline

Combined action of Adrenaline and Noradrenaline

1. Blood clots more easily
2. Saliva production is reduced
3. Fat and glucose mobilized from liver and fat stores
4. Spleen contracts pouring red blood cells into the bloodstream.
5. Cholesterol remains in the blood longer

Actions of Cortisol

1. Normal levels of Cortisol enhance immune system but excessive levels suppress the immune system.
2. Reduces allergic response and reactions.
3. Sensitizes organs particularly blood vessels to Adrenaline and Noradrenaline
4. Reduces inflammations
5. Aids in wound healing
6. Prolonged effects of cortisol can lead to feelings of hopelessness, helplessness, chronic anxiety and depression.

The 4 As of Fighting Stress

- Avoid the Stressor
- Alter the Stressor
- Adapt to the Stressor
- Accept the Stressor

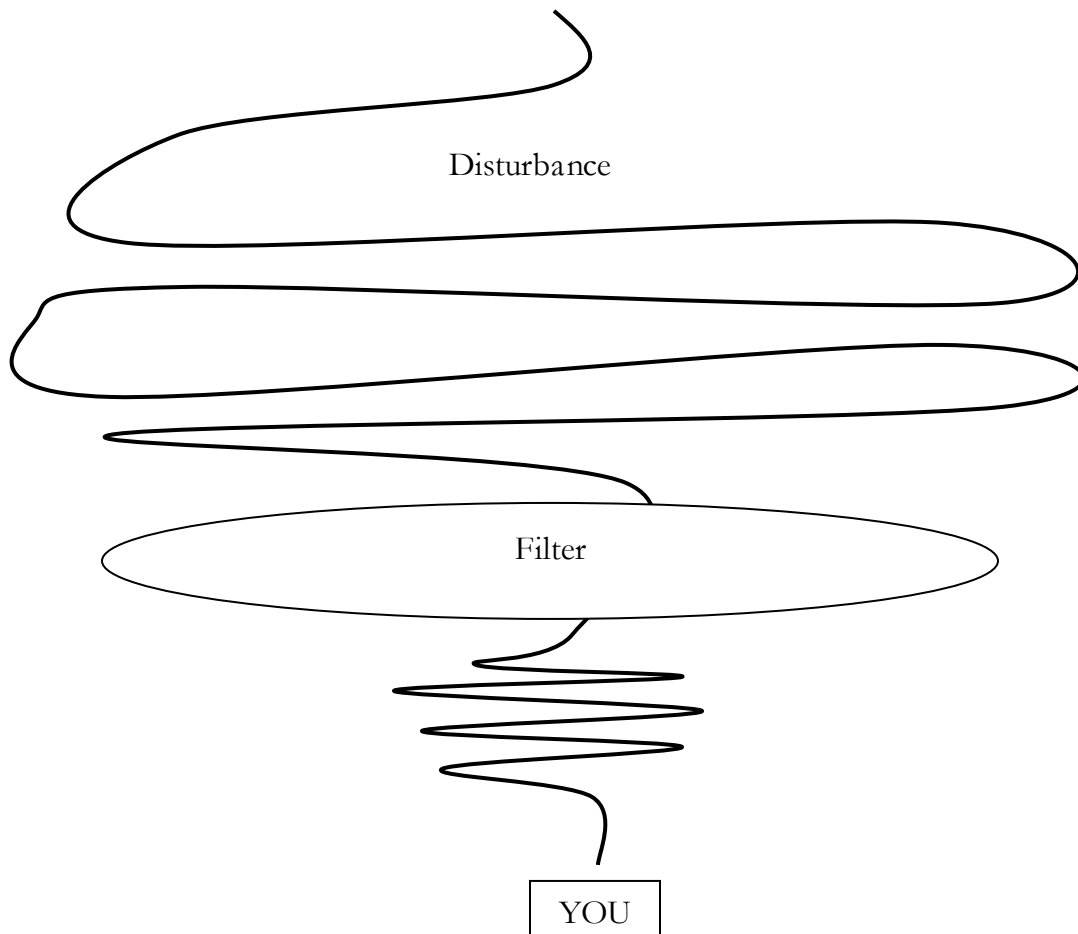
Avoid the Stressor

1. Avoid situations which are stressors like taking an alternative route even if it is longer
2. Avoid people who may cause stress
3. Learn to say 'No'
4. Prioritize better and say no to activities which are not important or less important

Alter the Stressor

- Be assertive-being firm with politeness
- Develop filters

Filter



Mr. Abu Ahmed Akif's notice

Welcome!

The matter that has brought you to my office, could it have been discussed via email?

If yes, please be kind enough to send me an email and if no, please read on:

Could the matter be discussed over the phone?

If yes, then please call me and if no, please read on:

Could the matter be discussed during my office hours between 12:00 pm to 2:30 pm?

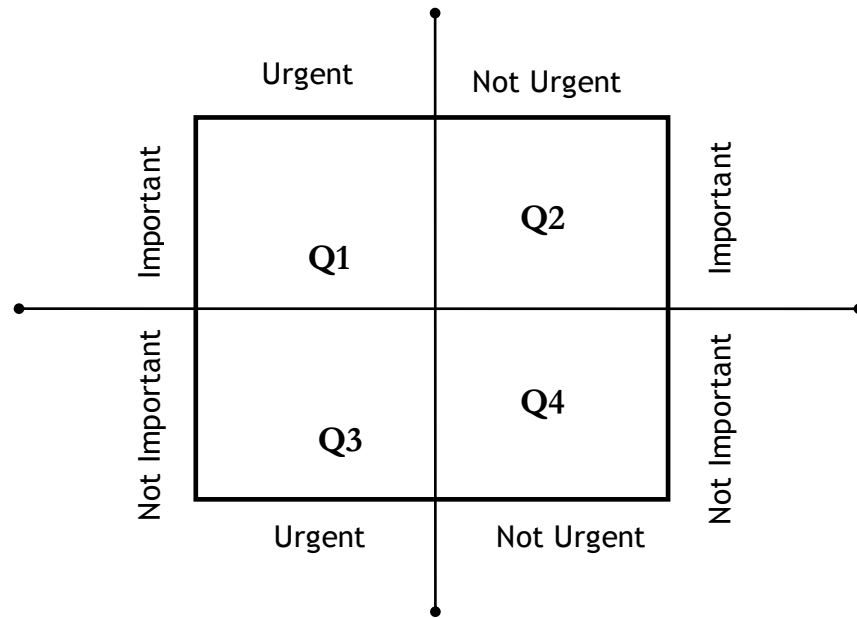
If yes, then please come within that time and if no then please do step in!

Abu Ahmed Akif

Adapt to the stressor

- Planning ahead
- Understanding the difference between Internal and External Q1s
- Keeping Buffers
- Adopt a healthy lifestyle
 - Nutrition
 - Exercise
 - Sleep
 - Healthy leisure activities
- Change your personality type from Type A to Develop Baseline Type-B behaviour by focusing on related attitudes and habits by focusing on Develop Baseline Type-B behaviour by focusing on related attitudes and habits characteristics
- Understand the Islamic perspective of challenges and hardships as these could be:
 - Mis management
 - A punishment
 - A blessing in disguise
 - A test
- Review the perception of the demand
- The impact of our worldview on stress
- Seeking assistance from Allah (SWT)
- Increase our competency

Time Quadrant System



Internal and External Q1s

Q1s are of two types; Internal and External Q1s. Q1 situations, which arise because:

- ┐ we have ignored a Q2 activity
- ┐ we have delayed a Q2 activity
- ┐ we have not found and done a possible Q2 activity.

The breakdown of the car in the middle of the road because its regular maintenance was ignored or delayed would be called an Internal Q1.

External Q1s are those Q1 situations, which are not internal Q1s.

Careful thought will disclose that most of the Q1 situations that people have in their lives are Internal Q1s. This ratio between Internal and External Q1 will vary from person to person. Usually people report that 70% to 95% of Q1s in their lives are Internal Q1s.

One of the tragedies which results in extreme mismanagement of time is when a person is not able to distinguish between External and Internal Q1s. Such a person will generally tend to have a victim mentality and will have feelings of helplessness and loss of control.

A person who understands that most of his Q1s are Internal will try to work to avoid them by focusing on the Q2s, the neglect of which has resulted in the ensuing Q1s.

Type A Characteristics

1. Intensely competitive
2. Impatient
3. Achievements oriented
4. Aggressive and driven
5. Having a distorted sense of time urgency
6. Moving rapidly and frequently
7. Talking fast and listening impatiently

Develop Baseline Type-B behaviour by focusing on related attitudes and habits Characteristics

1. Relaxed and unhurried
2. Patient
3. Noncompetitive
4. Nonaggressive
5. Not having time urgency

Accept the Stressor

Accept External Q1s through the Islamic perspective of fate.

Appendix A: A real life stressor and its coping strategy

Stressor: Disobedience of daughter

The 4 A's of fighting stress

- ❖ **Avoid the stressor**
 - Not applicable (Cannot be avoided!)
- ❖ **Alter the stressor**
 - Be assertive-being firm with politeness
 - Develop filters
- ❖ **Adapt to the stressor**
 - Planning ahead of time
 - Understanding the difference between Internal and External Q1s
 - Adopt a healthy lifestyle
 - Change from Type A to Develop Baseline Type-B behaviour by focusing on related attitudes and habits personality
 - Review the perception of demand
 - Increase our coping ability
 - Seeking help from Allah
- ❖ **Accept the stressor**
 - Not applicable

Strategy

- Reward and punish system to be introduced
- Avoid teasing attitude / labeling the child
- Facilitate activities and plans for her
- Control our own temper
- Look and feel happy
- Listen to her attentively
- Give her quality time
- Healthy eating habits
- Develop her exercise regime
- Make a proper time table
- Be patient
- Repentance and prayers (Touba and Dua)
- Be patient and thankful to Allah (SWT)
- Increase the perception of coping abilities.

Appendix B: A real life stressor and its coping strategy

Stressor: I am unable to fulfill my professional responsibilities in given time frame

The 4 A's of fighting stress

- ❖ **Avoid the stressor**
 - Not applicable (Cannot be avoided!)
- ❖ **Alter the stressor**
 - Be assertive-being firm with politeness
 - Develop filters
- ❖ **Adapt the stressor**
 - Planning ahead of time
 - Understanding the difference between Internal and External Q1s
 - Keeping buffers
 - Change my personality from Type A to Develop Baseline Type-B behaviour by focusing on related attitudes and habits
 - Review the perception of demand
 - Increase our coping ability
 - Seeking help from Allah

Strategy

- I need to review my prioritization as many a times I indulge in activities which are not or less important and slow down the pace of my work.
- I have to work on developing filters so that I can avoid not important activities. One filter is to use 'Timelenders' sign language with other people who distract me.
- I have to learn to negotiate with people because I have realized that my poor negotiation skills are also a factor in this stress. I will attend Strategic Negotiation Skills workshop by 'Timelenders' to improve this skill.
- I have to plan the whole project in Q2. Since I had never understood the importance of planning ahead of time, I used to think that this is an external Q1, whereas, it is an internal Q1. I have to go to my seniors who delegate me various tasks, and ask them the way they used to handle such projects when they were at my stage.
- I have to plan the project on my schedule, review my to-dos and progress every day to avoid stress.
- I have been sleeping late and waking up late and realized that I have to manage my sleep properly so that I can utilize early morning time for proper planning of my day.

- Because of not planning, I forgot the concept of keeping buffers – another element in my stress. I will revise the concept from my Strategic Time Management training manual and apply it.
- I will work on myself to change my personality.
- I have to be patient with my colleagues and bosses and need to develop a good moral character.
- I will continue to make repentance and pray to Allah for improvement in myself.
- I also have to be thankful to Allah (SWT) for the blessing that He (SWT) has given me which is the opportunity to add value to people's lives through my work.

Appendix C: A healthy life style / Excerpts from Managing Stress by Terry Looker and Olga Gregson

Diet

You should:

- eat a well-balanced diet

- Watch your fat intake
- Check your fibre intake
- Make sure your mineral, Vitamin C and B complex intake is adequate
- Drink two pints of water each day
- Eat breakfast.

We have all been inundated with advice on what to eat and what not to eat, so much that many people find it confusing and stressful. We hear, "Eat this, don't eat that, eat more of this and eat less of that". One minute we are told, 'Eat this', the next 'Don't'.

Fat

Despite the massive amount of research into how our diet affects our health and what is a healthy diet, there is still much that is not understood. For example, the link between dietary fat intake and heart disease is far from clear. But the message we are given makes it sound so simple and clear-cut. 'Large amounts of fat in our diet increase blood cholesterol. High blood cholesterol is associated with heart disease.' The latter point is known to be true but is high blood cholesterol related so conclusively, as we are led to believe, to what we eat? The relationship between diet and blood cholesterol is controversial and extremely complex and the arguments for and against this issue are outside the scope of this book.

So what should we do? It is a question of being sensible about our diet. Eating an excess of anything will cause problems and a little bit of what you fancy will probably do you no harm. To become obsessive about what you eat can cause much distress and feelings of guilt. This could do more harm than the so-called unhealthy diet itself. Of course there are those, such as angina sufferers and heart attack victims, who may need to regulate their diet but for most of us strict rules may not be appropriate. However, everyone can benefit by taking the stress out of eating.

One of the main aims of the fight and flight reaction is to provide a quick and plentiful supply of energy for muscle activity by mobilising fats and glucose stores. The level of blood fats, including cholesterol, and the level of blood glucose increases. During the alarm reaction, the levels of cholesterol and triglyceride (another type of fat) rise far more than they can from dietary sources. In fact, only about ten per cent of our cholesterol comes from the diet; the rest is made by the body. We

described earlier how levels of blood cholesterol rise during periods of stress. We used the example of tax accountants meeting deadlines to complete their clients' tax returns. Try to remember this point when you feel pressured because if you are stressed you will have higher levels of cholesterol circulating in your blood than normal.

Remember also that increased blood cholesterol and fat levels are associated with coronary heart disease and increased susceptibility to blood clot formation. For angina sufferers and heart attack victims, one high-fat meal can lead to red cell sludging which can block the fine coronary blood vessels. The result could be a heart attack which may be fatal.

It is therefore wise to reduce your intake of fat, particularly saturated fat, so when your blood fat and cholesterol levels rise during stressful periods, there is less chance of them reaching potentially harmful peaks. Eating high-fat meals whilst you are under pressure and feeling stressed is therefore not to be recommended.

Fibre

Another way of reducing blood fat is to eat more fibre. It works like this. Fats stick to the fibre, which is not absorbed by the body so the amount of fat absorbed is also reduced. Be careful not to eat too much fibre (the recommended daily intake is 30 grams) because certain vitamins and minerals can also attach to fibre, so less of these will be absorbed into the body.

Vitamins

It is also advisable to make sure you have enough Vitamin B complex (comprising several different B vitamins), Vitamin E and Vitamin C in your diet, particularly when you feel pressured and stressed. These vitamins are required for a number of vital body processes. Vitamin C is required for fighting infections and wound healing, and Vitamin B complex for good mental activity and many of the body's chemical processes. They are also needed to make the hormones used during the stress response, and there is some evidence suggesting that inadequate Vitamin C levels may encourage the accumulation of cholesterol in arteries. Foods rich in Vitamin C are blackcurrants, rosehips, citrus fruits, leafy green vegetables such as Brussel sprouts and cabbage. Vitamins of the B complex are found in a variety of foods; rich sources are wholegrain cereals, yeast and meat.

Vitamin E is necessary to keep the membranes of our cells healthy and it may play a beneficial role in the ageing process. Rich sources of Vitamin E are vegetable oils, wheatgerm, sunflower seeds, hazelnuts, brown rice and wholegrain cereals.

A well-balanced diet should provide an adequate amount of Vitamin C and B complex; however, to ensure you are not lacking these two vitamins when under stress, we advise you to take supplements. A Vitamin C supplement of up to 400mg/day is adequate; taking over this amount for months at a time could cause kidney stones. Take Vitamin B complex according to the Recommended Daily Allowance (RDA) shown on the package.

Supplements of Vitamin E can also be taken. This should be with a meal since the presence of polyunsaturated fat is necessary for the absorption of Vitamin E. It is advisable not to take more than 300 units (200 mg) per day, and to use the natural d- α -tocopherol rather than the synthetic dl- α -tocopherol (the synthetic form contains only about one tenth of the natural form, so it is less biologically beneficial for us).

Vitamins C and E and some minerals, such as selenium, have antioxidant properties. Antioxidants render harmless the toxic chemicals, called free radicals, produced normally by our body. Free radicals can damage the cells of the body and have been linked to a number of disease processes.

A number of vitamins and minerals, including Vitamins B, C and E, are required for the synthesis of the stress hormones, therefore our antioxidant levels can become depleted during periods of stress. This will expose our cells to potential damage from free radicals, so taking dietary supplements of antioxidants can help counteract the depletion of antioxidants during stress.

Eating a well-balanced diet

Your mineral and trace element intake should also be adequate. Although a well-balanced diet should contain essential nutrients in the correct proportions, look particularly at your intake of calcium (good food sources are dairy produce and spinach), magnesium (nuts, cereal grains and fish), iron (red meat and offal, green leafy vegetables and wholegrain cereals), zinc (bran, meat and dairy produce), manganese (wholegrain cereals, nuts and avocado pear), selenium (meat, dairy produce, wholegrain cereals) and chromium (wholegrain

cereals, brewer's yeast and cheese). All these minerals are involved in the stress response and deficiencies caused by their depletion during periods of stress can lead to poor body functioning and ill health.

This is not to say that you should increase your food intake when under stress. Rather, by eating a balanced diet in the first place, you ensure that your body is prepared to deal with increased pressure when the need arises. Similarly, protein levels can decrease during periods of stress; an action of cortisol is to mobilise body proteins for energy. So attention should be given to a balanced protein intake during periods of prolonged stress. This is because when we feel distress we often do not feel like food, at the very time we should be taking extra care about eating properly.

It is not advisable to take megadoses of vitamin or mineral supplements except under medical supervision. Subjected to excessive doses, the body can become saturated with the vitamin or mineral and this may hinder or prevent vital body functions. Taking supplements according to Recommended Daily Allowances will do no harm (RDAs are usually shown on the label of the container).

Increased sweating during the stress response can lead to dehydration. Drinking one or two pints of water each day will help prevent this and stop the blood from thickening too much. Thick blood clots more easily.

As well as taking the above precautions, it makes sense to eat a balanced diet; that is, a diet which has both the right number of calories to provide sufficient energy and the right proportions of all essential nutrients. Such a diet comprises about 10–15 per cent protein, 30–35 per cent fat (made up of half saturated and half unsaturated, that is polyunsaturated and mono-unsaturated), 50–60 per cent carbohydrate and adequate vitamins, minerals and water.

For the average person this may mean:

- cutting down on fat intake (particularly saturated fats – these are mainly animal fats)
- increasing the amount of complex carbohydrate eaten to increase fibre intake (wholegrain cereals, wholemeal, bran, pulses, nuts and seeds) and
- eating more fruit and vegetables, preferably fresh or frozen, not tinned.

Eating sensibly is not simply a question of eating the right amounts of food but also adopting a sensible eating pattern. It is very easy to miss meals when under pressure. Breakfast can become one cup of

coffee and lunch a quick sandwich as you work. On the other hand, life can become one continuous meal when under stress.

Let your body tell you when to eat. Keeping to the traditional 'three meals a day' rule is not always necessary. It is often better to eat smaller, more frequent meals spaced throughout the day instead of eating one or two very large meals. In this way the digestive system does not work 'overtime'.

Breakfast is considered by nutritionists to be the most important meal of the day – it gets us off to a good start. Skipping breakfast leads to mid-morning tiredness, irritability, depression, confusion and an inability to concentrate. Ideally, breakfast should contain unrefined carbohydrates, protein and some fat for example porridge, low-fat yogurt, low-fat sausages or fresh fruit. This provides a steady level of blood sugar throughout the morning. Lunch should be a top-up meal and the evening meal the lightest of the day. It is better to eat your evening meal early because the digestive processes may cause sleeplessness. Eating a light evening meal will give your digestive system a rest overnight.

The type of foods we eat can also affect our mental activities. What we eat as well as when we eat can affect our memory and ability to concentrate. Meals excessively high in carbohydrates and low in protein make it less easy for people, particularly those over 40 years old, to concentrate and deal with mental tasks.

Caffeine

- | |
|--|
| <ul style="list-style-type: none">● Reduce caffeine intake● Switch to a decaffeinated drink |
|--|

Caffeine is found mainly in coffee, tea, cocoa, drinking chocolate, chocolates and cola drinks.

Caffeine content of some common beverages in milligrams

		<i>Amount (mg)/cup</i>
Coffee	filter	240
	percolated	192
	instant	104
	decaffeinated	3
Tea	brewed	75
	instant	35
Colas		30–65
Cocoa		5–145
Chocolate		20

Note: these figures are approximate. Actual quantities of caffeine per cup depends on the brand and strength of drink prepared.

Excessive caffeine consumption (about 1000 milligrams of caffeine each day, equivalent to six cups of coffee) is considered harmful. Caffeine stimulates the nervous system and production of the catecholamines, particularly noradrenaline. It makes sense not to produce more noradrenaline than you need for the activities you are undertaking. Taking an excessive amount of caffeine is like being in a state of high arousal with your stress reaction operating at full stretch.

Caffeine, through the effects of noradrenaline, increases alertness and performance, but many people find that too much of it during the late evening can lead to sleep disturbances. High caffeine consumers may be simply addicted to the stimulating effect and pleasant feeling induced by noradrenaline.

Caffeine increases heart rate. Add this effect to the increased heart rate caused by the catecholamines released during stress response activation and you can end up with problems. Such increases in heart rate lead to increased heart workload and can be a danger for those with coronary heart disease. More seriously, caffeine can stimulate the heart to beat irregularly and this can lead to fatal rhythms.

Caffeine also stimulates the production of acid by the stomach. This can cause heartburn, indigestion, and aggravate ulcers. Since the stomach reduces its activity during the stress response, caffeine taken at this time will stay in the stomach longer and have more time to

exert its potentially harmful effect. Other digestive tract problems such as colitis and piles can also be aggravated by caffeine.

There is also evidence suggesting that high caffeine intake can lead to increased blood cholesterol through the action of noradrenaline. Four cups of caffeinated coffee can increase cholesterol in the blood by 5 per cent and ten cups by around 12 per cent. Such increases, added to the rise in cholesterol during periods of stress, as well as that obtained from the diet, may elevate blood cholesterol to potentially harmful levels.

So cut down on the amount of caffeine you drink. Try switching to decaffeinated coffee and herbal teas and other caffeine-free drinks.

Smoking

- Reduce or stop smoking
- Avoid passive smoking

It is not the purpose here to enter into the 'whether or not to smoke' debate. There is, however, much medical evidence associating smoking with a number of diseases including lung cancer, heart disease and circulatory problems. Many smoking-related diseases are also cited as being stress-related, so it makes sense not to smoke.

However, some people smoke to cope with their demands and pressures. Simply having a cigarette in their hand can lower reaction to potential stressors which would otherwise cause distress. Who is to say which is worse for these people – the harmful effects of smoking or those of stress? We recommend using healthy coping strategies (as we describe in this book), rather than an unhealthy (smok-

ing) coping strategy. Research evidence indicates that smoking together with potential stressors can lead to a stress response activation higher than the effects produced by either smoking or stress alone. One reason for this may be that, during the stress response, breathing is more rapid and deeper, thereby allowing more cigarette smoke to enter the lungs than during more relaxed conditions.

Nicotine is the main culprit as far as the stress response is concerned. Again, like caffeine, nicotine stimulates the production of the catecholamines, particularly noradrenaline. This may be a reason why smokers tend to have lower levels of Vitamin C in their body (Vitamin C is used in the production of stress hormones). As we pointed out earlier, lack of Vitamin C may cause the deposition of cholesterol in the arteries and could be part of the reason why smoking is linked to coronary heart disease.

It has been suggested that smokers simply smoke to maintain high levels of noradrenaline which stimulate the pleasure centres of the brain. Noradrenaline addiction again? Nicotine also stimulates the heart, increasing its rate, and the blood vessels, causing them to constrict. Both these effects can exacerbate heart and circulatory disease problems: coronary heart disease, hypertension and intermittent claudication (cramps in the legs due to poor circulation).

It is not only nicotine that is to blame. Carbon monoxide in cigarette smoke combines with the oxygen-carrying haemoglobin in the red blood cells, reducing the blood's oxygen levels. Both carbon monoxide and nicotine cause the blood to clot more easily.

For some people there can be some beneficial effects of smoking. Nicotine, through the effects of noradrenaline, increases alertness and good performance, benefits associated with the fight aspect of the alarm reaction. However, smokers are not usually fighting or exercising, so the benefits of nicotine are not used in an appropriate way.

Recently, much evidence has accumulated to suggest that breathing other people's cigarette smoke, known as passive smoking, can be harmful to health. So where possible avoid passive smoking. At times this may mean asking someone not to smoke and doing this assertively will avoid unnecessary distress that can easily arise in such situations.

Fitness and exercise

- Use the stairs, not the lift
- Walk all or some of the way to work
 - Exercise every day
- Learn to exercise while you are waiting

The alarm reaction was designed for fighting or running away: in other words, for increased activity. When we exercise, essentially the same alarm response is put into action but without the accompanying emotions. For our ancestors and grandparents, life was far more physical; pulling ploughs and walking miles used up the higher levels of circulating blood fats and catecholamines produced by their stress response. Today, it is up and down escalators and lifts and using the car for the shortest of trips. We live in an age of inactivity. Studies have shown that our schoolchildren are the unfittest they have ever been. One man said to us that the PMR programme was the most exercise he had taken for years! It is also an age of psychological stressors and emotional crises. These trigger our stress response, preparing us for action when in fact little muscular activity takes place. However, because of our generally sedentary lifestyle there is a reluctance and sometimes little opportunity to burn off the action of the catecholamines. Arguing on the telephone switches on the alarm reaction but we are sitting motionless – apart from maybe pounding the desk. So, the actions preparing us for fight or flight are not used. We put the telephone down and we are left with high levels of circulating blood fats and glucose and blood that will clot more easily. The best way to get rid of these is to exercise. Take a brisk walk at lunchtime or after work. If you are upset at the office and feel signs and symptoms of distress, leave the office for a few minutes and walk up and down the stairs. This way you can avoid or reduce the symptoms of distress and will feel relaxed and ready to work productively. Staying in the office will only keep you in touch with the source of your distress.

Regular moderate exercise of 30 minutes a day changes the body's metabolism and helps maintain a desirable body weight. Exercise is an essential part of any slimming campaign. Furthermore, regular moderate exercise helps reduce the LDL-cholesterol ('bad' cholesterol) in the blood and increase HDL-cholesterol ('good' cholesterol) which is thought to give protection against heart disease.

Regular exercise leads to fitness. Feeling fit will increase your sense of well-being. You will feel good about yourself and therefore more able to face the demands and pressures of life. Exercise will also improve the quality of your sleep – another essential part of your coping resources.

Exercise need not be expensive. You do not have to rush out to buy the latest in sports fashion wear, or aids such as exercise bicycles and multigyms. Walking costs nothing and many other sports such as swimming and cycling are relatively inexpensive.

One important benefit of exercise and fitness activities is the possibility of increasing social contacts and developing new friendships at clubs or simply on an afternoon walk. Exercise and fitness should be fun and not a chore or too competitive. You will need to find an exercise that suits you – your abilities, schedule, personality. As a general rule choose an activity that would have been done in the days of your grandfather. For example, take up walking rather than squash, especially if you are unfit.

Do not rush into an exercise regime (Type As take note!), particularly if you are over 35 years old. Have a check-up with your doctor, particularly if you are an angina or heart attack sufferer, before you embark on an exercise programme. Always follow a programme which starts slowly and gradually increases to your prescribed level. Do not push yourself too hard. If you have pains (particularly in your chest) or breathlessness, do not ignore them – stop at once and see your doctor as soon as possible. Better to be safe than sorry – exercise can kill!

Avoid exercising when you are unwell, particularly when suffering from flu and other infectious diseases, because infections can spread more easily to the heart muscle and this may lead to serious problems. Try not to exercise too soon after a meal. You should never exercise to the point where you do not have the breath to hold a conversation. Always keep a check on your heart rate by taking your pulse (Figure 23, page 151) and stay within the safe limits shown in the following table:

Maximum exercise pulse rate per minute		
Age	Unfit person	Fit person
20	140	170
30	130	160
40	120	150
50	110	140
60	110	130
70	90	120

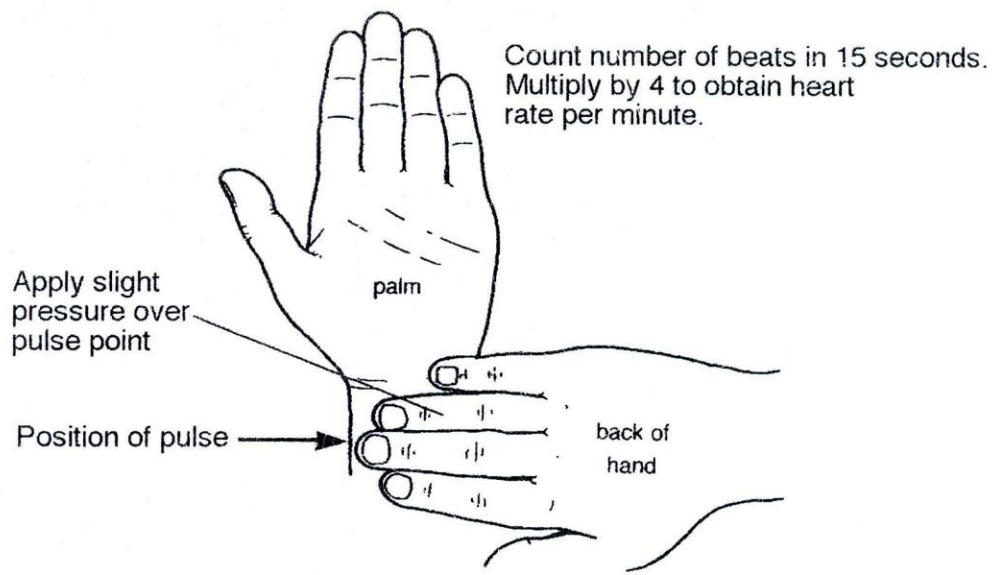


Figure 23 Measuring your pulse rate.

For an individual these rates are only a general guide since there are many factors, such as general state of health, to take into account. You should consult your doctor before embarking on an exercise programme.

How do you decide on your level of fitness? A simple test is to check how fast your pulse returns to normal after you exercise. For fit people this usually occurs within a minute or two. If it takes a long time you are probably unfit.

In the meantime, consider walking to the shops instead of taking the car, walk to work instead of taking the bus, or get off a few stops from your destination and walk the rest of the way. Use the stairs instead of the lift. Ten minutes brisk walk two or three times a day will soon build up your stamina, particularly if you choose an uphill course. Walking is the cheapest, easiest and safest way to exercise and achieve fitness.

Body weight

- Aim to maintain your ideal body weight
- Balance energy consumed with energy expended

Being overweight (or obese) is unhealthy and can cause much distress. Obesity has been cited as a contributory factor in diabetes, heart and circulatory disease. Obesity can lower self-esteem and cause emotional problems. But how overweight do you have to be to increase your risk of ill health? It seems that the risk grows with an increasing level of obesity. A slight degree of obesity carries a slight risk and excessive overweight carries a high risk.

Body weight depends on a number of factors so how do you know if you are at your ideal weight, overweight or underweight? Simply taking height and age is not an accurate method of assessing this. Instead a measurement called the body mass index (BMI) is used. It is easily calculated by using the following method.

CALCULATING BODY MASS INDEX (BMI)

- STEP 1 Take your weight in kilograms or convert your weight in pounds to kilograms by multiplying by 0.45
- STEP 2 Take your height in metres or convert your height in inches to metres by multiplying by 0.025
- STEP 3 Square your height in metres, that is, multiply height in metres by itself (height in metres multiplied by height in metres).
- STEP 4 Divide weight in kilograms by height in metres squared.

Example

Male, height 5ft 6in or 66 inches. Weight 160 pounds.

- Step 1** 160 pounds \times 0.45 = 72 kilograms
- Step 2** 66 inches \times 0.025 = 1.65 metres
- Step 3** $1.65 \times 1.65 = 2.72$
- Step 4** $72 \div 2.72 = 26.47$. This is the BMI.

The ideal BMI for men is around 23 (acceptable range 20.5 to 26) and around 21 for women (acceptable range 19 to 23). So for this man, his ideal weight should be $23 \times$ height squared, that is $23 \times 2.72 = 62.56$ kilograms. To convert kilograms to pounds divide by 0.45. In this case it is 139 pounds so he is about 21 pounds overweight ($160 - 139 = 21$). A BMI of over 30 carries a real health risk.

There are many causes of weight problems. Overeating and lack of exercise are obvious causes, hormone imbalances another and distress a less obvious candidate. Often being overweight is not the problem itself but a result of an individual's emotional problems. Lack of stimulation, leading to distress, can prompt overeating in an attempt to relieve boredom. This may take the form of picking at food throughout the day or bingeing, usually with highly calorific convenience foods. The obvious answer to boredom is to find something to occupy the time and to provide a new challenge, such as taking up a hobby, joining a club or starting a project at home. Lifestyle should be reviewed to find out why boredom occurred in the first place. This should then be tackled.

Low self-esteem is often the cause of compulsive eating and drinking, resulting in obesity which pushes self-esteem down further. So improving self-esteem (see Chapter 14) can help avoid weight problems.

There are many advantages of being around your ideal weight. It is easier to become and stay fit when you have less weight to carry about. You will feel good about your appearance and be comfortable with yourself. So no wonder slimming campaigns, methods and aids flourish. However, there is probably no other health issue more controversial than slimming. The only answer to successful weight loss and maintenance of an ideal body weight is to balance energy (calorie) input (energy from the food we eat) with energy output (energy expended during your daily activities).

To lose weight, you need to take in fewer calories than you expend. This should not be attempted in a drastic way by crash-dieting. Weight loss should be gradual. Eat fewer calories and expend more energy a little at a time. Assuming that there are no medical problems this method is guaranteed to work and costs very little. You will need:

- to know the calorie content of different foods
- to know how many calories are expended in different activities
- to know the number of calories required for your normal body processes
- to take most of your calories in the form of complex carbohydrates such as whole grain cereals, wholegrain pasta, potatoes and brown rice
- to plan meals and activities
- will-power to avoid tempting high calorific foods
- time and patience.

The calorie counting method of weight control

Energy expended (output)			
<i>Activity</i>	<i>Kilocalories per ½ -hour</i>	<i>Activity</i>	<i>Kilocalories per ½ -hour</i>
Sleeping	35	Washing and dressing	100
Walking (casual)	100	Light domestic work	75
Sitting eating	75	Sitting (relaxed)	50
Sitting writing	55	Shopping	100
Golf	100	Tennis	175
Swimming	250	Squash	325
Walking uphill	175	Jogging	150
Gardening	150	Driving	70
Cycling	100	Lying, relaxing	40

Firstly calculate your approximate energy expenditure by noting the calories used up during your daily activities, then estimate your energy intake by calculating your calorie intake. Make a note of the difference: energy expended minus energy consumed. If you want to lose weight your aim is to expend more than you consume. For every 3500 kilocalories you expend more than you consume, you will lose one pound of body fat. So if you expend 100 more kilocalories than you eat during one day, it will take nearly a month for you to lose one pound. By using 500 calories more than you take in each day, you will lose one pound each week.

From the charts you will see that expending an extra 500 kilocalories each day is equivalent to two-and-a-half hours walking or two-and-a-half hours cycling or one hour swimming. It is often easier to reduce the number of calories consumed; one chocolate bar is equivalent in energy to one-and-a-quarter hours of walking. If you are overweight and embark on an exercise programme, you can achieve fitness and weight loss at the same time!

Unless a great deal of trouble is taken weighing everything you eat and timing everything you do, it must be accepted that these calculations are only approximations. But crude though it may be, this technique generates an awareness of the principles behind body weight control and if practised sensibly will lead to effective weight loss.

Remember, we do not eat simply to ensure that we have enough nutrition to live; it is also one of the pleasures of life.

The calorie counting method of weight control

Energy consumed (input)			
<i>Food</i>	<i>Approx kcal per average helping</i>	<i>Food</i>	<i>Approx kcal per average helping</i>
Butter and margarine	100	1 egg fried	140
1 egg boiled	80	Milk, skimmed in tea or coffee	5
Milk, whole, in tea or coffee	10	All-Bran cereal	90
Yogurt, pot	150	1 digestive biscuit	65
Cornflakes	100	1 jam doughnut	250
1 cream cracker	70	Bread, med. slice	80
Boiled rice	130	Bacon, fried (3 rashers)	340
Chicken (roast)	150	Beef steak, grilled	350
Sausage (2 large)	280	Banana	50
Potato, boiled	100	Apple (eating)	30
jacket, incl. skin	80	Grapefruit (fresh 1/2)	20
chips	300	Orange	40
roast	140	Chocolate bar	250
Ice cream	100	Sugar, per teaspoon	30
Beer, per pint	180	Coffee, black	0
Tea, no milk or sugar	0	Fruit juice, unsweetened	70
Cheddar cheese	130	Camembert	100

This is obviously just a selection of calorific values. A more extensive list can be found in the *Complete Guide to Calories*, published by *Slimming Magazine*.

Plan your diet so it is not boring and when you eat out choose your meals sensibly. Eat little and often so that you do not get hungry or feel tempted to eat a high calorie snack. Eat grilled rather than fried foods. Eat plenty of fresh fruit and vegetables. Try raw carrot, it is tasty and filling. Cut down on fats, sweets, biscuits and cakes.

Appendix D: Caffeine

RAPID COMMUNICATION

Caffeine and Cardiovascular Responses to Stress

JAMES D. LANE, PhD

Caffeine and psychologic stress have similar physiologic effects. Moderate doses of caffeine were found to elevate blood pressure in healthy, young males during periods of rest and stress. Blood pressure during stress was also significantly higher after caffeine had been consumed. The elevation of blood pressure due to caffeine appears to add to that elicited by stress. The implications of these results for prevention and treatment of cardiovascular disease are discussed.

INTRODUCTION

Caffeine has physiologic effects similar to those observed in association with psychologic or psychosocial "stress." Both caffeine and acute psychologic stress will produce elevations in plasma epinephrine and norepinephrine paralleled by elevations in blood pressure and heart rate, in addition to their other effects (1-5). The similarity of these two patterns of cardiovascular and hormonal responses suggests the possibility that stress and caffeine could interact or, more specifically, that caffeine may intensify the cardiovascular and hormonal effects produced by stress. The physiologic effects of psychologic stress are currently thought to play a significant role in the pathogenesis of both coronary artery disease and hypertension (6). Because caffeine consumption and stress are both common features of contemporary life, a caffeine-related potentiation of these harmful effects of

stress could have especially important implications for the development of cardiovascular disease.

The hypothesis that caffeine can intensify responses to stress is supported by the work of Henry and Stephens (7). They demonstrated that the substitution of coffee for drinking water produced greatly increased rates of disease and mortality in mice living in large community cages, where stressful, competitive interaction typically led to cardiovascular and renal pathology. Caffeine-related enhancements of these effects of competitive social stimulation included increases in blood pressure, adrenal weight, and plasma renin and corticosterone. Caffeine produced similar results, although to a lesser degree, in mice whose environment was less stressful.

The present study examined the potential interaction of caffeine and psychologic stress in human subjects. The cardiovascular effects of a moderate dose of caffeine, equivalent to two or three cups of coffee, were measured during periods of rest and psychologic stress. Comparisons of caffeine and placebo were made with regard both to levels of cardiovascular activity during rest and stress and to the magnitude of cardiovascular response elicited by the psychologic stressor.

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METHODS

Ten healthy, young (ages 18–20), male undergraduates participated in the study. All subjects were "caffeine-naïve": They had reported in a screening questionnaire and subsequent interview that they rarely consumed coffee, tea, or caffeinated soft drinks. Subjects gave informed consent after the nature of the experiment had been explained.

Subjects were run in a double-blind, randomized cross-over design with caffeine (250 mg) and placebo conditions. Each subject participated in two experimental sessions held one week apart. During experimental sessions the subject sat quietly in a reclining chair inside a semi-darkened, acoustically dampened experimental chamber. Heart rate (HR) was measured by computer from the intervals between the R-waves of the EKG, taken from electrodes on the lateral margins of the chest. Systolic and diastolic blood pressures (SBP, DBP) were measured from the right arm using a Roche Arteriosonde 1216 automatic monitor. Measurements of HR and BP, consisting of the average HR in a 30-sec period concurrent with one measurement of BP, were taken at approximately 1-min intervals. Ten measurements of heart rate and blood pressure were made during each of the four parts of the session. In addition, subjects reported subjective "alertness" and "tension" after each part of the session, using 10-cm visual analog scales representing each of these two dimensions.

An initial 15-min Resting Baseline, taken while the subject sat quietly, provided a measure of basal cardiovascular activity for later comparisons. Caffeine or the placebo was then administered using double-blind procedures. The subject drank 50 ml of water containing either the placebo or 250 mg of caffeine and the placebo. The placebo was 5 mg of quinidine, a nonpharmacologic dose that provided sufficient bitterness to mask the taste of caffeine. The order of administration was random for each subject, but counterbalanced such that half of the subjects received caffeine and half of the placebo first. Each subject then relaxed and read magazines for 45 min, sufficient time for plasma caffeine levels to reach near maximum (5).

Measurements of heart rate and blood pressure were then taken during a 15-min "postdrug" Resting-Baseline interval while the subject sat quietly. After this second resting baseline, instructions were given for the psychologic stressor, performance of a serial-subtraction mental arithmetic task under challenging conditions. Each subject was told to subtract as quickly as possible without making errors and that his answers would be tape-recorded for later evaluation

of his performance. Tasks of this type are known to produce elevations in heart rate and blood pressure (8, 9) as well as elevations in plasma epinephrine, norepinephrine, prolactin, and cortisol (9). Subjects performed this task continuously for two 6-min periods within a 15-min "stress" interval while HR and BP were measured. After the stressor, subjects again sat quietly while cardiovascular activity was assessed during a final 15-min Recovery period. The second session for each subject was identical to the first with the exception of the drug condition.

HR, SBP, and DBP were averaged separately for each of the four periods in each experimental session. The tape recordings of the mental arithmetic task performances were audited and the number of correct subtractions was converted to subtraction rate (per minute). The subjective ratings of alertness and tension, recorded retrospectively after each part of both sessions, were scored from the visual analog scales yielding numbers from 0 to 100.

RESULTS

Administration of caffeine produced a significant elevation in systolic and diastolic blood pressure both at rest and during stress. This effect is shown in Figure 1. The magnitude of the effect of caffeine on blood pressure and heart rate (calculated as the average difference between values recorded in the caffeine session and those recorded in the placebo session) is shown in Table 1. The effects of caffeine were assessed statistically by a 2 (drug conditions) by 4 (experimental periods) repeated-measures multivariate analysis of variance (MANOVA). The significance of the effects of caffeine was revealed by the significant interaction of drug condition and experimental period (multivariate $F(9, 71) = 2.10, p < 0.04$). This interaction was univariately significant for both systolic and diastolic blood pressures ($F(3, 27) = 4.87, p < 0.008$ and $F(3, 27) = 3.81, p < 0.02$, respectively). Further analysis of the effect of caffeine during each period of the experiment

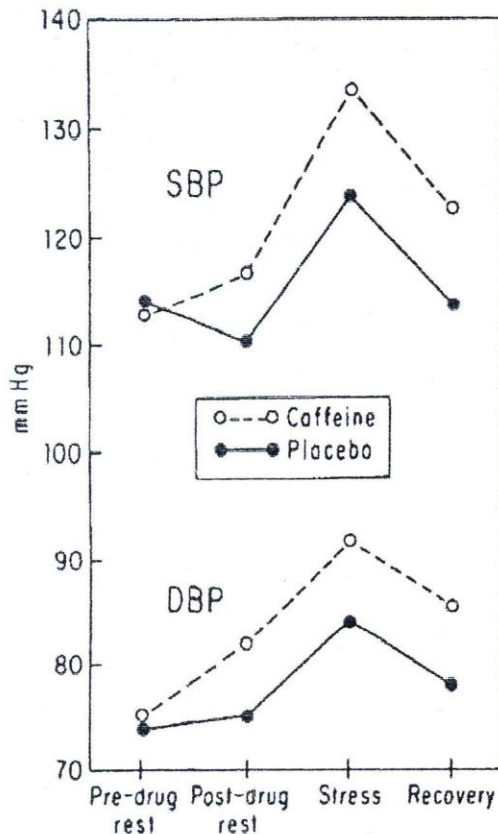


Fig. 1. Effects of caffeine on systolic and diastolic blood pressure at rest and during psychological stress. The elevation produced by caffeine is significant ($p < 0.05$) for the Postdrug rest, Stress, and Recovery periods. The effect of caffeine is equivalent at each of these three points.

revealed that the predrug levels of SBP and DBP were not different (both $F(1, 9) < 1$), but that caffeine significantly elevated both SBP and DBP during each of the three postdrug periods (all $F(1, 9) > 6.50$, $p < 0.03$). In all three periods after drug administration, caffeine raised systolic pressure by 7–10 mm Hg and diastolic pressure by 6–8 mm Hg. This elevation was not significantly different across the three postdrug periods (interaction of 2 drug conditions \times 3 periods, $F(2, 18) < 1$).

As shown in Figure 1, the increment in blood pressure produced by caffeine appears to add to the increment produced by the stressful mental arithmetic task (as seen in the placebo condition).

The effects of caffeine on the magnitude of the cardiovascular responses elicited by the task (i.e., whether caffeine potentiated the stress-related elevations in blood pressure) are less clear. In the placebo condition, the stressful task elevated BP 11/11 mm Hg from the initial, predrug Resting-Baseline levels, while after administration of caffeine this increase was 21/17 mm Hg, almost a 100% greater response. These differences were significant for both SBP ($F(1, 9) = 6.39$, $p < 0.03$) and DBP ($F(1, 9) = 11.14$, $p < 0.009$). However, when the effect of stress was measured from the postdrug Resting-Baseline levels (which were themselves elevated after caffeine) the caffeine condition did not differ from that of the placebo (both $F(1, 9) < 1$, responses of 17/11 and 14/9 mm Hg for caffeine and placebo respectively). Thus, although these results provide no support for a synergistic interaction of caffeine and stress, in which caffeine magnifies the effects of stress, they do confirm the potential additive effect of caffeine and stress: blood pressure during stress is higher after caffeine consumption.

No effects of caffeine emerged from similar analyses of the heart rate data [drug \times period interaction $F(3, 27) < 1$, see Table 1]. The differences between caffeine and placebo conditions during the three postdrug periods were not significant ($F(1, 9) = 1.77$, $p < 0.22$). HR was elevated roughly 10 bpm by the stressful task, but the magnitude of response was the same for both conditions ($F(1, 9) = 1.07$, $p < 0.33$).

The effects of caffeine on SBP and DBP occurred in the absence of differences in

TABLE 1. The Effects of Caffeine on Blood Pressure and Heart Rate at Rest and During Stress ^a

	Predrug rest	Postdrug rest	Stress	Recovery
SBP (mmHg)	-1.1 (2.0)	6.7 (2.5) *	9.5 (3.7) *	8.6 (2.5) **
DBP (mmHg)	0.7 (1.5)	6.1 (1.9) **	7.7 (1.8) **	6.6 (2.2) *
HR (bpm)	1.5 (1.7)	2.6 (2.5)	4.4 (2.5)	3.4 (3.1)

^aData are the Means (SEM) of the differences between the caffeine and placebo conditions (caffeine minus placebo) for each period of the experiment. Differences are significant at * $p < 0.05$ or ** $p < 0.01$.

task performance. Equal numbers of subjects performed better after both the caffeine and placebo. Analysis of the self-report measures revealed that caffeine was associated with greater reported alertness during the postdrug baseline and the stressful task ($p < 0.02$ for both). Levels of reported tension during the session were not affected.

DISCUSSION

The results of the present study confirm those of earlier studies (4, 5): caffeine (in amounts roughly equivalent to several cups of coffee) can significantly elevate resting blood pressure in subjects who do not regularly consume caffeinated products. More importantly, the present study demonstrates that the elevation in blood pressure produced by caffeine can add to the elevation produced by psychologic stress. The additive effects of stress and caffeine to raise blood pressure are not totally unexpected, although to my knowledge this finding has not been reported before. The results of the present study of acute caffeine administration in human subjects provide a replication of the chronic effects in mice reported by Henry and Stephens (7), and suggest that the combination of caffeine and stress in daily life may produce significantly greater elevations in blood pressure than would either caffeine or stress alone.

Although the results of the present study require replication, especially in subjects who regularly consume caffeine, the additive effects of caffeine and stress found in the present study could be relevant to two aspects of research and treatment of cardiovascular disease. First, the acute elevation of blood pressure seen during psychologic stress after caffeine administration, although moderate, could be clinically significant in the management of hypertension. Blood pressure did not rise to hypertensive levels in any of the healthy young males in the present study. However, a similar rise in hypertensive patients, produced by the combination of coffee drinking and everyday stress, could be of clinical concern. Blood pressure increases of the magnitude seen in the present study could potentially eliminate or reverse the therapeutic effects of a number of the antihypertensive medications currently in use.

Second, caffeine consumption has been implicated by epidemiologic research as a risk factor for heart disease, although the results have been mixed and the conclusions remain controversial (10-14). Part of the discussion concerns the association of coffee drinking with other significant risk factors such as cigarette smoking. Awareness of the caffeine-stress interaction on the cardiovascular and neuroendocrine systems may help to further clarify the tentative associations between caffeine, stress, and cardiovascular disease. It is

CAFFEINE AND STRESS

suggested that caffeine may be associated with increased heart disease only in people who are also under continuing significant stress.

The results of the present study provide an initial view of the potentially harmful combined effects of two very common features of contemporary life. If these combined effects are confirmed by future research, the awareness of the interaction of caffeine and stress could lead to significant improvements both in the assessment of risk to cardiovascular health and in the

prevention and treatment of cardiovascular disease.

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Appendix E: Tips for Managing Type A Behavior / Excerpts from Stress Management by Walt Schafer

TIPS FOR MANAGING TYPE A BEHAVIOR

Many of the guidelines and techniques presented in Part IV of this book can be directly applied to preventing and reducing Type A behavior, especially the harmful parts of the pattern. These include stress-management methods related to time management, self-talk related to self-esteem and anger, deep relaxation, on-the-spot tension reducers, and health buffers such as exercise. Here are a few additional tips for managing Type A behavior, drawn from Friedman and Rosenman (1974, Chapter 15).

1. **Review your successes.** You will find that your successes are not caused by Type A behavior but occur in spite of it. Impatience, hostility, and hyperaggressiveness do not contribute to success but detract from it. Friedman and Rosenman note that they never met anyone who failed because they failed to do a job too slowly or too well. But they have met many who failed because they rushed too fast.
2. **Believe in your ability to change.** Type A behavior is learned. Therefore, it can be changed.
3. **Enter into a thorough self-appraisal.** This often is difficult for the entrenched Type A, who typically is set in her or his ways and thoroughly believes in the virtuousness of present commitments and patterns of conduct. Become aware, especially, of patterns of negative self-talk that produce insecurity, time urgency, or hostility. The box on page 193 contains Friedman and Rosenman's suggestions for such a self-appraisal.
4. **Retrieve your total personality.** Reactivate your right brain—the part that relates to literature, art, music, and appreciation of beauty in the environment. These are the sorts of interests that tend to bore hard-driving, impatient Type A's. Take time to take in the beauty around you each hour of the day. Surround yourself with symbols of beauty and tranquility.
5. **Make gestures toward myth, ritual, and tradition.** Friedman and Rosenman note that:

Friedman and Rosenman's Guidelines for a Thorough Self-Appraisal

1. In a meaningful self-appraisal, you must first attempt to determine just how intelligent, how percipient, and how creative you have been in your job.
2. You must examine your sense of humor to determine how it has served you. Is it chiefly a repository for jokes and anecdotes? Or does it function—as it should—to help you perceive your own occasionally ludicrous aspects?
3. You must assess your capacity for flexibility, for change of pace, and for rapid adaptability to change.
4. You must look at your leadership qualities and determine their worth.
5. You must examine all the activities that now absorb your intellectual, emotional, and spiritual interests. How many of these activities have to do with your concern with art, literature, music, drama, philosophy, history, science, and the wonders of the natural world that envelop you?
6. You must seek out and assess the intensity of your free-floating hostilities. As you do so, don't allow either rationalization or sophistry to blind you to their possible presence.
7. You must try to estimate the ease with which you can receive and give loyalty and affection.
8. You must attempt to determine the amount of sheer courage you possess. And if in this assay you detect some very large yellow splotches of frank fear in your personality, don't overlook them. Treasure them, just as you will treasure the steel-gray masses of frank courage you are likely to find there, too.
9. You must dare to examine critically your ethical and moral principles. How honest have I been in my life, how often and under what circumstances have I cheated, lied, and borne false witness against my neighbor? are questions you must not fail to present to yourself. And painful as it may be in the beginning, stubbornly persist in providing yourself with true answers.
10. Finally, you must not be afraid to ask, and to persist in asking yourself over and over, until you have answered the question: What apart from the eternal clutter of my every day living should be the essence of my life?

Source: Friedman & Rosenman (1974, 218)

Perhaps our Western Society will prove to have acted in a supremely wise fashion when it began to replace them (myth, ritual, and tradition) with mechanization, automation, and total bureaucratic social security. Except for one thing: this is the first time in the experience of man on earth that a large group of individuals is attempting to live in so absolute a spiritual void. (1974, 225)

Find routines with family and friends that you repeat regularly. Place high value on long-term friendships. Nurture and cultivate them. Find means of "centering," looking

inward for guidance if that is your spiritual bent. Or pray to whatever higher power gives you strength.

Certain components of Type A behavior clearly have advantages: strong drive, achievement orientation, attention to detail. Similarly, elements of Type B are desirable: patience, empathy, ability to listen, calm under pressure, flowing more easily with time.

In their stimulating and helpful book, *The C Zone: Peak Performance Under Pressure*, Kriegel and Kriegel (1984) propose a third option that combines the best elements of Type A and Type B, plus other qualities, into a model of attitude and behavior for thriving under pressure.

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Comments/Suggestions

Thanks for being with us at this workshop. We at Timelenders would appreciate your comments and suggestions regarding this workshop. This input would help us improve. Thanks!

Name: _____

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OFFICIAL	
Type of Workshop:	
Company	
Dates	
Venue	
Trainer	
Event Mgr	

Please write your comments/suggestions in the box below:



Please highlight the number which best describes your impressions during this program

Key

5	Excellent
4	Very Good
3	Good
2	Fair
1	Poor

Methodology and Approach

Poor

Excellent

Relevance of course content to my needs	1	2	3	4	5
Pace of program	1	2	3	4	5
Course content was stimulating and exciting	1	2	3	4	5
Understood ideas	1	2	3	4	5
Understood how to put ideas into practice	1	2	3	4	5
Quality of Training material and Handouts	1	2	3	4	5
Overall course rating	1	2	3	4	5

Logistics

Quality of Food and other arrangements	1	2	3	4	5
Room were comfortable (Hotel Residents only)	1	2	3	4	5

Name of the trainer:

Presentation of subject	1	2	3	4	5
Depth of knowledge expressed	1	2	3	4	5
Ability to make the program interactive	1	2	3	4	5
Delivery	1	2	3	4	5
Ability to explain	1	2	3	4	5
Ability to answer questions with relevance	1	2	3	4	5
Overall Rating of Trainer (1 through 5)	1	2	3	4	5

Overall Rating of the Program	1	2	3	4	5
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Give your opinion about the trainer. Give strengths and areas of improvement

Strength	Area of Improvement

Thank you

Please suggest any other person(s) that you think would benefit or be interested in this workshop.

Name:

Date:

S. No	Name	Relationship	Email / Phone
1.			
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The 4 A's of fighting stress

Stressor:

❖ Avoid the stressor

- Avoid situations which are stressors like taking an alternative route even if it is longer
- Avoid people who may cause stress
- Learn to say no
- Prioritize better and say no to activities which are not important or less important

❖ Alter the stressor

- Be assertive-being firm with politeness
- Develop filters

❖ Adapt to the stressor

- Planning ahead
- Understanding the difference between Internal and External Q1s
- Keeping Buffers
- Adopt a healthy lifestyle
 - Nutrition
 - Exercise
 - Sleep
 - Healthy leisure activities
- Change your personality type from Type A to Develop Baseline Type-B behaviour by focusing on related attitudes and habits by focusing on Develop Baseline Type-B behaviour by focusing on related attitudes and habits characteristics
- Understand the Islamic perspective of challenges and hardships as these could be:
 - A punishment
 - A blessing in disguise
 - A test
- Review the perception of the demand
- The impact of our worldview on stress
- Seeking assistance from Allah (SWT)
- Increasing our competency

❖ Accept the stressor

- Accept External Q1s through the Islamic perspective of fate

Strategy