



CONTINUING EDUCATION

How it Works: Kindergarten through Grade 12 teachers in the North American Division are eligible for credit toward denominational recertification for successful completion of a test on the content of this article. The test does not provide college credit or credit toward state or regional teacher certification.

Light for Living Part II Choosing a Healthy Life-Style

By Joyce W. Hopp

OBJECTIVES

When you have completed the study of this section, you should be able to:

1. List a minimum of five areas of health specified by the book *Education* to be taught in Seventh-day Adventist schools.
2. Define stress.
3. List a minimum of five physical changes caused by stress.
4. Describe a minimum of five mental changes that may result from stress.
5. List two characteristics of teachers who reduce the impact of stress in their lives.
6. Compare and contrast the events inducing stress according to the Social Readjustment Rating Scale, and the Daily Hassles scale.
7. Identify five high-stress events or situations for the school-age child.
8. List and describe three methods of coping with or controlling stress.
9. List five major risk factors associated with coronary heart disease and describe at what time in life these risk factors begin to be present.
10. Identify and describe a minimum of three dietary recommendations for coronary heart disease risk reduction.
11. Define weight management.

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12. Compare the behavior patterns of obese and nonobese school-age children.
13. Identify and describe one eating disorder of major importance in teenage girls today.
14. Name three aerobic physical fitness activities.
15. State the key elements of a smoking-education program necessary at specified grade levels.
16. List and describe a minimum of three warning signs of impending suicide.
17. Describe the key characteristics of a mentally healthy classroom.

Introduction

Teachers need to choose a healthy life-style for two reasons. First, they need all the health they can muster in order to survive the stress of teaching! Second, they stand before students as role models; whether teachers like it or not, students know what they do outside the classroom, what kind of food they choose to eat, whether they choose to exercise, and whether they've gotten enough sleep. Health habits have a way of showing up in resultant behavior and appearance; poor ones may be hidden for a while, but eventually they will take their toll.

The first section of this series emphasized the privilege Seventh-day Adventists have had in receiving light from God about the way in which they should live. The God who loves us has, in His infinite love, provided us with ample instruction, which we choose to ignore at our peril. We don't hurt Him by ignoring it; we hurt ourselves, and perhaps our children. The Lord's Spirit guided Ellen White to write:

Seventh-day Adventists are handling momentous truths. More than forty years ago the Lord gave us special light on health reform, but how are we walking in that light? How many have refused to live in harmony with the counsels of God! . . .

Let those who are teachers and leaders in our cause take their stand firmly on Bible ground in regard to health reform, and give a straight testimony to those who believe we are living in the last days of this earth's history.¹

In the book *Education* you will find listed the important areas of health to be taught in schools:²

- facts and principles of physiology
- how to deal with common disease and accidents
- principles of hygiene: diet, exercise, care of children, treatment of the sick
- influence of the mind on the body

- correct position, both sitting and standing
- respiration and vocal training
- perfect cleanliness in personal habits and one's surroundings
- selection and preparation of nutritious food
- a regular schedule for eating and sleeping
- effects of alcohol, tobacco, and other poisons
- active, healthful exercise

Seventh-day Adventists have developed their health-science textbooks based on this mandate. Each of these subjects, and more, are part of the curriculum in grades 1-8. Teachers' editions of these texts provide additional information, as well as suggestions for teaching each of these areas.

This section will focus on healthy life-style choices, primarily by you as a teacher, but with secondary implications for your students. In the industrialized countries of the world today, disease patterns have changed from that of the last century; more adults are now dying from the degenerative diseases, largely as the result of unhealthful life-styles.

No amount of legislation is able to control these behaviors; changes must be made by individuals themselves in response to educational programs. Known as "risk-reduction programs," these plans call for changes that will decrease a person's risk of heart diseases, cancer, diabetes, hypertension, accidents, and suicide. Risk-reduction programs emphasize behaviors conducive to weight and stress management, physical fitness, optimum nutritional status, and good mental health.

Stress Management

Teaching is one of a number of today's high-stress occupations (second or third, according to whose list you look at!). Psychological stress is a serious occupational hazard that affects the teacher's health, well being, and career. Some educators believe that job stress negatively and substantially affects the classroom environment, the teaching-learning process, and the attainment of educational objectives.³

It has recently been reported that thousands of teachers are experiencing "burnout."⁴ Seventh-day Adventist teachers are not immune!⁵ Burnout, a manifestation of stress, is often characterized by lack of enthusiasm for one's job, as well as by apathy, alienation, and dissatisfaction. Cherniss describes burnout as "a psychological withdrawal from work in response to related excessive stress or dissatisfaction."⁶

One study reported that more than 11 percent of teachers were burned out, according to conservative guidelines.⁷ However, detection and treatment of teacher stress is by no means as straightforward as remedies for some of the well-defined organic diseases. Right now, stress management is the bandwagon to climb on; everyone is talking about it. But

burnout does appear to be a real problem, and some practical help is needed for teachers and their students.

Stress results from an interaction between the stimulus, called a *stressor*, and an individual, causing a response called *stress reactivity*. Hans Selye, the famous endocrinologist who devoted a lifetime to the study of stress, summarized stress reactivity as a three-phase process, known as the General Adaptation Syndrome (G.A.S.):⁸

Phase 1. Alarm Reaction. The body shows the changes characteristic of the first exposure to a stressor. At the same time, its resistance is diminished and if the stressor is sufficiently strong, such as severe burns or extremes of temperature, death may result.

Phase 2. State of Resistance. Resistance ensues if continued exposure to the stressor is compatible with adaptation. The bodily signs characteristic of the alarm reaction have virtually disappeared and resistance rises above normal.

Phase 3. State of Exhaustion. Continued long-term exposure to the same stressor to which the body had become adjusted eventually results in a depletion of adaptation energy. The signs of the alarm reaction reappear, but now they are irreversible, and the individual dies.

Most physical and mental stressors produce changes during the Alarm and Resistance stages. At first they upset and alarm us, but then we get used to them. In the course of a normal human life, everybody goes through these first two stages many times. Even the third stage, exhaustion, does not need to be irreversible as long as it affects parts of the body only temporarily. For example, when a person comes out of the dark into the bright sunlight, at first he

sees nothing. Then his eyes adapt. If exposure is prolonged, however, eventually the eyes become exhausted from looking into the strong light.

Managing stress requires dealing with either or both of its parts: change the *stressor*, or strengthen the individual to withstand the stress and thus change the *stress reactivity*.

Obviously, because people are not the same, their stress reactivity will vary. The same stressor will produce different reactions in different individuals. Some people can tolerate a lot of stress, others cannot. *Occupational stress* occurs when the employee's typical modes of behavior are inadequate to meet the demands of the situation, and when failure to adapt results in serious consequences.

Stress arises from the discrepancy between the teacher's needs, values, and expectations on the one hand and occupational rewards or job demands and the capacity of the teacher to meet these requirements on the other. For example, teachers are attracted to their profession because they perceive their role as being an essential catalyst of student effort and learning. However, they find that student misbehavior, time pressures, and interpersonal conflicts prevent them from accomplishing their objective—actual teaching. This tension between expectation and reality creates stress.

Some sources of occupational stress teachers share in common with other workers: (a) job content—the challenge of the work; (b) work conditions—long hours, unpleasant and unsafe work conditions; (c) relationships with coworkers, supervisors, and principals, including lack of recognition, interest, help, or information; (d) promotional opportunities—or lack of them; (e) job security; (f) financial rewards; (g) resource adequacy—lack of help, equipment, authority, and necessary information; (h) role in organization—little or no participation in decision-making.⁹

Selye points out that at birth, each individual inherits a certain amount of adaptation energy determined by his genetic background. A person may spend that “bank account” thriftily, or squander it, but since there is just so much, he must budget carefully.¹⁰

The Body's Reaction to Stress

Physical changes stress can produce throughout the body include:

1. Increased heart rate
2. Increased force of the heart contraction
3. Dilated coronary arteries
4. Contraction of abdominal arteries
5. Dilated pupils
6. Dilated bronchial tubes
7. Increased strength of muscle contractions
8. Release of glucose from liver
9. Increase of some kinds of mental activity

Picture Removed

Stress and burnout are serious problems for teachers.

10. Dilated skin and muscle arterioles
11. Increased metabolic rate

Changes in mental abilities that result from stress include:

1. Forgetfulness beyond the usual absentmindedness
2. Inability to think clearly about a problem, reduced perception
3. Difficulty making decisions
4. Irritability, frustration (if multiple or long-term stressors are present)
5. Lowered self-esteem
6. Feeling immobilized
7. Feelings of panic
8. Discouragement because of mental dysfunction

Emotions represent a very important part of the stress reaction. Grief, anxiety, discontent, remorse, guilt, and distrust tend to break down the life forces, while positive emotions such as courage, hope, faith, sympathy, love, and a spirit of gratitude will promote health.¹¹

Coping With Stress

Many people, in an attempt to cope with stress, turn to such chemical means as sleeping pills, tranquilizers, “pep pills,” or alcohol. These are usually counter-productive, building up a dependency on the chemical while leaving the stress unresolved.

Several methods of changing stress reactivity will be discussed here; others, such as the use of biofeedback, that require instruments unlikely to be available to teachers, will merely be mentioned.

Needle found, in a study of teachers experiencing stress, that only one factor significantly reduced the impact of stress on general well-being and somatic complaints.¹² Teachers suffering similar levels of stress who reported greater ability to *control the meaning* of work-related problems and who *maximized the positive and trivialized the negative* aspects of work reported lower levels of somatic symptoms and better general well being. In other words, the *meaning* the teacher attached to events, and the *self-talk* he or she engaged in had an effect on the level of stress.

Many studies support the relationship between recent life events, life stress, and illness. Life stress has been found to be related to sudden cardiac death,¹³ myocardial infarction,¹⁴⁻¹⁶ and seriousness of chronic illness,¹⁷ as well as such other major health problems as tuberculosis, multiple sclerosis, and diabetes.¹⁸ Life stress serves to increase one’s overall susceptibility to illness.

Many teachers are acquainted with the Social Readjustment Rating Scale developed by Thomas Holmes and Richard Rahe.¹⁹ This instrument gives a score in terms of “life-change units” and is based on earlier work in which the authors attempted to evalu-

ate the impact of life changes on individuals. The event, “marriage,” was employed as an anchor point in these ratings, and given an arbitrary value of 500; individuals were asked to rate the degree to which events required more or less readjustment than marriage. These values, termed “life-change units” were divided by the constant 10, and were used to represent the average amount of social readjustment considered necessary in response to recent events.

How Are Events Perceived?

More recently, research has indicated that stressful events are most harmful when they are perceived as uncontrollable.²⁰ Feelings of helplessness and hopelessness, the “giving up—given up” complex, become the pathway from the stressful event to the occurrence of illness.

Everyone, in the course of living, experiences a variety of events or life changes that may be potential stressors: changes in residence, marriage, separation and divorce, new additions to the family, death or illness of family members, loss of job, changed work responsibilities. However, not everyone attaches the same significance to these changes. Vinokur and Selzer found that the meaning individuals attach to these life events is more significant than the occurrence of the events.²¹

If the events are perceived as negative, they are more likely to signal illness than if they are seen positively (that is, a “change in financial status” would be perceived differently if it referred to inheriting a large sum of money than if it involved declaring bankruptcy!).

Lazarus and coworkers at the University of California (Berkeley) have added yet another perspective to the understanding of stressful events. “Psychological stress resides neither in the situation nor the person; it depends on a transaction between the two. It arises from how the person appraises an event and adapts to it.”²²

A Ripple Effect

A major life event may have a ripple effect, creating continuing hassles. Divorce, for example, might force a man inexperienced at such tasks to make his own meals, do the laundry, or clean the house; it might force a woman, for the first time, to handle household finances, repair a leaky faucet, or barter with automobile salesmen.

Lazarus proposed that daily hassles and uplifts are more important than major life events, and that uplifts can help people cope with daily hassles. They may serve as breathers, sustainers, or restorers when psychological resources have run down during stressful periods, or act as psychological protection against the effects of hassles or major life changes.

Although daily hassles and uplifts vary from group to group, the ten most frequent hassles and uplifts in

the middle-aged group are, in order of frequency:

Hassles

- Concern about weight
- Health of a family member
- Rising prices of common goods
- Home maintenance
- Too many things to do
- Misplacing or losing things
- Yard work or outside home maintenance
- Property, investment, or taxes
- Crime
- Physical appearance

Uplifts

- Relating well with your spouse or lover
- Getting along well with friends
- Completing a task
- Feeling healthy
- Getting enough sleep
- Eating out
- Meeting responsibilities successfully
- Visiting, phoning, or writing someone
- Spending time with family
- Having a pleasing home atmosphere

Students defined uplifts as having fun, laughing, and entertainment. The only two areas shared by young and middle-aged alike: completing a task and having good times with friends.

While Lazarus' study showed that the correlation between hassles and health was much stronger than life events and health, uplifts did not seem to have much buffer effect on the impact of hassles. However, the study did show that the small defeats and troubles of daily living may cause as much harm as more momentous events.²³

Children can experience stress, too. Their fears and anxieties are just as threatening and stress-provoking as those of adults. However, whereas adults may know when their bodies are reacting to stress, children do not. Nor is it likely that they understand how to deal with it. Some children respond by fighting back in any way they can, others by withdrawing and brooding. Stress and a sense of threat become almost overwhelming when the child feels he has no control over the situation.

Today, one out of every five children lives with one parent.²⁴ Divorce is traumatic for children, who often blame themselves for their parents' difficulties. They feel they can make their parents reunite, and are saddened when this fails. Children often feel ashamed of their family circumstances, and may try to keep the divorce a secret from schoolmates. They frequently have difficulty expressing their feelings to anyone, especially their parents.

Parental work responsibilities can cause stress in children. Because many women now work outside

the home, large numbers of elementary youngsters (known as "latch-key children") are unsupervised for lengthy periods each day.

Economic problems also cause childhood stress. Loss of a job affects children more than parents realize. Some parents try to conceal the loss, leaving the children aware of the stress, but frightened because they do not understand what causes it. If children are told, they may worry yet feel powerless to help. Because the unemployed parent spends more time at home, this may alter established patterns of household management.

Ranking Stressful Events

Coddington developed a Life Events scale for children and adolescents.²⁵ It is reprinted here to give you an idea of events children perceive as stressful.

Rank	Life Event	LCU*
<i>Elementary school age group</i>		
1	Death of parent	91
2	Divorce of parents	84
3	Marital separation of parents	78
4	Acquiring a visible deformity	69
5	Death of a brother or sister	68
6	Jail sentence of parent for 1 year or more	67
7	Marriage of parent to stepparent	65
8	Serious illness requiring hospitalization of child	62
9	Becoming involved with drugs or alcohol	61
10	Having a visible congenital deformity	60
11	Failure of a grade in school	57
12	Serious illness requiring hospitalization of parent	55
13	Death of a close friend	53
14	Discovery of being an adopted child	52
15	Increase in number of arguments between parents	51
16	Change in child's acceptance by peers	51
17	Birth of a brother or sister	50
18	Increase in number of arguments with parents	47
19	Move to a new school district	46
20	Beginning school	46
21	Suspension from school	46
22	Change in father's occupation requiring increased absence from home	45
23	Mother beginning to work	44
24	Jail sentence of parent for 30 days or less	44
25	Serious illness requiring hospitalization of brother or sister	41
26	Addition of third adult to family (e.g., grandparent)	41
27	Outstanding personal achievement	39
28	Loss of job by parent	38
29	Death of grandparent	38
30	Brother or sister leaving home	36
31	Pregnancy in unwed teenage sister	36
32	Change in parents' financial status	29
33	Beginning another school year	27

*Life change unit.

34	Decrease in number of arguments with parents	27
35	Decrease in number of arguments between parents	25
36	Becoming a full-fledged member of a church	25

Junior high school age group

1	Pregnancy out of wedlock	95
2	Death of parent	94
3	Divorce of parents	84
4	Acquiring a visible deformity	83
5	Marital separation of parents	77
6	Jail sentence of parent for 1 year or more	76
7	Male partner in pregnancy out of wedlock	76
8	Death of a brother or sister	71
9	Having a visible congenital deformity	70
10	Discovery of being an adopted child	70
11	Becoming involved with drugs or alcohol	70
12	Change in child's acceptance by peers	68
13	Death of close friend	65
14	Marriage of a parent to stepparent	63
15	Failure of a grade in school	62
16	Pregnancy in unwed teenage sister	60
17	Serious illness requiring hospitalization	57
18	Beginning to date	55
19	Suspension from school	54
20	Serious illness requiring hospitalization of parent	54
21	Move to a new school district	52
22	Jail sentence of parent for 30 days or less	50
23	Birth of a brother or sister	50
24	Failure to be accepted in an extracurricular activity he/she wanted	48
25	Loss of job by parent	48
26	Increase in number of arguments between parents	48
27	Breaking up with boyfriend or girlfriend	47
28	Increase in number of arguments with parents	46
29	Beginning junior high school	45
30	Outstanding personal achievement	45
31	Serious illness requiring hospitalization of brother or sister	44
32	Change in father's occupation requiring increased absence from home	42
33	Change in parents' financial status	40
34	Mother beginning to work	36
35	Death of a grandparent	35
35	Addition of a third adult to family (e.g., grandparent)	34
27	Brother or sister leaving home	33
22	Decrease in number of arguments between parents	29
20	Decrease in number of arguments with parents	29
10	Becoming a full-fledged member of a church	28

Doing Something About Stress

"Everybody talks about stress, but no one does anything about it" is a common complaint. Looking

at the components of stress reveals two alternatives: (a) change the stressor, or (b) change the stress reactivity, the "stressee," so to speak. If a person changes his or her perception of what is stressful, he can avoid things known to be stressful, or can change his reactivity to stress. Far too many unavoidable events in our lives are stressful; it is virtually imperative that we learn to change our stress reactivity, the way we cope with stressful events.

Benefits of Exercise

Dr. James Crawford, who has conducted stress management workshops in many parts of the world, states that if he were limited to one word for coping with stress, the word would be *exercise*. Active, physical exercise provides the physiological means for eliminating the byproducts of stress that can be harmful if allowed to build up in the body. For example, regular aerobic exercise (the kind that builds strength in the cardiovascular and respiratory systems) will lower the resting pulse rate and blood pressure, and help reduce excess weight. Exercise also releases endorphins into the blood stream.²⁶ These analgesic substances produced within the body result in the so-called "runner's high" as well as a general feeling of well-being.

Whatever exercise you choose, you should participate in it regularly (at least five times per week). Aerobic activities, such as walking, jogging, running, biking, swimming, hiking, chopping wood, or cross-country skiing, are most effective in reducing stress. If you are reasonably active, and do not have some condition that would prevent it, you should exercise vigorously enough to cause your heart rate to equal 180 minus your age. It is important to take your pulse as soon as you stop exercising. Either count the beats for 6 seconds and add a zero; or to be more accurate, count for 10 seconds and multiply by 6. For best results, schedule at least 20 minutes of continuous aerobic activity daily.

Laughter

Another activity that releases the body's own analgesic agents is *laughter*. By distracting you from worry and banishing gloomy thoughts, if only for a few moments, laughing can lessen stress, anxiety, depression, and pain. Catecholamines released during laughter may combat the pain of arthritis, prove therapeutic against high blood pressure by relaxing the arteries, or arouse the enzyme secretions that aid digestion. Laughing with gusto turns your body into a vast vibrator. Norman Cousins calls it "inner jogging."²⁷

Singing is another stress-reducing technique. To benefit, you don't have to be a choir member or even be able to carry a tune (however, you may have to confine your singing to a time when no one else is around)!

Song is a weapon that we can always use against discouragement. As we thus open the heart to the sunlight of the Saviour's presence, we shall have health and His blessing.²⁸

There are few means more effective for fixing His words in the memory than repeating them in song. And such song has wonderful power. It has power to subdue rude and uncultivated natures; power to quicken thought and to awaken sympathy, to promote harmony of action, and to banish the gloom and foreboding that destroy courage and weaken effort.²⁹

Learning to Relax

Learn relaxation techniques. Be aware of muscle tension. Right now, *freeze!* Pay attention to what your body does as you follow these instructions:

1. Can you drop your shoulders? If so, your muscles were unnecessarily raising them.
2. Are you able to relax your forearms? If so, you were unnecessarily tensing them.
3. Is your body seated in a position that makes you appear ready to do something active? If so, your muscles are probably unnecessarily contracted.
4. Can your forehead relax more? If so, you were tensing those muscles for no useful purpose.
5. Check your stomach, buttocks, thigh, and calf muscles. Are they excessively contracted?

Unnecessary muscular contraction is termed *bracing*. Many of us are guilty of bracing and, as a result, suffer tension headaches, neckaches, or back problems.³⁰

Many methods can be used to achieve relaxation. *Meditation* is simply a mental exercise that affects body processes. There are two major types of meditation: Christian and Eastern. Studies of Eastern meditation have demonstrated its physiological ability to slow the respiration, decrease the ability to conduct an electric current, and to emit predominantly alpha brain waves, the kind thought to be desirable in reducing stress. There is little research on the physiologic effects of Christian meditation, but those who have practiced the calming effect of meditating on the promises in the Bible have little doubt that those effects do exist.

Progressive relaxation is a stress-reduction technique. The individual first contracts a muscle, or group of muscles, then relaxes them. Thus he or she becomes aware of the feeling of tension in the muscle as contrasted with the feeling of relaxation. Dr. Herbert Benson, a Harvard cardiologist, developed this technique to treat people with high blood pressure.

Biofeedback is a relaxation method that influences body processes previously thought to be involuntary. It uses sophisticated, sensitive instruments to measure neuromuscular activity, electrical conduction of the skin, and increased circulation of blood as revealed by increased volume or temperature. This information is fed back immediately and continuously to the person who then can learn to influence these processes voluntarily. As mentioned earlier, implementing this method requires sophisticated equip-

ment and trained professionals.

Dr. Charles Stroebel has developed a process called *Quieting Reflex Training*. Its purpose is to "reduce both skeletal and smooth muscle activity to acceptable levels" by "using an intensive quieting exercise practice once or twice a day."³¹

- First, learn to pick up cues to or awareness of worry, annoyance, or anxiety. Many of us have become so accustomed to stressful situations that we can no longer distinguish between stressors that demand extra energy and attention, and those that waste energy (at these times we would be better off pushing the QUIET BUTTON).

- *Smiling inwardly, as well as with your eyes, repeat to yourself, "Alert Mind, Calm Body."* This step helps you step back and take an amused glance; it releases the tension in your mouth and eye muscles, which respond almost immediately to stressors.

- *Inhale easily and naturally.* This has a profound calming influence on your body and mind. By doing this you exert a powerful influence on the situation, preparing yourself to respond appropriately.

- *While exhaling, let your jaw, tongue, and shoulders go loose, feeling a wave of limpness and warmth flowing all the way down to your toes.* This simple activity targets the areas that respond most quickly to stressors: the jaw, tongue, shoulders, and neck. Dropping the jaw substantially reduces muscle activity through the whole body, producing a dramatic sense of release. The image of flowing warmth reinforces this experience.

- *Resume normal activity.* The six seconds you spend in the Quieting Reflex doesn't mean you "drop out," as do other relaxing techniques. Instead, these activities prepare you to go on, renewed, with an alert mind and a calm, quiet body.

Spiritual Resources

Use your psychological and spiritual assets. Each of us can be strengthened to cope with daily hassles as well as major life events by utilizing our spiritual resources. For example, feelings of guilt can stop us from being productive by focusing our energies on the past, making us brood over yesterday's mistakes without learning from them or taking action to do anything about them. An active resolution for guilt is found in 1 John 1:9 ("If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness," N.I.V.).³² Once we accept God's forgiveness for past mistakes, we need not constantly be under stress because we are reviewing our old mistakes and wondering if they were forgiven.

The psychological asset of a good social support system—friends, relatives, people who care—has been shown to lower the risk of psychiatric disturbance.³³ If you have been hesitant to reach out for help, if you are alone and think no one cares, it is

time to take stock. Ask yourself, Who can I talk to who will understand and take time to care? Most people have several friends with whom they can share both their successes and failures.

Another psychological—and spiritual—asset is the assurance you can have that the events in your life are part of a pattern. If you believe that God plans what is best for you and that you are working in accordance with His will, you will be better able to handle the stress resulting from life's changes and day-to-day hassles.

And we know that in all things God works for the good of those who love him, who have been called according to his purpose (Romans 8:28, N.I.V.).

Children and Stress

How can teachers help children cope with stress? You can't shield them from stressful situations, but you can help them learn to cope. One of the best ways to encourage good coping behavior is to provide a warm, comfortable, cheerful environment in which children are stimulated to accept challenges and take risks.

Learning to determine when stress works for or against a child is important. Any new task will create tension and anxiety in a child. If he believes he can succeed in the new endeavor, or is willing to risk failure to learn something new, his physiological stress response will help motivate him and orient him to the task. However, if he lacks confidence or fears failure, his biochemical response can trigger a set of emotional reactions that make the stress unmanageable, causing the child to avoid the frightening situation.

In encouraging children to confront rather than avoid challenges, teachers can structure new activities so that they draw on a large component of already-mastered material. Equally important, they need to teach and demonstrate problem-solving skills, and provide children with practice in using these skills. Students need to learn that mild stress can actually be useful when it serves to alert them to concentrate on the task at hand. Finally, teachers should give positive reinforcement when children use their skills to cope with stress.

Learning in groups is often stressful, since children are frequently embarrassed to perform in front of their peers. Therefore, teachers need to establish learning teams in which students see each other as helpers, not evaluators.

Teachers should also identify children who fit the "high-stress profile": those who are chronically ill; excessively overweight; members of a different culture, or who are undergoing family problems. By

offering extra understanding, teachers can help youngsters avoid stress overload. Young people can also learn to use the stress-reducing techniques presented earlier in this article.

Reducing the Risk of Heart Disease

Studies in many parts of the world indicate that school-age children display risk factors which, in adults, are predictive of coronary heart diseases. A Michigan study indicated that 62 percent of the children surveyed had at least one risk factor, with 45 percent displaying more than one.³⁴ The River School Heart Disease Prevention Program in Phoenix, Arizona, states that half of American children are destined to die as adults from heart attacks and strokes caused by atherosclerosis.³⁵ Thirty percent of the children aged 12-15 studied in New South Wales (Australia) had precursors of coronary heart disease (CHD) and chronic lung diseases.³⁶ Kromhout, studying Dutch schoolchildren, found that 24 percent of those aged 4-13 had two of the major risk factors for CHD, obesity, and elevated serum cholesterol levels.³⁷

What are the risk factors known to be associated with CHD? Hypertension (high blood pressure), elevated serum cholesterol, and smoking. Indirectly, stress, obesity, a high fat diet, lack of exercise, and diabetes are also related. Heredity undoubtedly plays a part in the predisposition to CHD; however, that is one factor that cannot be altered. The other risk factors are largely related to life-style and can be controlled by the individual.

How early does a child start down the path to become a high risk for CHD? Very early. Many researchers feel childhood feeding practices (including a high fat diet) set the stage for CHD later in life. Studies done on combat casualties during both the Korean and Vietnam wars indicate that 45 percent of the victims had some evidence of atherosclerosis, with 5 percent showing severe coronary atherosclerosis.³⁸

Faced with such evidence, many countries are instituting school education programs designed to reduce the known risk factors for CHD. The American Heart Association has developed a curriculum, *Putting Your Heart Into the Curriculum*, which includes activities that can be integrated into existing programs. The School Health Curriculum Project, teaching health through the body systems, is in use in more than 600 schools, grades 4-7. The Know Your Body curriculum, which includes physiological tests and a "health passport," began in 1977 in New York City and is now being implemented in many other cities. Baylor College of Medicine developed the Cardiovascular Curriculum Education Project, which can be used by the students without extensive teacher involvement.

Loma Linda University School of Health conducted a study in which high CHD-risk families were identified by screening seventh and eleventh graders.³⁹ Using a Multiple Risk Factor Index after taking serum cholesterol, blood pressure, and skin-fold measurements, plus ascertaining the presence or absence of smoking, the students were ranked in comparison with their peers. The 60 families that showed the highest levels of risk were chosen for an intensive educational effort to change dietary, exercise, and smoking practices. The researchers found that families could alter their overall risk levels, and maintain those changes over a period of time; in fact, many families continued to make changes after the educational intervention ended.

Diet for a Healthy Heart

The American Heart Association states “the best way to insure that individuals follow a diet that is healthy for the heart is to develop such dietary habits early in life.”⁴⁰ Their recommendations include:

1. *Fat Intake:* no more than 30 percent of total calories consumed, nor more than 10 percent of total calories as saturated fat, nor more than 10 percent as polyunsaturated fat, and the balance from monosaturated fat.

2. *Cholesterol:* no more than 100 mg per 1000 calories consumed, with the total not to exceed 300 mg a day.

3. *Protein:* about 15 percent of the total calories consumed.

4. *Carbohydrates:* the balance of the calories, about 55 percent of the total consumed, with most chosen from complex carbohydrates found in vegetables, fruit, and cereals.

5. *Calories:* intake to maintain desirable body weight based on growth rate, activity level, and presence of body fat deposits; these should be obtained from a variety of foods that provide a balanced diet.

6. *Salt:* as well as highly salted foods should be limited.

Reducing Salt Intake

Research has established a link between high blood pressure and sodium consumption. Some individuals salt their food at the table without ever having tasted it. A new Australian study suggests that such individuals can consume less salt without their even knowing the difference. Researchers placed almost identical saltshakers in cafeterias, in restaurants, and on an airplane mock-up used to train cabin personnel. The containers varied only in the size of the hole through which the salt flowed. Fewer than a quarter of those who used the salt even tasted the food before reaching for the shaker, suggesting that salt is added primarily out of habit.

After weighing the containers before and after

each use, the researchers found that as the hole size decreased, so did the amount of salt used—at least to a point. The researchers concluded that the optimal opening should be three square millimeters; with smaller holes “some consumers attempted to make the holes larger with forks.”⁴¹

The Heart Association does not recommend the total elimination of any group of foods, although they do suggest choosing low-fat or fortified skim milk rather than whole milk in the dairy group. It is interesting to note that much of the world has been living on *three* food groups (the Grow, Go, Glow groups*), without the milk group, for centuries. Obviously, then, if the calories come from a variety of healthful foods, the fourth group (milk) is not always necessary. Also, it is interesting to compare these recommendations with the following counsel:

Grains, fruits, nuts, and vegetables constitute the diet chosen for us by our Creator. These foods prepared in as simple and natural a manner as possible, are the most healthful and nourishing.⁴²

Grains and fruits prepared free from grease, and in as natural a condition as possible, should be the food for the tables of all who claim to be preparing for translation to heaven.⁴³

Diet, Activity, and Weight Management

The same choice of foods that help lower the serum cholesterol level also assist in weight management. Not only the choice of foods, but also the mode of preparation often has a great deal to do with its caloric content. An ordinary potato, boiled or baked, may contain only a hundred calories. Mashed, with some milk added, it contains up to 150 calories. If you use a lot of butter, it then totals 250 calories. French frying takes the caloric total to about 250, but hash browns fried in fat will increase the calories of a potato to 400 or 450! Similarly, the lunchbox favorite—potato chips—up the calories (12 potato chips = 100 calories).

Weight management requires a balance between calories consumed and calories spent. Studies show that 40 percent of obese children have one obese parent; if both parents are obese, 80 percent of the children are obese. (It “runs in the family,” they explain; often such families have an obese dog, too!) Not all of the causes of overweight are known. The major factor, however, in producing obesity is *inactivity*. When you are more active, you may eat more, but if you are less active, you probably don’t eat less. Furthermore, metabolism slows with age, so the older you are, the less you can eat without gaining weight; the only solution is to exercise more!

Yes, it is true that it takes quite a lot of exertion to burn 100 calories, so why exercise? Studies show that inactivity, rather than excessive eating, is correlated with obesity. Beverly Bullen of Harvard used motion pictures to study obese adolescent girls. Compared

*Grow group—cereal grains and breads; Go group—protein foods such as nuts and legumes; Glow group—fruits and vegetables.

with control subjects, the obese girls were shown to be remarkably inactive even while playing tennis, volleyball, or swimming. Far more of the obese girls lay or sat down, or stood idle in each of the three sports studied, while the controls more often engaged in active forms of body motion.⁴⁴ Ancel Keys, from his studies, concluded "that overweight persons are not characterized so much by large food consumption as by physical inactivity."⁴⁵

Obese university students studied by Dr. Keys were given a reducing diet of 1200 calories daily. Some were also given a program of walking for two hours a day at 3½ miles per hour on a slight incline. The students who had no special exercise program lost an average of three pounds a week; those who walked averaged a loss of five pounds a week and improved their fitness at the same time.⁴⁶

Obese teachers *and* students should plan regular daily exercise. Often obese students do not wish to exercise in front of their peers, but will do so with others who are obese. Teachers can ease this discomfort by planning a portion of recreation and/or physical education for small group activity in which *all* students must do an aerobic activity of their choice for a minimum of 20 minutes.

Other Eating Disorders

Eating disorders are not limited to the obese. A far more serious, even life-threatening, problem is that of anorexia nervosa or bulimia. Anorexia nervosa is a disease characterized by severe loss of weight caused by deliberately restricting food intake. Bulimia is characterized by recurrent episodes of compulsive eating, usually high-caloric carbohydrate foods, followed by self-induced vomiting, fasting, and laxative or diuretic abuse. Both are devastating diseases; at least one-third of the victims have made a suicide attempt.

There may be as many as 500,000 anorexia victims in the United States alone. A British survey of 12,391 school girls indicated one in 200 girls was anorectic, and of those aged 16 and over, one in about every 100. The greatest number of cases appear between 10 and 20 years of age. The prognosis is grim: Anorexia not uncommonly results in death.⁴⁷

Anorexia is largely, though not exclusively, found in young women. One of the apparent reasons for this behavior is society's preoccupation with thinness. Even though the victims may not actually be obese, they perceive themselves as being overweight. Consequently, teachers should not generate a fear of obesity in the classroom, as this may be all that is needed to trigger some students into this self-destructive behavior. Instead, the teacher can work with those students who are obese, preferably in a small group.

Assistance can be obtained from health professionals within the church or the public health depart-

ment to help obese students. To treat other eating disorders (bulimia and anorexia), many hospitals are setting up special treatment units. Whenever a teacher suspects such behavior, he or she should seek help for the student as quickly as possible.

Physical Fitness

Physical fitness includes cardiovascular and respiratory fitness, which is developed by regular aerobic activity. It also includes flexibility and endurance. Stretching exercises should precede such aerobic activities as jogging, hiking, or running. Such stretching exercises, if used for the various sets of muscles in the body, will increase flexibility. Older people may have a problem with maintaining balance; hence regular activities that improve balance will help them stay fit into old age.

As mentioned earlier, a daily minimum of 20 minutes of aerobic activity, plus stretching exercise, is sufficient to maintain a good level of physical fitness. While it is fine to be a marathon runner if you choose this way to exercise, it is not essential to maintain optimal fitness. You will not continue to exercise unless you find an activity you enjoy. This is also true of students. So encourage all of your pupils to learn activities that they can continue after they have finished school (they won't always have a volleyball team around then!). Vigorous walking is still the best exercise available; you can even trick yourself into it, if necessary. Walk the dog if you feel you need an "excuse," only really make that dog walk, not dawdle. Park your car as far from the supermarket as possible. Take the stairs instead of the elevator. Ride a bike to school, weather and safety permitting.

Teachers and students in the rural areas of developing countries often find themselves envious of the readily available public transportation in large cities. However, the experience of the American Indian should not be forgotten. When I was discussing with a Morongo Indian woman why her tribe had such a high incidence of obesity and diabetes, she replied, "My grandmother used to walk for miles. She ate lots of vegetables she grew in a garden. Now we ride everywhere—and no one has a garden." Not a highly scientific answer, but probably quite accurate, and a warning not to give up, in the name of progress, the activity and food that help keep us healthy.

Smoking

This risk factor is not a problem for Adventist teachers, but it may be a problem for students in Adventist schools. In public schools, students begin experimenting with smoking as early as the fourth grade. By the seventh grade, they are deciding whether to become addicted smokers. It has been my observation, in 30 years of working both with public

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Smoking

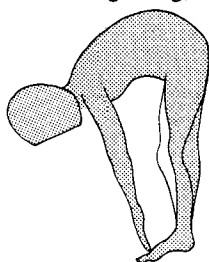
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Thigh Stretches

A. Back of thigh & buttocks (body hang)

1. Bend your knees and touch your toes.

2. Slowly straighten knees until you feel the stretch.



B. Front of thigh

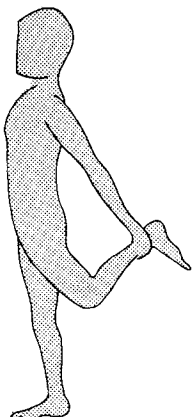
1. Rest one hand on a support.

2. Bend your opposite knee & hold your ankle with your free hand.

3. Swing thigh back until you feel the stretch.

4. Repeat for the other thigh.

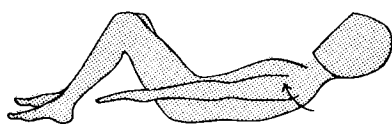
(To develop balance, try without using support.)



Abdominal Strengthening Exercise

1. Lie on your back with your knees bent.
2. Hold your arms straight out with your fingers pointing toward your toes.
3. Curl up until your shoulders are off the floor (If you can't do this, curl up as far as you can).
4. Repeat for a total of 20 times.

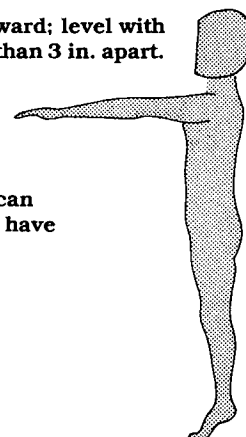
(When you can do this 20 times, put your hands behind your neck when doing the exercise.)



Balance

1. Close eyes, raise arms forward; level with shoulders; with feet not more than 3 in. apart.

2. Rise on toes. (If you can hold that for 20 sec., you have excellent balance). Keep practicing.

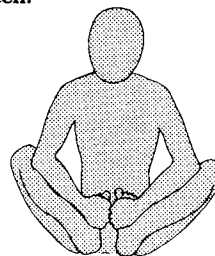


Inner Thigh Stretch

1. Sit on floor with the bottoms of your feet close together.

2. Pull your feet toward your body.

3. Lean forward depressing your thighs with your elbows until you feel the stretch.

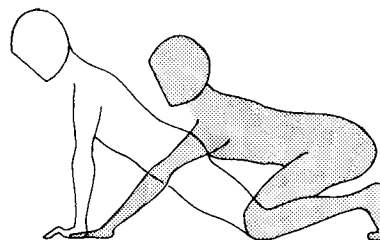


Low Back Stretch

1. Lie face forward (prone) with hands at shoulder level in push-up position.

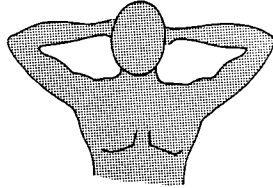
2. Push up and straighten arms keeping weight on the knees and bending hips until buttocks touch heels.

3. Return to prone position.



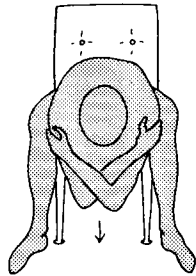
Chest Stretch

1. Stand with feet 12-15 inches apart.
2. Clasp hands behind head.
3. Bring elbows backward as far as possible, hold 15 seconds.



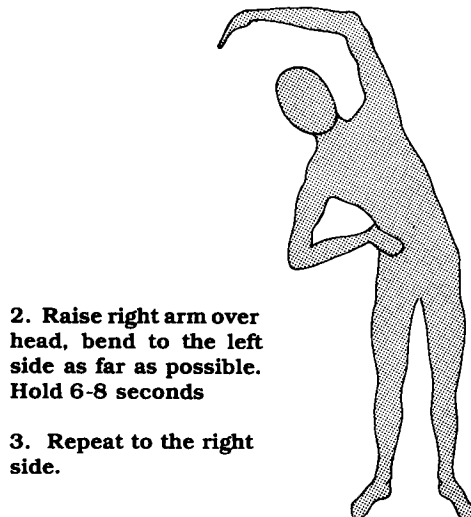
Back Extensors Stretch

1. Sit in a chair with feet 24 inches apart.
2. Bend forward with shoulders between knees, arms bent at elbows.
3. Attempt to touch floor with elbows until tension is felt in lower back, hold 30 seconds.



Lateral Stretch

1. Stand upright, feet 12-15 inches apart.

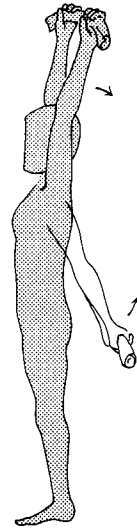


2. Raise right arm over head, bend to the left side as far as possible. Hold 6-8 seconds
3. Repeat to the right side.

Shoulders

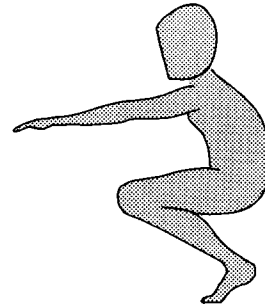
1. Hold one end of a towel in each hand.
2. With your arms straight pass towel over your head.
3. Put your arms as far down your back as you can keeping them straight.
4. Bring your arms forward & step through the towel.
5. Lift your arms behind you as far as you can still keeping them straight.

(Move your hands together for a more vigorous stretch.)



Shallow Knee Bends

1. From the standing position, feet together, arms out front, squat until thighs are parallel with the floor. How long you can hold that position tests your balance.



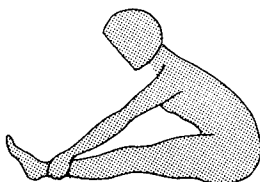
Neck Roll

1. Standing upright, slowly roll head and neck to side, back, opposite side, and forward (complete circle).
2. Repeat in opposite direction.



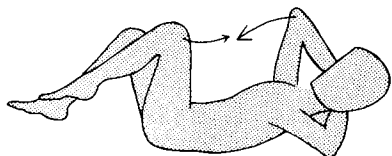
Lower Back and Thigh Stretch

1. Sit on the floor with feet together, legs straight.
2. Bend over and grasp ankles or sides of legs as far down as possible, hold.

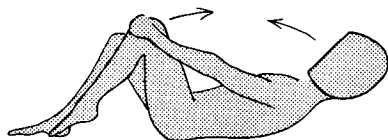


Elbow to Knee

1. Lie on back with knees bent, fingers clasped behind head.
2. Contract abdominal muscles raising head and shoulders off floor.
3. Raise left knee touching right elbow to outside of left knee.
4. Repeat, touching left elbow to right knee.



Back Exercise

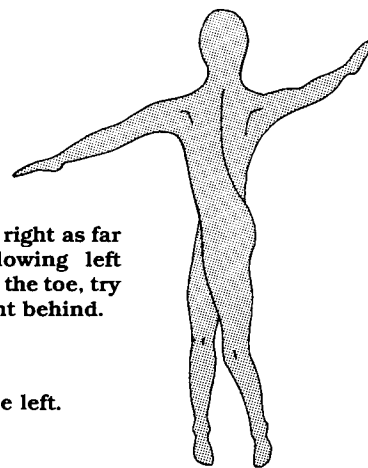


1. Lie on your back with both knees bent.
2. Keep your back flat against the surface you are lying on.

3. Pull on one knee while you bring your head forward to meet it.
4. Repeat with the other leg.
5. Repeat with both legs at the same time.

Trunk Twister

1. Stand upright, feet 10-12 inches apart with arms raised to the side at shoulder level.



2. Twist to the right as far as possible allowing left foot to roll onto the toe, try and look straight behind.

3. Repeat to the left.

Calves

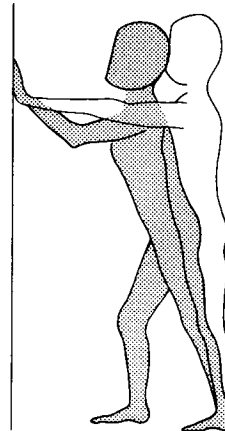
1. Stand 2½ - 3 ft. from a wall. Place both palms on the wall at shoulder level.

2. Place one foot a few inches in front of other foot.

3. Lean forward until you feel the stretch in the straight leg - HOLD.

4. Allow heel of back leg to lift slightly off floor & lean farther forward until you feel a stretch in bent leg.

5. Repeat with opposite leg.



and Adventist schools, that Adventist students are about two years behind their public school counterparts. In other words, Adventist students would begin smoking experimentation in the sixth grade, and make their addiction choices in the ninth grade. The church's teachings notwithstanding, Adventist students *do* need help in making wise choices about the risk factors of smoking.

Peer education programs have proved very effective in public schools. For example, the Counseling Leadership Against Smoking Pressure (CLASP) program is ranked among the most effective in deterring students from smoking.⁴⁸ In the CLASP program high school students volunteer for special training, then present an educational program to junior high students. They emphasize developing behavioral skills to resist pressures that come from advertising, friends, or parental example. The junior high school students (usually seventh grade level is best) practice their behavioral skills in refusing this pressure by participating in writing their own skits, and in role-playing situations.

Adventist students could use a variation of this program by preparing and giving such programs in public schools or the lower grades of their own schools. In such programs, factual information about the physiological and psychological dangers of smoking are best kept to sixth grade and below; beginning with the seventh grade, the emphasis should be primarily on behavioral skills, values, and making wise choices. Such programs have been successfully demonstrated in several areas by Adventist schools. Usually there is no lack of openings in nearby public schools for well-prepared presentations on the subject.

Suicide Prevention

Suicide presents a rapidly increasing problem these days. The suicide rate for teenagers and young adults has tripled in the past 20 years. Charlotte Ross, director of the San Mateo (California) Suicide Prevention Center said that "the yearly suicide rate for persons between the ages of 15 and 24 years old (in the U.S.) is now almost 5000. We have validated attempts by kids as young as six or seven years old," she added.

Why do young people make this drastic and irreversible choice? The reasons for suicide among young people could be loss of a parent, a divorce, breaking up with a girlfriend or boyfriend or loss of self-esteem,⁴⁹ health, or faith. Nor is the problem confined to the United States. In many African countries, suicide is on the rise among young people; often it is a reaction to unrelenting competitive pressure to acquire an education.

Studies of adolescent suicide attempters indicate that school adjustment is often one of the major precipitating factors. In nearly all cases surveyed, school performance was uniformly poor. Low

grades, truancy, and discipline problems characterize some of these adolescents. The fact that a disproportionate number of suicides occur in the spring and fall, when school problems are often paramount,⁵⁰ gives credence to a causal relationship between school difficulties and suicide attempts.

Dr. Calvin Frederick, of the (US) National Institute of Mental Health, offers a good deal of important information about suicide. He says that a person considering suicide may:

1. talk a lot about suicide in general or someone else's suicide;
2. ask a lot of questions about life after death;
3. give away a prized possession, hinting that he or she won't be needing it anymore;
4. talk a lot about revenge or getting even with his or her parents.

It is also important for students to be aware of behaviors that may indicate suicidal symptoms in their peers. They should notice when people close to them:

1. act depressed;
2. keep away from friends;
3. stop communicating with parents, or indicate there is trouble at home;
4. act irritable or anxious;
5. drastically change behavior—a person who usually is busy becomes apathetic and isolated, a quiet person suddenly becomes loud;
6. lose interest in school work;
7. make major changes in sleeping and eating habits.

What to Do

When someone close to you openly expresses suicidal thoughts, here are some guidelines:

1. Really listen to the person. Don't miss his or her feelings by saying, "Oh, you can't mean that." Quietly hear the person out.
2. Don't be judgmental. Avoid statements like "You must be crazy to think that."
3. Offer reassurance that feelings of depression are temporary and will pass.
4. Mention that if a person chooses to die, the situation cannot be reversed.
5. Don't challenge the person in an attempt to shock him or her out of suicidal ideas.
6. Point out that as long as life exists, there is always a chance for solving problems, but that death is final.⁵¹

The topic of suicide can be included in a unit of study on mental health. Frank and open discussion of suicide with students is a significant aspect of death education and should help dispel myths surrounding suicide. Discussing suicide will *not* make depressed students more inclined toward suicide; typically, they feel emotional release. In fact, communication actually helps to *decrease* the likelihood

of an attempt.⁵² Teachers can call in resource persons (counselors, pastors) to assist them in discussing this subject.

Above all, the teacher must take all suicide threats seriously. Frequently those who threaten suicide *do* follow through; they're not just "crying wolf."

There is a national youth emergency hotline in the United States for youth who are thinking about suicide or for young people who just want to discuss a problem in their lives. The number is toll-free:

800-621-4000

800-972-6004, in Illinois

A suggested classroom activity in this area is role-playing the Hotline discussion; students should be able to propose at least five things to do when someone calling the hotline mentions suicide.

Promoting Good Mental Health

What is mental health? It is more than the mere absence of mental illness. The National Association for Mental Health lists three broad areas.⁵³ The mentally healthy person

1. feels comfortable about himself;
2. feels right about other people;
3. is able to meet the demands of life.

Some mental health experts have defined the mentally healthy person as someone "who effectively uses the problem-solving approach to living and who

learns to successfully cope as problems arise." How can this be accomplished? Teachers and students can learn and practice the following steps in problem-solving:

1. Notice when you have a problem. You do not feel comfortable with yourself; you do not feel right about other people; you may be unable to meet the demands of home or school.

2. Define the problem or difficulty. Clearly describing it in writing will help you clarify and focus more clearly on what is bothering you.

3. After defining the problem, let your imagination go to work before making any decisions. List all the possible solutions or alternatives you can think of. Don't make any judgments; just explore possibilities.

4. Review the list. What are the consequences of each possibility? Which solution is the easiest, the hardest? How do they measure up with what you know to be right? Does the Bible offer any guiding principles regarding this choice?

5. Select the solution that best answers your questions.

6. Try the solution to see how it works.

7. Afterwards, ask yourself: Am I satisfied with this solution? Did it make me feel more comfortable? Did it seem right according to God's Word? If not, what can I do differently?

TO ORDER THE TEST

After you have studied the content presented here, send for the test, take it under the supervision of a proctor, and return it to the address listed below. You will be notified of the results as soon as possible. You will receive a record of the Continuing Education Units you've earned, and a record will be sent to the Certification Officer at your union conference office of education (in the North American Division only).

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Sometimes, in using the above problem-solving approach, students need more ideas and alternatives, as well as information about the consequences of potential choices. It will help them to have a trusted friend with whom to talk about the problem. Such friends do not need to be the same age, but they should share the same ideals. Parents, teachers, ministers, and Sabbath school teachers can fill this need. The church should be the source of support in times of stress and difficulty. All too often it has instead been the source of criticism for failure.

A Domino Effect

Mental illness may not be contagious, but a mentally unhealthy environment can set the stage for difficulties. Like a domino effect, the results on students can be devastating. A recent study of teacher-education specialists in colleges and universities revealed the following:⁵⁴

- 30 percent of the college and university teacher-education specialists had contemplated suicide.
- 50 percent said other faculty members get on their nerves "most of the time," and 62 percent said students get on their nerves.
- 42 percent say tension and irritation are part of their daily working lives, while 38 percent admit that they worry a "good part of the time."
- 42 percent are incapacitated at times by "wide fluctuations" in their moods "from depression to elation, back to depression."
- 36 percent experience "waves of anxiety not attributable to any related causes."
- About half have trouble sleeping some or much of the time, and 22 percent have recurrent nightmares.
- 62 percent said they are usually satisfied if they simply "get by" with assigned tasks.
- About two-thirds report deriving little or no pleasure from things they "used to do years ago."

Dr. Blanchard, who holds degrees in psychology and education, pointed out the serious implications of this study because students of emotionally unhealthy professors usually become teachers themselves.⁵⁵ After a full semester or academic year, a professor's eccentricities are "bound to rub off" on students, he said.

He and others have proposed mental-health screening for teaching candidates because rarely, if ever, are teachers removed for "emotional problems" once they are in the teaching profession. It would be best if teachers, recognizing they are having difficulty with their mental health, would voluntarily step aside. However, the individual is often the last one to realize that he or she has a problem. One positive note, however, is the changing attitude toward counseling and treatment for mental illness or depression; it is no longer taboo to admit the need for help in this area.

To create a mentally healthy classroom, the best advice was written many years ago in *The Ministry of Healing*:

Courage, hope, faith, sympathy, love, promote health and prolong life. A contented mind, a cheerful spirit, is health to the body and strength to the soul.⁵⁶

Health is a gift, a blessing. However, it is one that we have to constantly work to maintain. Our living habits make a great deal of difference in the level of health we enjoy. If we follow the counsel given us, we will be rewarded with clearer minds to understand God's truth and stronger bodies to carry out His will. □

FOOTNOTES

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Separate Article
Removed