

How Are You Feeling Today?



EXHAUSTED



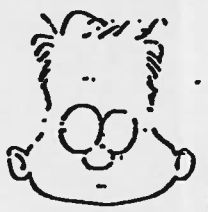
CONFUSED



ECSTATIC



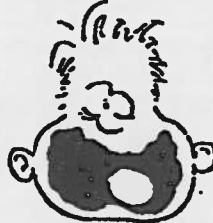
GUILTY



SUSPICIOUS



ANGRY



HYSTERICAL



FRUSTRATED



HURT



CONFIDENT



EMBARRASSED



HAPPY



INSIDIOUS



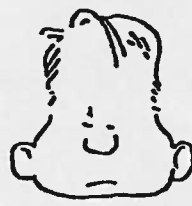
DISGUSTED



FRIGHTENED



ENRAGED



ASHAMED



CAUTIOUS



SHUG



DEPRESSED



OVERWHELMED



HOPEFUL



LONELY



LOVESTRUCK



JEALOUS



BORED



SURPRISED



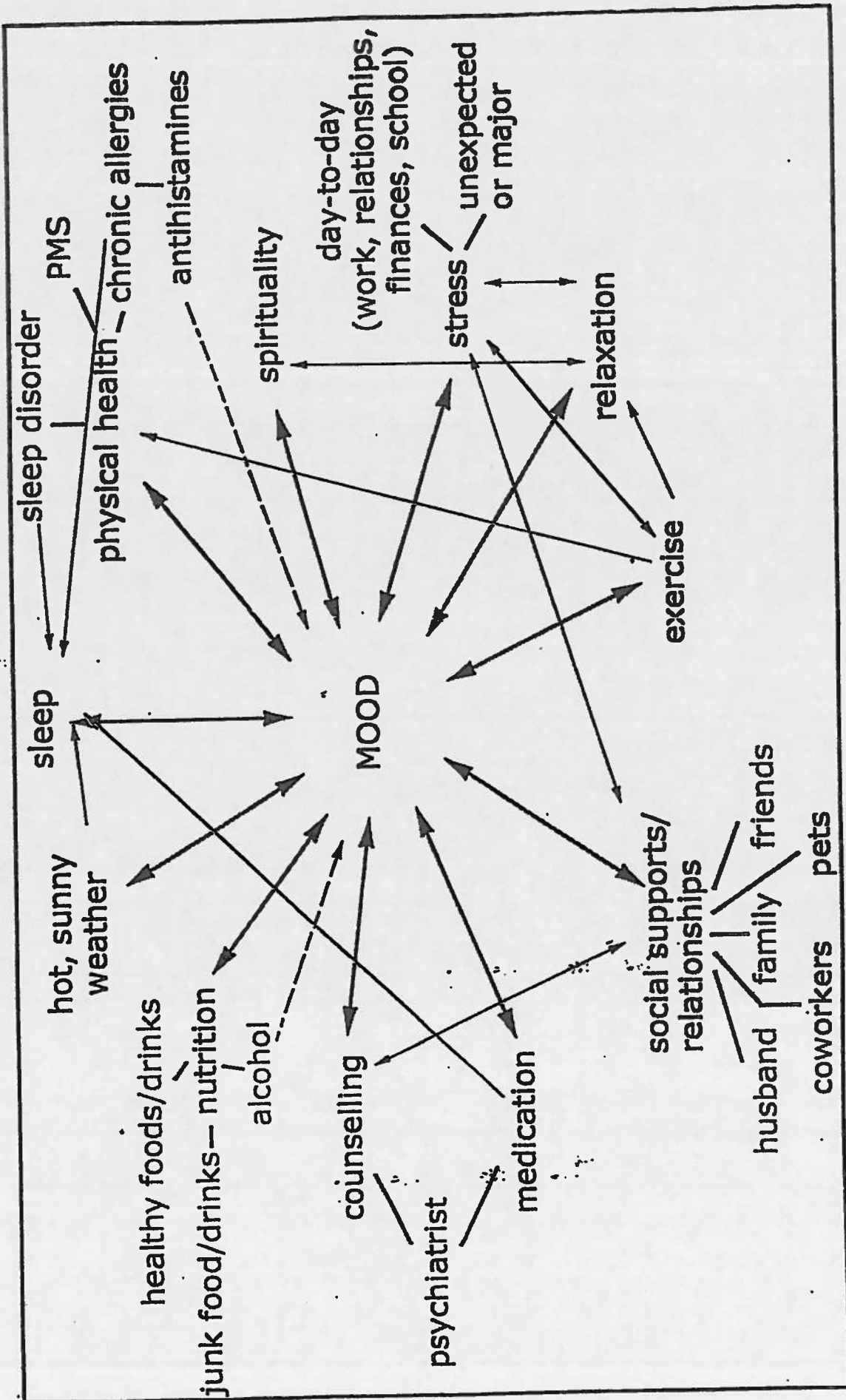
ANXIOUS



SHOCKED



SHY





How the brain works.

Holmes and Rahe stress inventory

Instructions: The following scale was developed by Holmes and Rahe to investigate the relationship between events which can happen to us, stress and susceptibility to illness. Look over the events listed below. Mark the item if it has happened to you within the last twelve months. (You can multiply it by the number of times if you want to really check!)

<i>Event</i>	<i>Points</i>	<i>Yes/No</i>	<i>Score</i>
1. Death of a spouse	100	_____	_____
2. Divorce	72	_____	_____
3. Marital separation	65	_____	_____
4. Death of a close family member	63	_____	_____
5. Personal injury or illness	53	_____	_____
6. Marriage	50	_____	_____
7. Marital reconciliation	45	_____	_____
8. Change in health of family member	44	_____	_____
9. Pregnancy	40	_____	_____
10. Gain of new family member	39	_____	_____
11. Job Change	38	_____	_____
12. Change in financial status	37	_____	_____
13. Death of a close friend	36	_____	_____
14. Increase in arguments with significant other	35	_____	_____
15. Mortgage or loan of major purchase (home, etc.)	31	_____	_____
16. Foreclosure of mortgage or loan	30	_____	_____
17. Change in responsibilities of your job	29	_____	_____
18. Son or daughter leaving home	29	_____	_____
19. Trouble with in-laws	29	_____	_____
20. Outstanding personal achievement	28	_____	_____
21. Spouse begins or stops work outside the home	26	_____	_____
22. Revision of personal habits	24	_____	_____
23. Trouble with boss	23	_____	_____
24. Change in work hours or conditions	20	_____	_____
25. Change in residence	20	_____	_____
26. Change in sleeping habits	16	_____	_____
27. Change in eating habits	15	_____	_____
28. Vacation	13	_____	_____
29. Christmas	12	_____	_____
30. Minor violations of the law	11	_____	_____
Total		_____	_____

0-149 no significant problem

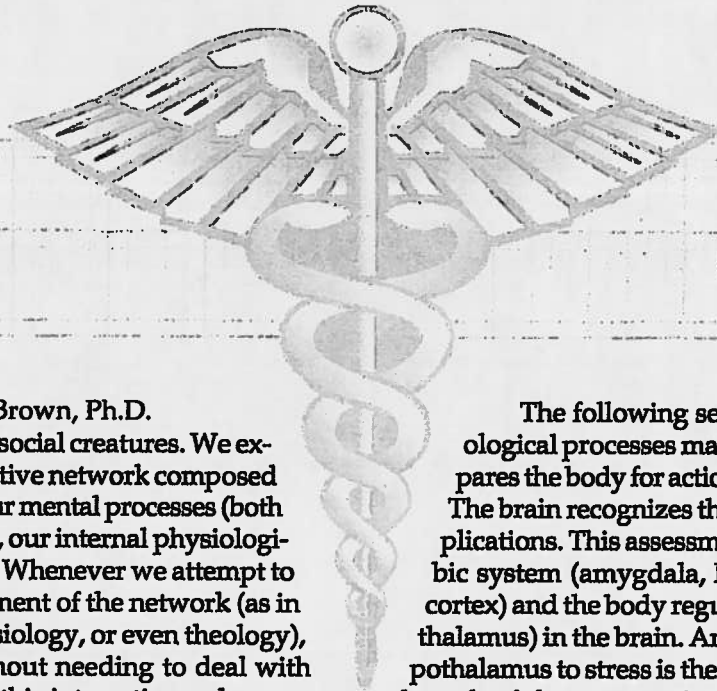
150-199 mild stress 35% chance of illness or health change

200-299 moderate stress 50% chance of illness or health change

300+ major stress 80% chance of illness or health change.

Holmes, T. & Rahe, R. (1967) "Holmes-Rahe Social Readjustment Rating Scale",
Journal of Psychosomatic Research, vol. II.

THE BODY'S RESPONSE TO STRESS



by Warren S. Brown, Ph.D.

Humans are bio-psycho-social creatures. We exist in a complex interactive network composed of our social environment, our mental processes (both conscious and unconscious), our internal physiological states, and our behavior. Whenever we attempt to isolate for study one component of the network (as in sociology, psychology, physiology, or even theology), we cannot proceed far without needing to deal with larger and larger aspects of this interactive web.

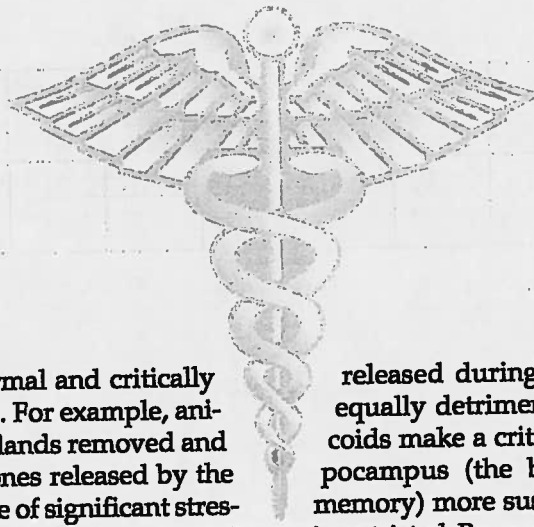
Stress is inescapably a bio-psycho-social event. The word "stress" itself can refer to: *life circumstances* that are maximally taxing, such as a high pressure job; our *psychological and emotional responses* to such circumstances, as in anxiety, worry, and hyperactivity; and the *physiological responses* our bodies make to accommodate these situations, such as increased heart rate, sweating, upset stomach, and muscle tension. "Stress" is the continuing interaction of these three realms of our being. In order to be clear, I shall speak of "stressors" when I mean external situational factors, and of "stress responses" when I am referring to our internal reactions (psychological or physiological).

THE PHYSIOLOGICAL STRESS RESPONSE

The stress response is the body's normal way of preparing to respond to a potentially threatening situation. It involves gearing up for critical, high-stakes action ("fight or flight") with its demand on the body's energy resources. Negative emotions sometimes accompany the stress response, but they are not essential. In fact, the stress response may occur in high demand situations that we choose to be involved in and that we view as positive. The critical element for stress is the perception of social, psychological, or physical threat.

The following sequence of mental and physiological processes makes energy available and prepares the body for action in the presence of a stressor. The brain recognizes the stressor and assesses its implications. This assessment draws heavily on the limbic system (amygdala, hippocampus, and cingulate cortex) and the body regulation mechanism (the hypothalamus) in the brain. Among the responses of the hypothalamus to stress is the activation of the sympathetic branch of the autonomic nervous system. The sympathetic branch is the part of the body's systems that causes heart rate to quicken and other body functions to go into "emergency mode." Stress hormones are released, including adrenalin, noradrenalin, and glucocorticoids. Adrenalin makes nutrients available to the body for strenuous actions. Adrenalin and noradrenalin increase blood pressure and blood flow to muscles. Glucocorticoids make fat available for energy, increase blood flow, and affect the brain to facilitate behavioral responsiveness. Glucocorticoids also suppress the release of sex hormones, decreasing sexual responsiveness. These biological events may seem confusing, but we've all experienced the results of this automatic stress response—the rush of adrenalin that makes our hearts race and our breathing quicken when we narrowly avoid a car accident or manage to grab the railing after nearly falling down the stairs.

The physiological stress response is not just a preparation of the body for critical action. Brain systems also are prepared for action by changes in their neurochemical balances. For example, corticotropin-releasing factor (a chemical involved in the release of stress hormones) also works in brain structures involved in vigilant attention, defensive behaviors, and emotions. Another neurochemical system in the brain, the dopamine system, prepares us for movement and focuses attention on the stress-relevant stimuli.



All of these responses are normal and critically important in coping with stressors. For example, animals that have had their adrenal glands removed and are thus without the stress hormones released by the adrenals, are likely to die in the face of significant stressors. Humans without adrenal glands need glucocorticoid supplements during times of significant stress in order to cope physically. Thus, the stress response is an important, valuable, adaptive, and healthy aspect of human psychophysiology.

Why then do we consider stress unhealthy? What is the basis of stress-related disease? The answer lies in consideration of the *duration* of stress. Although the stress response as an acute response to an immediate stressful situation is healthy and adaptive, continuation of the state over considerable periods of time begins to have detrimental effects on many body systems. Prolonged secretion of glucocorticoids by the adrenal glands is particularly harmful to the body. Carlson describes the problem as follows: "Although the short-term effects of glucocorticoids are essential, the long-term effects are damaging. These effects include increased blood pressure, damage to muscle tissue, steroid diabetes, infertility, inhibition of growth, inhibition of the inflammatory responses, and suppression of the immune system. High blood pressure can lead to heart attacks and stroke . . . Inhibition of the inflammatory response makes it more difficult for the body to heal itself after an injury, and suppression of the immune system makes an individual vulnerable to infections and (perhaps) cancer."¹

STRESS AND CARDIOVASCULAR DISEASE

Heart attacks and strokes are both outcomes of the same underlying cardiovascular disease in most patients. Medical research has shown that the two most important risk factors for developing cardiovascular disease are high blood pressure and high blood levels of cholesterol. We have already mentioned the effects of stress on blood pressure. There is ample evidence in the medical literature that stress raises blood cholesterol levels. Thus, a persistent stress response creates the physiological conditions that put us at risk for heart attack or stroke.

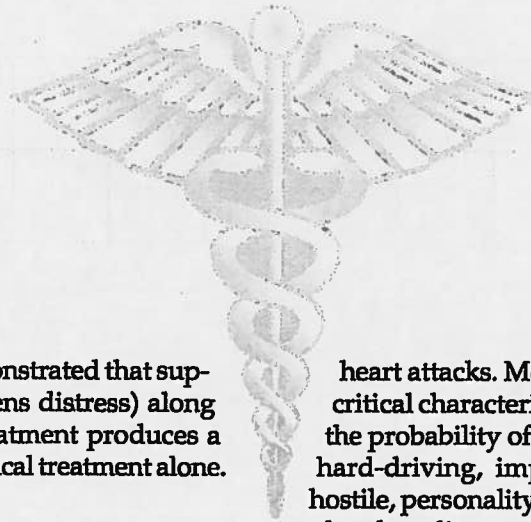
The persistent stress response actually has a double impact on the brain. First, it contributes to cardiovascular disease, decreasing blood flow to the brain which, in the extreme, results in a stroke. However, glucocorticoids

released during stress can have a more subtle, but equally detrimental impact on the brain. Glucocorticoids make a critical subclass of nerve cells in the hippocampus (the brain structure most important for memory) more susceptible to damage when blood flow is restricted. Because the arteries have narrowed, the blood flow to the brain begins to decrease. Thus the nerve cells, made more susceptible to diminished blood flow by persistently high levels of glucocorticoid, begin to die. Accumulated losses of hippocampal cells is thought to contribute to age-related memory loss, which in the extreme is like Alzheimer's disease.

IMMUNE SUPPRESSION, INFECTIOUS DISEASES, AND CANCER

The immune system is one of the most complex systems of the body. It protects us from diseases caused by viruses, microbes, fungi, and parasites. A large body of recent research has made it clear that the activity of our immune systems is affected by stress.² The stress response (particularly the release of glucocorticoids) lowers the activity level of the immune system and makes us more susceptible to disease. Research has shown that immune function is compromised and susceptibility to disease increased in medical students around final exams, in spousal caregivers of patients with Alzheimer's disease, and in individuals whose spouses have died recently (to cite but a few examples). In one interesting prospective study, individuals were given nasal drops containing a cold virus. Those who had a recent history (over the past months) of a high degree of stress and felt threatened, out of control, and overwhelmed by events were more likely to get sick than those who reported few recent stressors and felt more under control.³ The difference in outcome was due to differences in immune system activity associated with a recent history of stress.

A similar story can be told about the relationship between stress, immune function, and cancer. Studies of susceptibility to cancer or cancer progression suggest that psychological distress increases the risk and worsens the outcome, whereas psychological well-being can decrease the risk and slow the progression of many kinds of cancer. The contribution of psychological factors to some kinds of cancer may be small and it would be foolhardy, indeed, to substitute a psychological approach for the best in modern treatment. Nevertheless, studies of breast can-



cer patients, for example, have demonstrated that supportive group therapy (which lessens distress) along with the best available medical treatment produces a better outcome on average than medical treatment alone.

VULNERABILITY FACTORS FOR STRESS

Stress is not the same for everyone. The same circumstances will be stressful to one person, but run-of-the-mill to another. In most cases it is not the quality of the environment per se (the potential stressors) that trigger a stress-response, but one's mental perceptions and understandings of the particular circumstances.

Research with both animals and humans has emphasized the importance of the perception of the controllability of stressors. In a study of rats who were receiving electric shock, the animals who were able to turn off the shock (control it) did not show the physical consequences of stress. Animals who were given the same amount of shock, but whose behavior was ineffective in terminating the shock, developed stomach ulcers. Humans show similar reactions. We are vulnerable to stress-related disorders when we perceive that we are unable to influence or control

the potentially threatening situations we encounter. For example, when one's job is on the line and is contingent on sales forces one cannot seem to influence no matter how hard one works, or contingent on a boss that is impossible to please (no control), one develops a chronic physiological stress response. But in the same situation where the contingencies appear controllable, there is a much diminished stress response. Interestingly, most studies suggest that it is the perception of control, rather than the circumstantial reality of control, that modulates the physiological stress response.

However, controllability of one's circumstances is not the whole story. There is much research literature on the relationship between certain personality types (for example, the impatient, highly competitive, driven, Type-A personality) and stress-related disease, particularly

heart attacks. More recent literature suggests that the critical characteristics of Type-A people for increasing the probability of cardiovascular disease is hostility. A hard-driving, impatient, and competitive, but non-hostile, personality does not seem to be at risk for stress-related cardiovascular disease.

COPING WITH STRESS

Psychological factors mediate between the environment and our bodily responses. Thus, while changing our circumstances may be important in coping with stress, adequate coping most often involves a modification of our perceptions of stressful situations. We may need to ask, what values are being threatened and how important are they in reality?

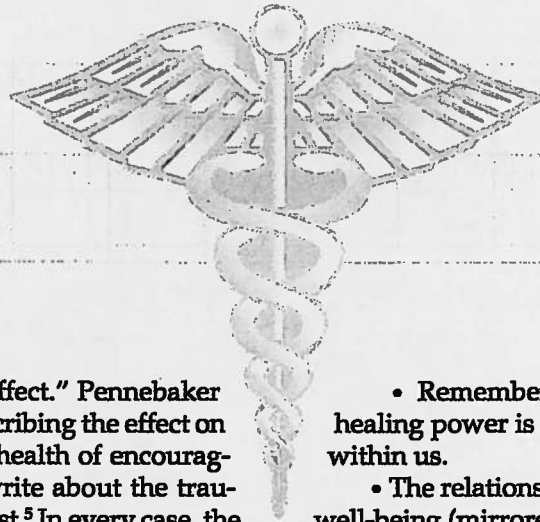
The literature on coping with stress, as well as studies of the impact of one's psychological state on immune function and disease, all suggest the important role of social support. Individuals who perceive themselves to be

surrounded by supportive friends and family are more apt to be able to deal with stressors without the adverse effects of a continued stress-response. My students and I recently completed a study in which we attempted to intervene with social support in the stress experienced by spousal

caregivers of Alzheimer's disease patients.⁴ Previous research had shown high stress levels, compromised immune system function, and higher than normal probability of disease in the spousal caregivers. Trained "caring callers" made 16 weekly telephone calls to a group of caregivers. The "caring callers" listened, reflected, and offered as much encouragement and support as could be given in a brief weekly conversation. We assessed psychological well-being (depression, anxiety, hostility), the sense of caregiving burden, and physical health. The weekly supportive telephone calls were found to be associated with significantly increased psychological well-being and decreased stress. Results also showed a trend toward improvement in physical health.

Some of the increased well-being and health shown in our study of supportive telephone calls to caregivers

I AM IN DISTRESS;
MY EYES GROW WEAK WITH SORROW,
MY SOUL AND MY BODY WITH GRIEF.
MY LIFE IS CONSUMED BY ANGUISH
AND MY YEARS BY GROANING;
MY STRENGTH FAILS BECAUSE OF
MY AFFLICTION,
AND MY BONES GROW WEAK.
PSALM 31:9-10.



we attributed to the "disclosure effect." Pennebaker published a number of studies describing the effect on the immune system and physical health of encouraging individuals to talk about or write about the traumatic or stressful events of their past.⁵ In every case, the act of disclosure of distress resulted in enhanced immune function and decreased sickness over the next weeks or months. Thus, talking about one's past trauma or stress seemed to reverse the negative impact of stress on immune function (or perhaps created a compensating, but independent, positive impact).

Finally, laughter has always been viewed as a good stress-reliever. A recent study done at Loma Linda University demonstrated a dramatic increase in the activity of the immune system in individuals who experienced an hour of mirthful laughter.⁶ The enhanced immune function resulting from a single hour of laughter lasted for several days thereafter.

COPING STRATEGIES FOR CHRISTIANS

The above description of the bio-psycho-social interactions that result from stress, can lead us to some important principles of coping that can be useful for our clients and ourselves.

- Find consistent times and ways of intentionally down-regulating your stress-responses.⁷ Diversion, entertainment, and physical exercise often help. Meditation, prayer, and meaningful worship also can have a direct effect on your bio-psycho-social experience of stress. It is not the stress response itself but its continuance over long periods of time that creates chaos in the body.

- Develop a faith perspective that clearly sees God as ultimately in control of all that matters. The persistent experience that life is threatening, unmanageable, and out of control should not be that of the Christian who understands God's omniscience and omnipotence.

- Develop an increasingly Christian value system. Many of our stressors are perceived threats to things that, in view of God's kingdom, mean very little. Take some things less seriously.

- When helping others endure stressful times, think of ways to help them gain control over important details of their lives. It is a great stress reliever to have someone else say, "I'll take care of that," and know that they will follow through.

- Remember that an important part of God's healing power is invested in a system already at work within us.

- The relationship between a sense of psychological well-being (mirrored in the fruit of the Spirit—Gal. 5:22) and the activity of the immune system have important implications for both prevention and recovery from disease. Don't just pray for someone's healing. Do something to engender a sense of peace and joy.

- Find a context in which to disclose (describe, talk over, confess) your own stress and trauma to another person. Encourage your stress-prone friends to talk about their distress.

- Laugh a lot and encourage your friends and family to laugh as well.

A cheerful heart is good medicine, but a crushed spirit dries up the bones (Prov. 17:22).

The close stitching of the mind to the body means that each communicates its fortunes to the other (attributed to Montaigne). ■■

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Footnotes

¹ N.R. Carlson, *Physiology of Behavior*, Fifth Edition. (Boston: Allyn and Bacon, 1994.)

² R. Ader, D.L. Felten, and N. Cohen, (eds.) *Psychoneuroimmunology*, Second Edition. (San Diego: Academic Press, 1990.)

³ A.A. Stone, B.R. Reed, and J.M. Neale, Changes in daily event frequency precede episodes of physical symptoms. *Journal of Human Stress*, 13, (1987), 70-74.

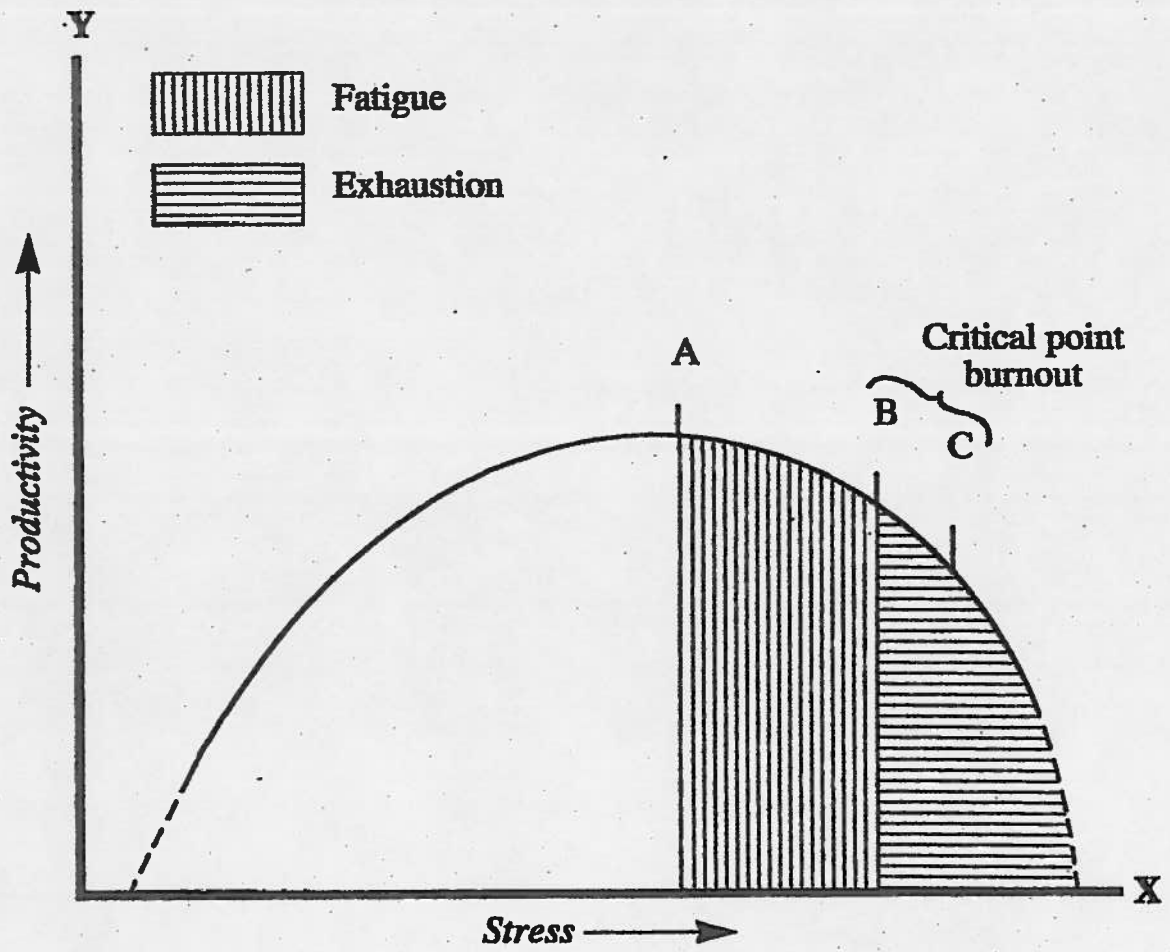
⁴ W.S. Brown, L.E. Lipsker, G.A. Murdock, B.D. Strawn, and S.J. Hester, *The Impact of Care Coordination—Case Facilitation on Stress and Health in Family Caregivers of Alzheimer's Disease Victims*. Pasadena, CA: The Travis Institute, 1993.

⁵ J.W. Pennebaker, *Opening Up: The Healing Power of Confiding in Others*. (New York: William Morrow, 1990.)

⁶ L.S. Berk, S.A. Tan, B.J. Napier, and W.C. Eby, Eustress of mirthful laughter modifies natural killer cell activity. *Clinical Research*, 37, (1989), 115-116.

⁷ A.D. Hart, *The Hidden Link between Adrenalin and Stress*. (Waco, Texas: Word Books, 1986.)

Figure 5.1 - Human Function Curve



Stress	Burnout
Stress is characterized by overengagement.	Burnout is a defense characterized by disengagement.
The exhaustion of stress affects physical energy.	The exhaustion of burnout affects motivation and drive.
Stress produces disintegration.	Burnout produces demoralization.
Stress can best be understood as a loss of fuel and energy.	Burnout can best be understood as a loss of ideals and hope.
The depression of stress is produced by the body's need to protect itself and conserve energy.	The depression of burnout is caused by the grief engendered by the loss of ideals and hope.
Stress produces a sense of urgency and hyperactivity.	Burnout produces a sense of helplessness and hopelessness.

burnout defined:

"...someone in a state of fatigue or frustration brought about by the devotion to a cause, way of life, or relationship that failed to produce the expected reward."

Freudenberger, H.J.(1980). Burn-out: The high cost of achievement. New York, NY: Bantam Books, p. 13.

"...clusters of exhaustion reactions...the result of constant or repeated emotional pressure associated with an intense involvement with people over long periods of time."

Jones, A.M.; et.al.(1981). Burnout: From tedium to personal growth. New York, NY.: The Free Press, p.15.

"...the type of stress and emotional fatigue, frustration and exhaustion that occurs when a series of(or combination of) of events in a relationship, mission, way of life, or job fail to produce an expected result."

Rush, M.(1987). Burnout. Wheaton, IL.: Victor Books, p13.

"...a state of physical, emotional and mental exhaustion marked by physical depletion and chronic fatigue, feelings of helplessness and hopelessness, and by development of a negative self-concept and negative attitudes towards work, life and other people."

Maslach, C.(1982). Burnout: The cost of caring. Prentice-Hall, p. 3.

BURNOUT WORKSHEET

This is not a test; it's a worksheet to help you determine if you have symptoms of burnout. For each statement choose a score ranging from 1-5, based on how closely you agree with the statement. A score of 1 means a very definite no, and a 5 means a very definite yes. Consider the past six months when giving your answers.

- 1. I seem to be working harder but accomplishing less.1 2 3 4 5
- 2. I dread going to work each day.1 2 3 4 5
- 3. I seem to have less physical energy than before.1 2 3 4 5
- 4. Things irritate me that in the past didn't bother me.1 2 3 4 5
- 5. More and more I find myself trying to avoid people.1 2 3 4 5
- 6. I seem to be getting more short-tempered.1 2 3 4 5
- 7. I am having a harder time concentrating.1 2 3 4 5
- 8. More and more I find myself not wanting to get out of bed in the morning.1 2 3 4 5
- 9. I am starting to lose confidence in my abilities.1 2 3 4 5
- 10. I am finding it harder and harder to concentrate on my work.1 2 3 4 5
- 11. It is getting harder for me to take risks.1 2 3 4 5
- 12. I am becoming more dissatisfied with my accomplishments.1 2 3 4 5

- 13. Lately I have started blaming God for my situation.1 2 3 4 5
- 14. Some days I just want to run away from everything.1 2 3 4 5
- 15. I care less and less if my work ever gets done or not.1 2 3 4 5
- 16. It seems that everything is staying the same or getting worse.1 2 3 4 5
- 17. It seems that everything I try to do takes more energy than I have.1 2 3 4 5
- 18. I am finding it hard to do even simple and routine tasks.1 2 3 4 5
- 19. I wish people would just leave me alone.1 2 3 4 5
- 20. I am frustrated with the changes I see in myself.1 2 3 4 5

Scoring Your Burnout Worksheet

- 0-30 points = You are in no danger of burnout.
- 31-45 points = You are developing some of the symptoms of burnout.
- 46-60 points = You are probably starting to burn out.
- 61-75 points = You are definitely in the burnout process.
- over 75 points = You are in the advanced stages of burnout.

This burnout worksheet is designed to give you some general guidelines for determining burnout. It is not a burnout test. After taking this inventory, if you feel you may have some of the symptoms of burnout, discuss it with a counselor.

Expanded versions of this burnout worksheet, designed to help you more clearly pinpoint the source of burnout, areas of your life it may be starting in, and the extent to which it has affected your life are available by writing Management Training Systems, P.O. Box 4779, Woodland Park, CO 80863.

ELEVEN BELIEFS THAT CAUSE PROBLEMS

1. **EVERYBODY MUST LOVE ME!**
The idea that we need love and approval all the time. If we don't get enough, we feel awful. We think, "Nobody loves me. I must be awful! I'm such a crumb!" We feel sorry for ourselves ("Poor me!") The most important thing is to "get love." We will do anything for more love.
2. **I MUST BE GOOD AT EVERYTHING!**
The idea that we must do everything well to feel good about ourselves. We can't fail. If someone else wins, we feel awful. We say to ourselves, "I lost, so I'm no good. I failed, so I'm lousy. I came in 2nd, how awful!" But fear of failure can keep us from doing a good job.
3. **SOME PEOPLE ARE BAD: THEY MUST BE PUNISHED!**
The idea that people who do things that we don't like are bad people. They should be blamed and punished. We think, "He's bad; he should go to jail. She's terrible; we should get rid of her. They are evil; they should go to prison." We can feel that way about ourselves too.
4. **THINGS SHOULD BE DIFFERENT!**
The idea that it is awful when things are different than the way we want them to be. We think "How terrible; things are just awful." We can't accept things the way they really are. We get upset if we can't change things to fit our ideas of what they should be. But there is no reason we should like everything.
5. **IT'S YOUR FAULT I FEEL THIS WAY!**
The idea that somebody else makes us feel the way we do. If we are unhappy, it is because of what someone else said or did. "It's not my fault that I'm unhappy," we say." "You make me feel mad. You make me upset. Other people should change so that I feel better. It's their job to change. I can't help it."
6. **I KNOW SOMETHING BAD WILL HAPPEN – SOON!**
The idea that we need to always watch out for things to go wrong. "A car may hit me. A dog may bite me. A lion may eat me on the way to school. I will worry about it so I can be ready for it. I need to keep watching. I can't relax.
7. **IT'S EASIER NOT TO EVEN TRY!**
The idea that it is easier to avoid difficult tasks in life than to face them. Life is too hard, so we should not try. It is far better to give up. We think, "I give up! I want it to be easy. I can't try. It's too hard. I don't want to take the responsibility."

8. **I NEED SOMEONE STRONGER THAN ME!**
The idea that we should depend on other people who are stronger than we are. The feeling that "I am weak. I can't make my own decisions. Tell me what to think and do. Take care of me." But we are different from everyone else. We will need to learn to make our own decisions because we know ourselves best.
9. **I CAN'T HELP BEING THIS WAY!**
The idea that things happened to us when we were little, and that made us the way we are. "I'll probably always be this way. The past is the most important thing. There is no hope that I could change.
10. **I SHOULD GET UPSET ABOUT YOUR PROBLEMS**
The idea that other people's problems should become our problems. The feeling that we need to change other people. The feeling that it is our job to solve other people's problems and to fix everything in their lives. Their problems are now our problems. We think, "I'll take care of you. I'll take your problems."
11. **THERE IS ONLY ONE GOOD WAY TO DO IT.**
The idea that there is one right way to do things and the other ways are no good. Only one way is best. If we don't do something the best way, it will be awful. We think, "He shouldn't do it that way. His way is all wrong. We have to do it exactly this way. If we don't find the perfect way I'll ruin it."

Personality Profile of a Burnout

Answer "yes" or "no" to the following by checking the appropriate boxes.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Others are awed by the busy schedule you keep. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Others look to you for leadership and direction. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Others depend on you for strength and support. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Being well liked is important to you. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. You are an idealist. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. You enjoy leadership and seek responsibility. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. You complete tasks quicker and more efficiently than others. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. You are impatient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. You function well under pressure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. You like the intensity of challenge and adventure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. You become bored easily and constantly seek change and variety. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. You find it difficult to take the back seat to others. You like the limelight and power to control the situation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. You take pride in your accomplishments and often achieve more than people your same age. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. You find it difficult to relax and "do nothing." | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. You measure yourself against the clock and have a chronic sense of time urgency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. You put more than an average amount of time and energy into your job. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. One area of your life is disproportionately important to you. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. You are concerned about preserving your image. It is important to you to be thought of as competent. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. You are a perfectionist. | <input type="checkbox"/> | <input type="checkbox"/> |

Are You a Perfectionist?

S

Examine yourself for perfectionistic tendencies. Check the statements that apply to you:

- ___ 1. I often put off starting projects because I don't have time to do them perfectly.
 - ___ 2. I often think I should have done a certain task better than I did.
 - ___ 3. I have great plans for the future; someday, I will accomplish amazing things.
 - ___ 4. I expect the best of myself at all times.
 - ___ 5. If I can't do something really well, there's no point in doing it at all.
 - ___ 6. If I try hard enough, I should be able to excel at anything.
 - ___ 7. I feel ashamed if I show weakness or foolish behavior.
 - ___ 8. I get upset if I make a mistake.
 - ___ 9. If I do anything that seems "just average," I become unhappy.
 - ___ 10. I refuse to be a second-rate person.
 - ___ 11. In my experience, if you want something done right, you have to do it yourself.
 - ___ 12. I set my standards as high as possible.
 - ___ 13. I am often disappointed with other people's work.
 - ___ 14. I get upset when things don't go as planned.
 - ___ 15. Other people don't understand my desire to do things right.
-

If you checked 2 or more statements in questions 1 through 5, you probably have perfectionistic tendencies that interfere with your ability to start and/or complete projects.

If you checked 2 or more statements in questions 6 through 10, you probably have perfectionistic tendencies that are harmful to an already low self-esteem.

If you checked 2 or more statements in questions 11 through 15, you probably have perfectionistic tendencies that interfere with your relationships with family members and people who work under you in church or business situations.

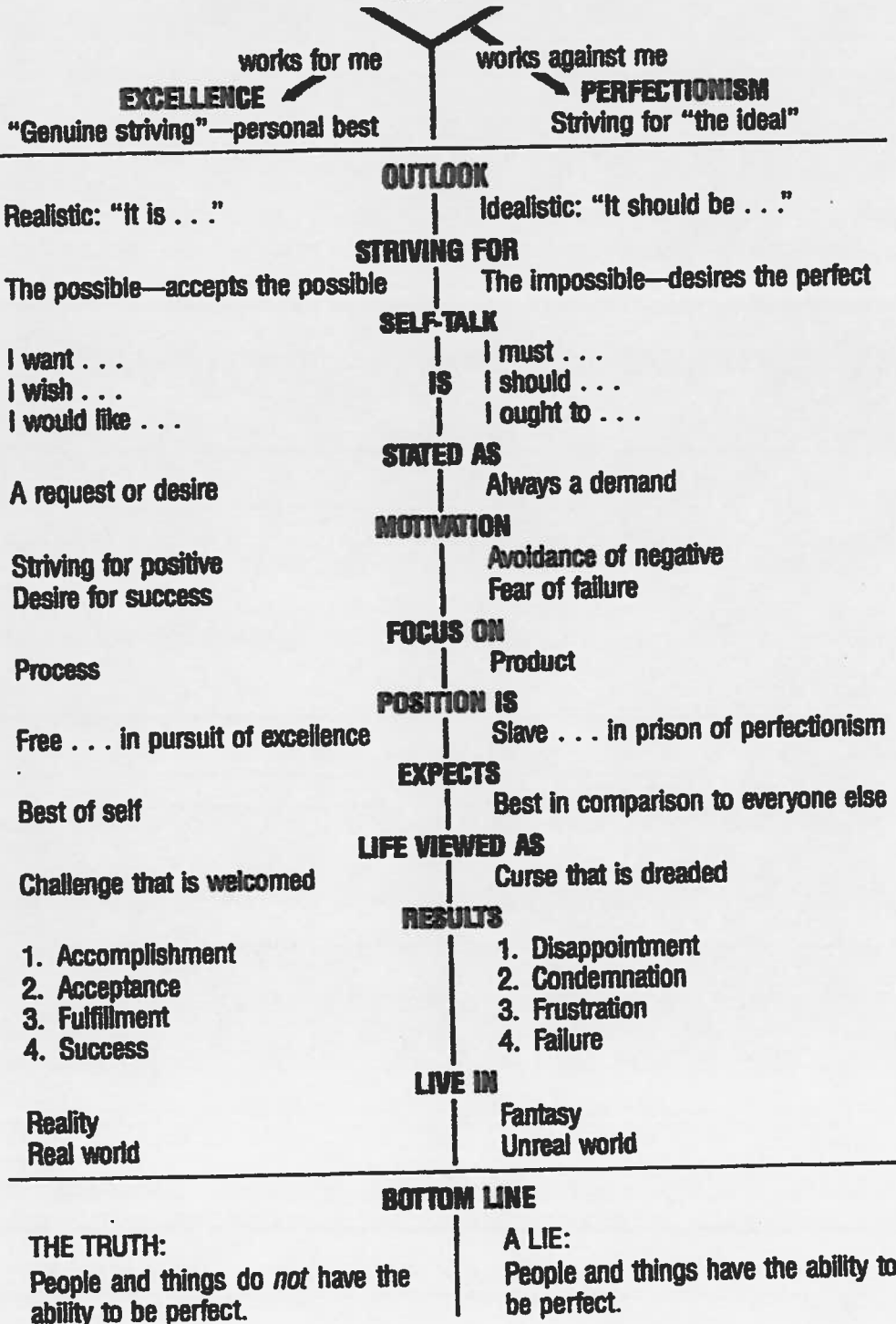
The more statements you check, the stronger and more deeply entrenched your perfectionistic tendencies are likely to be. If you checked four or more statements on this self-test, you should consider getting counseling (including a personality assessment) to determine more accurately if you have unhealthy perfectionistic tendencies that could be helped by professional counseling.

You should be aware that most perfectionists deny their perfectionism and defend it as "normal" or "a commitment to excellence" or claim that "people should strive for perfection." Understand that, though it is important and commendable to strive for excellence, it is unhealthy to be obsessed with an uncontrollable drive for perfection.

For a "reality check," have someone who knows you well—a close friend or spouse—take this test for you and answer the questions on your behalf. Compare your answers and the other person's answers. This exercise can be a helpful aid in penetrating any denial you may have regarding your perfectionism.

The Problem with Being Average

THE FINE LINE BETWEEN



Ten Questions to Diagnosis your SPIRITUAL HEALTH: **Donald Whitney**

- 1. Do I thirst for God?**
- 2. Am I governed increasingly by God's Word?**
- 3. Am I more loving?**
- 4. Am I more sensitive to God's presence?**
- 5. Do I have a growing concern for the spiritual and temporal needs for others?**
- 6. Do I delight in the Bride of Christ?**
- 7. Are the spiritual disciplines increasingly important to me?**
- 8. Do I grieve over sin?**
- 9. Am I a quicker forgiver?**
- 10. Do I yearn for heaven and to be with Jesus?**

YOUR FIRST PRESCRIPTION FOR SELF-CARE:

WHAT ALREADY MAKES ME FEEL HAPPY OR MORE WHOLE

NAME: _____

DATE: _____

	ACTIVITY	HOW OFTEN?	HOW LONG?	WITH WHOM?
1				
2				
3				
4				
5				
6				
7				
8				

SIGNED: _____