



Module 6

A fantasy journey through my apartment

Preparation: the participants are invited to lean back in their chairs and relax, and then listen to the instructions for the fantasy journey.

The fantasy journey pursues the **objective** to direct our awareness to details in our apartment which disturb us and are unhealthy. It should make us reflect and help us to find ways to improve the quality of our living space.

The fantasy journey

It is evening. You just came home from work and look forward to spend time at home. You badly need to calm down and relax. You stand in front of the door of your home and concentrate on opening the door. If ever before you had looked consciously at your door, it must have been a long time ago. At this moment, you realise the importance of the door. It permits you to delimit your own space, which is not intruded by neighbours and others who live in the same house. You look at the colour of the door. Is it inviting, or rather unfriendly? Would you like to pass through this door? Finally you have placed your keys in the keyhole, and open the door. You hear the lock turn - with one more turn the door opens.

Fully aware of your movements you pass the door. Before you take off your coat you stop and look around. Nobody is home. Do you know all you see? Pictures, furniture, doors to the different rooms... You take some steps and put down your bag. You take off your coat and hang it on a peg.

We move on and enter the bathroom. Is everything as it was? We turn on the water, and wash our hands, letting go of the impact of a long workday. We enjoy the rushing noise of the running water. We look around - does the way our bathroom is designed please us? Is there something we have wanted to change for quite some time? The bathroom must be clean. If the faucets, the sink, the tiles shine, the place is clean. We think of why we like to spend time in the bathroom. A pleasant bath, a long, warm shower make us feel well. We remember that sometimes we spend much time in this room. We look into the mirror. We think of situations where looking into the mirror was not easy. The face which looked at us was strange and ugly. But today our impression is different: Yes, today I like myself, although I feel very tired.

It is time to take a snack. We go into the kitchen. What does it feel like? Full of life and cosy, or cold and sterile, or clean and appealing? We quickly think of what we would like to eat. We look into the fridge. It is filled, we can choose...there's enough to eat and to drink. We look around in the kitchen: is there something we like in particular? Something which remembers us of the bright side of life? We try to remember whether sometimes we feel left alone when we are in the kitchen, and a lot of things need to be done.



We walk on into the living room, the "good" room. We go to a window. We stand in front of it and look outside. What do we see? Green areas, trees, flowers, bushes, meadows? Or cars, the street, traffic, people who rush? We listen to the sounds outside. Silence, bird-song, noise? Human voices? Do we always hear them so distinctly? Do they disturb us?

We move back from the window and look into the room. Which materials do we encounter? Soft, wollen carpets, even floors, cold leather surfaces? Which colours do I see? Clear, warm colours, white, or blue? How well is our living room adjusted to our needs? Do we see many technical appliances which are turned on? How do we feel with all these instruments around us? Which situations do I remember when I think of visitors who were here? Whom would I like to get to know here, or to meet again?

We remember that the living room is primarily the place where we want to recover from the strain of work. Do we feel well here? What disturbs us? What could we improve in order to feel better?

Next, we look into the bedroom. Can we retire here? Does it give us a feeling of intimacy and privacy? We look at the bed. Does it stand in a good place? Does the atmosphere of the bedroom help us to relax really?

We imagine that we hold our pillow. We touch it all over. We feel the filling. Is it soft or hard? We let our hands pass over its cover. The cover smells good and feels soft to the skin. We imagine that we place our tired head on it, that we sink into it, that it gives us shelter when we fall asleep.

We imagine that we lay down on the bed. We take off our house-slippers. We keep our eyes closed and touch the mattress. We feel how it carries and supports us. Does it help our back? We get up slowly and leave the bedroom.

Before we return from our journey through our apartment we visit the place we like best! We direct our thoughts to it before we go there. We sit down and look around. What do we encounter? Flowers, books, objects we like, which make us remember things we have experienced? Souvenirs, pictures, photos of our dear ones or of pets? We try to find out why this is our favourite place.

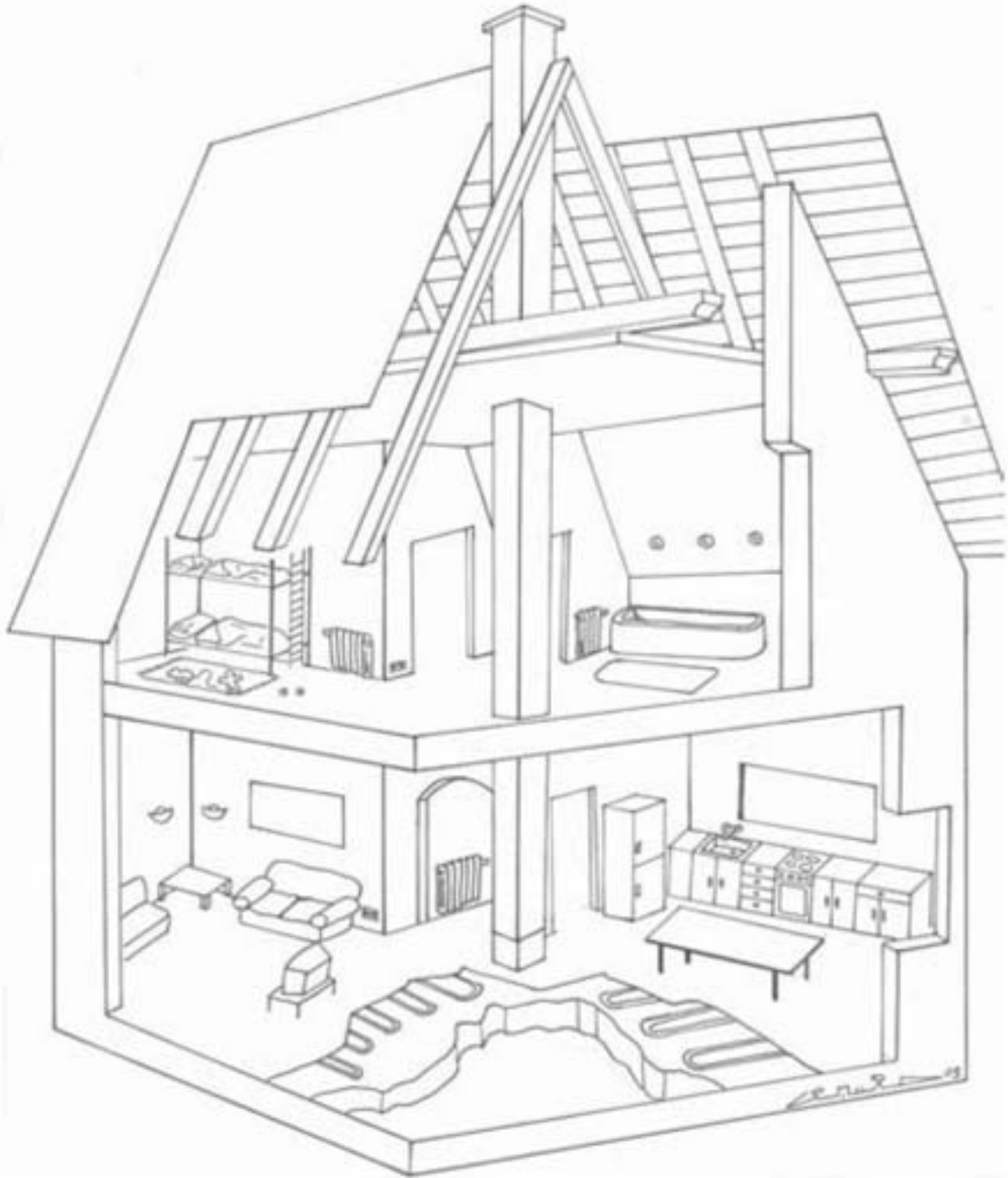
From this favourite place we slowly return to our room. We go to the antechamber and to the door. We open the door, leave the apartment, and close the door.

Slowly we open our eyes again.

Welcome in the room.



Risks to your health in your own home

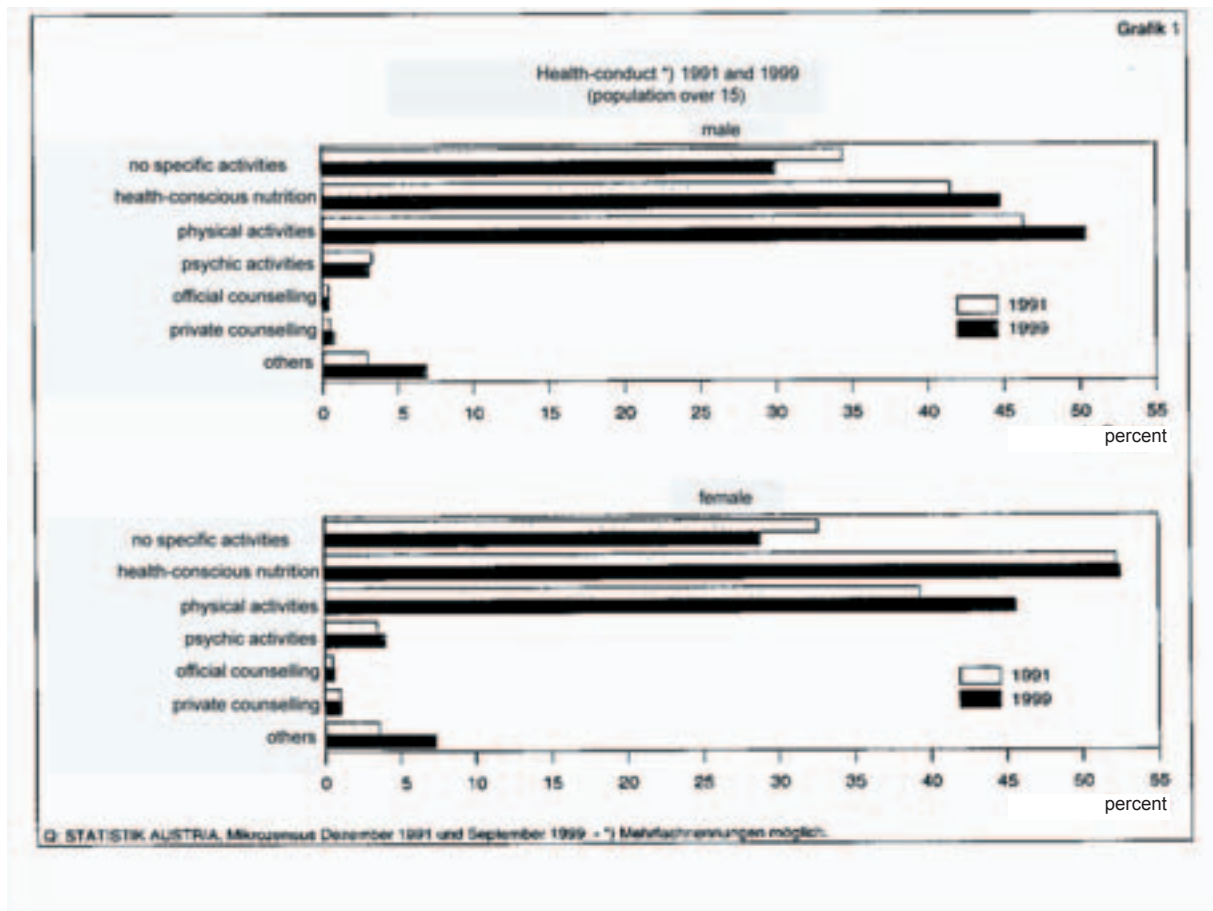


Imagine that you are in your house or in your apartment. Please mark the areas which are, or could be, dangerous to your health! Substantiate your supposition.



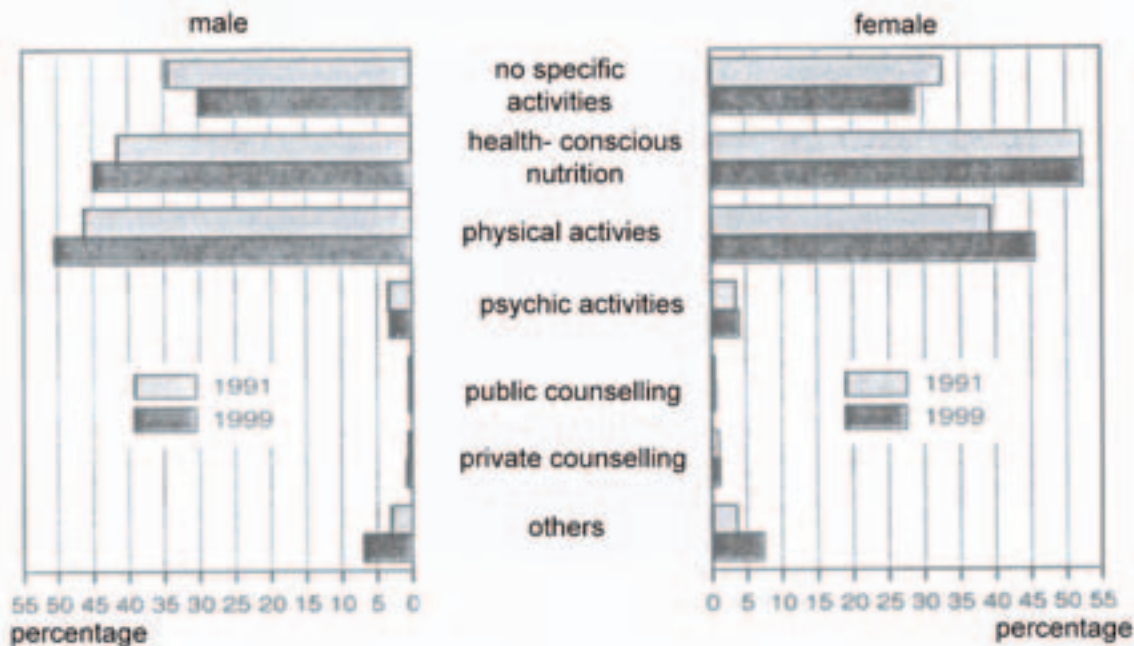
Survey of health-risks and factors of stress in the population

30% of the male population and 28,8% of the female population (above age 15) take **no specific measures to improve or maintain their health**.



44,8% of men and 52,5% of women attach importance to healthy, **nutritious food**. Many people are aware of the fact that nutrition strongly influences health. For both sexes the importance attached to food increases with age. It is strongest upon retirement, and decreases during advanced age. Differences between males and females also lessen with age.

Health-conduct *) 1991 and 1999



Q: STATISTIK AUSTRIA. Mikrozensus Dezember 1991 und September 1999 -
 *) Mehrfachnennungen möglich.

- ◆ 50,4% of men and 28,8% of females practice **sports** or other kinds of movement for reasons of health. 50,4% of men and 45,6% of women practice some kind of sport for reasons of health. The interest in physical activity decreases with age.

- ◆ **Psychological activities** (mental techniques, like meditation) do not play a significant role with regard to a health-conscious lifestyle - 3,1% of men and 4% of women practice them regularly. Only about 0,4% of men, and about 0,5% of women use offers of counselling to the general public (like smoker-counselling, or psychosocial counselling,). Slightly more, namely 0,8% of men and 1,1% of women call on private offers (e.g. self-help groups, weight watchers). 6,9% of men and 7,3% of women mention other health-related activities.

- ◆ 24% of men and 19% of women over 20 are **overweight**. This is not only the result of insufficient exercise, but also of an excessive supply of energy. Men with an average body-size of 175,6 have an average bodyweight of 79,9kg, and women with an average body-size of 163,7 have an average bodyweight of 65,5kg.

Men reach their highest weight of 81,8 kg, respectively 81,6 kg between age 45 and 64. Women reach their highest value of 69,0 kg and 68,1 kg between age 55 and 74. With increasing age the body-weight of both men and women sinks again, and settles around age 85 at a weight somewhat lower than from age 20 to 24.



One woman of 11 and one man of 11 are strongly overweight. Independent of age, more men than women are overweight, but less men than women are underweight. More than one third (35,5%) of men of age 55 to 74 and a little less than one third (29,9%) of women are overweight.

Overweight affects mostly persons who are not very educated, - labourers, working women, handymen.

♦ **Underweight** men are rather rare. In 1999 2,4% of men and 10,5% of women were underweight. Underweight is more common for educated women, female employees, female civil officers, and female skilled workers. Men who are underweight do not belong to specific professions.

The number of underweight women has slightly decreased (0,4%) between 1991 and 1999, while the number of underweight men has remained rather stable.

♦ 49,9% of men and 40,7% of women (over 15) **smoke cigarettes** of these 40,7% of men and 32,2% of women smoke daily. Smoking is a risk-factor with a very clear effect on health. Heart attacks, lung cancer, and chronic affections of the respiratory tract are all tightly related to smoking. Only about one third of men, and half the women have never smoked. The number of smokers diminishes with age. The number of persons who never smoked is highest for older women.

The heaviest smokers are men with little education (elementary school, with or without successive vocational training), for women the educational differences are not so strong. On the whole smokers take more risks and strain their health more than other people.

♦ Of the gainfully employed, 65% of men and 62% of women are exposed to **stress**. Research on stress shows that there are three kinds of stress:

- Environmental stress (e.g. noise, fumes, heat, etc.) and risk of accidents,
- Physical stress (e.g. carrying heavy loads, one-sided muscle-strain), and
- Psychic and psychosocial stress (e.g. monotony, time pressure, mobbing...).

Apart from physical stress the inquiry included factors which generally are considered stressful: e.g. strong time pressure, conflict-situations, the double burden of work and everyday-life. Such stress frequently causes psychosomatic disorders.

Increasing technology and rationalisation are frequently considered results of stress. The expression of "feeling stressed" refers to feeling under strong pressure (although positive stress = eu-stress does exist).



The most aggravating stress-factor for men (44,5%) as well as women (36,6%) is **pressure of time**. For men, strain by heavy physical work (29,1%) and conflicts at the work place (15,4%) range next. Comparatively, the double burden of work and household (7,6%) and care of family members who need attendance (2,6%) acquire less importance. For women, the double burden of work and household stands in the second place, followed by heavy physical work (20%). Conflicts at the workplace amount to 14,9%, and care for family members who need attendance, which needs to be done after the regular job, rates 3,9%.

Most of the men who complain about heavy physical work are labourers or skilled workers, while most of the concerned women have a job where they help others (e.g. nurses) or are self-employed.

Public servants and employees of both sexes report on conflicts at the workplace, they are more frequent among the educated [6].



