South African Journal of Education Copyright © 2002 EASA
Science Africa (Pretoria)
Vol 22(1) 65 – 69

Health complaints of high school students in the Northern Province and taboo themes in their families

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The article reports on a study of the health complaints of high school students in the Northern Province of South Africa, taboo themes in their families, and the relationship between the two. Five hundred and twenty-nine (529) high school students filled in a self-rating questionnaire designed to identify their health complaints and taboo themes in their families. Results show that the highest reported health complaint was the difficulty to swallow, followed by nausea and by pressure/unpleasant feeling of fullness in the stomach. The highest reported taboo theme was homosexuality, followed by tattooing or piercing, and abortion. There is a significant positive correlation between health complaints of the students and taboo themes in their families. The findings call for intensified efforts on enlightenment (life skills) programmes designed to encourage open discussions among family members. This would reduce the health problems associated with taboos and also reduce the work of school teachers involved with health and social education.

Introduction

Many African families still consider many themes as taboos, without considering their possible health implications. Many authors have identified health problems that are associated with the existence or the breaking of taboos. Table 1 shows some examples of health problems and their associated taboo themes:

The term "taboo" is of Polynesian origin and was translated by Captain James Cook in the sense of marking (*ta*) something strong (*pu*) (Wagner, 1991; Thody, 1997). For a long time, the word "taboo" was used in the domain of anthropology. Having many facets, taboo as a key factor to the understanding of cultures is disputed in fascinating variations (Worsley, 1973). However, today it is frequently used in everyday life in most civilisations. It is common sense that it denotes mainly forbidden behaviour. When something is considered a taboo, it must not be talked about, done, mentioned, touched or looked at. Thody (1997) identifies five categories of the "forbidden": **actions** (don't do it, be it, or indulge in it), **nourishment** (don't eat or drink it), **words and themes** (don't say it and don't talk about it), **ideas, books and pictures** (don't think it, write about it, paint it, print it, or show it) and **signs** (don't make yourself look like that). Breaking a taboo results in either a punishment or suffering from bad conscience (e.g. feeling sick or guilty). It seems that there is an inner force that comes into action. The violation may even end in a partial surrender to the taboo as Freud (1944:43) wrote in Totem and Taboo:

> "*Der Mensch, der ein Tabu übertreten hat, wird selbst tabu, weil er die gefährliche Eignung hat, andere zu versuchen, daß sie seinem Beispiel folgen*." (A person who breaks a taboo, will be tabooed himself or herself, because he or she has the dangerous threat of luring others into following his or her example.)

In her novel, *Tapu,* Judy Corbalis (1997) writes about a starving missionary woman who has unknowingly been offered human meat from bodies of children and thereupon committed suicide after realising it.

Some taboos are common to all people in a given society, while others are only valid in a single family. Richard Sennett refers to *losing* as the big taboo of modern society (Sennett, 1998), and Lyden describes how a taboo arose in her family when her mother was transferred to a psychiatric clinic (Lyden 1997). Although we may not talk about them directly, it is assumed that we learn about taboos because of constant confrontation with them. We even use them to regulate our relationship to objects or to manage social behaviour. In this sense, the concept 'taboo' was introduced into psychology and medicine by

Table 1 Some health problems and their associated taboo themes

Some health problems	Associated taboo themes
stress, with its social, cultural and psychologically adverse effects	alcohol abuse (Suliman, 1983; Frye & D`Avanzo, 1994) menstruation (Rasmussen, 1991; Strassman, 1992) sexuality (Kisekka, 1990), AIDS (Quam, 1990, Aoki, Ngin, Mo & Ja 1989) taboo-slang (De Klerk, 1992) personal feelings (Derlega, Metts, Petronio, & Margulis, 1993) death (Pearse, 1977)
physiological ravages and symptoms	alcohol abuse (Suliman, 1983) death (Solem, 1981) taboo (Kinzie, 1981) as a taboo-theme
increased drug abuse	injection taboo theme (Power, Jones, Kearns & Ward, 1995)
spread of HIV/AIDS	homosexuality taboo-theme (Leiner, 1994)
childhood sexual abuse, with its adverse health consequences	incest taboo (Kraemer, 1988, Goodwin, 1988)
fear and anxiety	nuclear war taboo (Greenwald & Zeitlin, 1987, Porter, Rinzler & Olsen, 1987) sexuality taboo (Koberle, 1974)
violence	sexual and aggressive humor (Kuhlman, 1985) as taboo-theme
doctors, nurses and medical students having problems in showing "weak" behaviour	crying in the hospital (Wagner, Hexel, Bauer & Kropiunigg, 1997) as a taboo-theme

Freud. In his famous work on "Totem and Taboo" (Freud, 1944) he used it solely as an illustration for compulsive behaviour. Whilst (in Freud's words) the "primitive" uses taboo as a means to avoid potential and real dangerous behaviour, the "neurotic" keeps himself/herself away from thoughts or actions which he/she regards as forbidden and therefore dangerous. Although not mentioned by Freud, it is quite clear that such behaviour in itself might become very stressful.

This study was aimed at identifying the health complaints of high school students in the Northern Province (South Africa), the taboo themes in their families and the relationship between the two. This would help in identifying urgent areas of emphasis for guidance, counselling, life-skills and health education programmes. Such a study has not been done in the province.

The Northern Province has a population of 5.4 million inhabitants, of whom: 97.1% are blacks, 0.1% coloured, 0.1% Indians/Asians, and 2.7% whites; 45.7% of them are males and 54.3% females. Many of the inhabitants live under poor economic and health conditions (Republic of South Africa, 1996; Health Systems Trust and Department of Health, 1997).

Method

Participants

The participants were all Std 9 and 10 (Grades 11 and 12) students in three high (secondary) schools in the Northern Province of South Africa. The schools were chosen at random and the Department of Education in the province confirmed, prior to the study, that the schools were representative of the high schools in the province. One school is situated in Pietersburg (urban city), one in Potgietersrus (semi-urban or town) and one in Dwars River (village). The total number of students was 529, of whom 314 were males, 189 females, while 26 did not indicate their gender. Their ages ranged from 14 years to 34 years, with the mean age of 17.69 years and a standard deviation of 2.46. (Due to teenage pregnancy, poverty, and other socioeconomic constraints, it is often found that there are some high school students who are above 18 years of age.)

Instrument

The instrument used is a self-rating questionnaire constructed by the authors to tap the following information from the respondents:

1. Demographic variables: age, gender.
2. The participants were also asked to indicate which (if any) of the following health complaints they have: a choking feeling and narrowness/lump in the throat, short of breath (dyspnea), feeling of weakness, difficulty to swallowing, aching/stabbing or other pain in the chest, pressure/unpleasant feeling of fullness in the stomach, lack of energy, nausea, heartburn/sour burping/flatulence, sensitivity/irritability, brooding, sweating, backache, agitation or restlessness, heaviness/gravity/tiredness in legs, restlessness in legs, over-sensitivity to cold, excessive need of sleep, sleeplessness (insomnia), dizziness, trembling/shaking, ache in the shoulders/stiff neck, loss of weight. The items were adopted from "*Die Beschwerden-Liste*" (Health Complaints List) by Zerssen (1976) and were translated into English by the authors. The list allows the participants to indicate their health complaints from a common health complaint list ranging from typically somatic to psychological complaints which are usually presented to general medical practitioners.

   They do not establish any causality. However, they allow for the indication of the participants' total (health) burden.

   Their responses were expected to be either "strongly so", "moderately so", "barely so", or "not at all".
3. The questionnaire explained what taboo means by stating that "A taboo is something forbidden. When something is considered a taboo, it must not be talked about, done, mentioned, touched or looked at. Breaking this rule results in either punishment or suffering from bad conscience, e.g. feeling sick, guilt, etc. Although not talked about directly, one learns about taboos because one is constantly confronted with them. Some taboos are common to all people, while others might only be valid in a single family" (Kropiunigg, 1998:283). The questionnaire went further to list some likely taboo themes. All the taboo themes were adopted from Kropiunigg (1998). The respondents were asked to indicate whether each item is a taboo theme (that can absolutely not be talked about), a controversial theme (that results mostly in an argument or conflict) or an open subject (that can always be talked about) in their families. The themes were: criticising parents, smoking, bad results at school, physical affection within family, contraceptives, tattoos or piercing, my idea of free-time, death or dying, sex education, psychotherapy, alcohol, poverty, homosexuality, breaking off school (absent from school on a school day), aggressive behaviour, past war experiences of grandparents, abortion, drugs (joint, ecstasy), political opinion other than that of parents, thoughts of suicide, sexual molestation, unemployment, existence of God, not to participating in household chores, immigrants, sexual fears, violence in the family, owning weapons, fear or anxiety, illegitimate children, parents' lack of time, sexual harassment, withdrawal from religious instruction, menstruation ("periods"), interest in sects, premarital sexual intercourse, and girl/boyfriend. The participants were also given the opportunity of writing down three more taboo themes that they would like to add to the list.

The questionnaire, in English, was administered to a class of 20 students in Std 9 (Grade 11) in a high school. This class was not included in the main study, but was rather used to test whether the questionnaire would be administered easily and also to find out whether the questionnaire was appropriate for getting the desired information. The questionnaire was found to be easily administrable and was appropriate for collecting the desired information. Thereafter, the final version of the questionnaire was arrived at.

Cronbach Alpha and Split-half reliability for the whole taboo measurement used were 0.7 and 0.6, respectively, for this sample.

Procedure

The authors obtained, from both the Department of Education in the Province and from the principals of the schools, permission to conduct the research in the schools. The principals of the schools took the ethical responsibility of obtaining permission from the parents of the participants beforehand, where necessary. On the dates agreed with the schools and with the cooperation of the teachers, a research assistant distributed the questionnaire to all the students in Std 9 and 10 (Grades 11 and 12) in their classrooms. The research assistants explained the purpose of the research to the respondents and allowed them to ask questions about the research, before asking them to fill in the questionnaires to the best of their knowledge. It was also made clear to the respondents beforehand that any of them who did not want to participate in the study should feel free to withdraw. A total number of 7 (1.32%) students did not complete the questionnaire. The questionnaires were collected the same day they were distributed to the participants. It took the participants an average of 20 minutes to complete the questionnaire.

In view of the fact that the questionnaire may have aroused some emotions, the students were told to feel free to contact the researchers (through telephone numbers and addresses provided to the students) for questions, counselling and/or psychotherapy, or alternatively, any psychologist, psychotherapist or counsellor available. Moreover, it was also agreed with the Department of Education that the results of the research should be made available to them for use in planning preventive health care services in the province.

The administration of the whole questionnaire was completed within three weeks in March 1999. With respect to the health complaints, 'strongly so' was coded as 4, 'moderately so' as 3, 'barely so' as 2, and 'not at all' as 1. Among the likely taboo themes, the indicated taboo themes were coded as 3, the controversial themes coded as 2, and the open subjects coded as 1. The results were analysed using the

computer Statistical Package for Social Science (SPSS). Descriptive Statistics and Correlation (Pearson) were the statistical methods used.

Results

Table 2 shows the item-means of the indicated health complaints of participants. The table shows that in their rank order, the most frequently reported health complaint was 'difficulty to swallow', followed by 'nausea' and by 'pressure/unpleasant feeling of fullness in stomach'.

Table 2 Item-mean scores of the participants on the possible health complaints. (The items are arranged in their mean score taboo-rank order. Minimum score is 1, and maximum score is 4.)

Rank Order	Health Complaint Items	N	Mean Score	Std Dev.
1	difficulty in swallowing	477	4	0.7
2	nausea	472	4	0.7
3	pressure/unpleasant feeling of fullness in the stomach	483	3	0.9
4	aching/stabbing or other pain in the chest	476	3	0.9
5	lack of energy	475	3	1
6	heartburn/sour burping/flatulence	473	3	1
7	feeling of weakness	480	3	0.9
8	excessive need of sleep	473	2	1.1
9	sweating	478	2	1.1
10	sensitivity/irritability	478	2	1
11	dizziness	481	2	1
12	over-sensitivity to cold	479	2	1
13	brooding	471	2	1
14	ache in the shoulders/stiff neck	476	2	1
15	restlessness in legs	478	2	1
16a	agitation or restlessness	475	2	1
16b	heaviness/gravity/tiredness in legs	475	2	0.9
18	backache	476	2	0.9
19	sleeplessness (insomnia)	478	2	1
20	trembling/shaking	476	2	0.8
21	loss of weight	483	1	0.9
22	a choking feeling and narrowness/lump in the throat	477	1	0.8
23	short of breath (dyspnea)	477	1	0.7

Table 3 shows the item-means of the reported taboo themes in the families of respondents. The table shows that in their rank order, the most frequently reported taboo theme was 'homosexuality', followed by 'tattoos/piercing', and by 'abortion'. The least tabooed theme is 'existence of God'.

Table 4 shows the additional taboo themes or areas reported by the participants. The table shows that in the column for 'Additional 1', and in their rank order, the most frequently reported taboo theme was 'supernatural/ religious matters' (N=53), followed by 'sexual matters' (N=46) and by 'criminality' (N=38). In the column for 'Additional 2', in their rank order, the most frequently reported taboo theme was 'sexual matters' (N=52), followed by 'criminality' (N=21), and by 'social problems (in general)' (N=19). In the column for 'Additional 3', in their rank order, the most frequently reported taboo theme was 'social problems' (N=34), followed by 'sexual matters' (N=31), and by 'school matters' (N=9). Therefore, 'sexual matters' was reported among the first three in each case.

A correlation (Pearson) analysis between the scores of the participants on taboos and that of their health complaints shows that there is a positive (significant) correlation between the two (N = 523, r = 0.288, $p < 0.01$).

Table 3 Item-mean scores of the participants on the possible taboo themes. (The items are arranged in their taboo-rank order of mean scores. Minimum score is 1, and maximum score is 4.)

Rank Order	Likely Taboo Items	N	Mean Score	Std Dev.
1	Homosexuality	337	2.28	0.88
2	Tattoos/piercing	391	2.15	0.90
3	Abortion	345	2.11	0.93
4	Premarital sexual intercourse	375	2.06	0.90
5	Drugs (joint, ecstasy)	366	2.05	0.90
6	Breaking off school	361	2.04	0.90
7a	Thoughts of suicide	350	2.03	0.93
7b	Interest in sects	316	2.03	0.93
9	Violence in the family	359	2.00	0.89
10	Contraceptives	364	1.98	0.91
11	Sexual harassment	337	1.98	0.91
12	Aggressive behaviour	384	1.97	0.83
13	Sexual fear	367	1.96	0.91
14a	Illegitimate children	346	1.92	0.89
14b	Smoking	401	1.92	0.89
16	Sexual molestation	360	1.92	0.93
17	Alcohol	392	1.89	0.85
18a	Psychotherapy	353	1.87	0.89
18b	Criticizing parents	375	1.87	0.83
18c	Menstruation/periods	342	1.87	0.93
21	Sex education	412	1.85	0.93
22	Poverty	350	1.80	0.88
23	Parents lack time	351	1.78	0.86
24	Fear/ anxiety	378	1.74	0.88
25	Other political opinion than that of parents	349	1.69	0.86
26	Withdrawal from religious instruction	349	1.66	0.87
27	Not participating in household chores	390	1.65	0.73
28	Immigrants	342	1.63	0.85
29a	Owning weapons	396	1.61	0.83
29b	Girl friend/boy friend	426	1.61	0.83
31	Unemployment	360	1.59	0.84
32	Death/dying	399	1.58	0.85
33	Past war experiences of grand parents	369	1.56	0.84
34	Physical affection within family	399	1.49	0.79
35	My idea of free time	422	1.38	0.66
36	Bad results at school	441	1.35	0.62
37	Existence of God	441	1.3	0.63

Table 4 Item-mean scores of the participants on their added taboo areas/themes

Taboo Area/Themes	Additional 1		Additional 2		Additional 3	
	N	%	N	%	N	%
sexual matters	46	8.7	52	9.8	31	5.9
criminality	38	7.2	21	4	5	0.9
supernatural/religious matters	53	10	7	1.3	1	0.2
social problems (in general)	14	2.6	19	3.6	34	6.4
school matters	14	2.6	15	2.8	9	1.7
interpersonal problems	7	1.3	5	0.9	2	0.4
family problems	2	0.4	4	0.8	1	0.2
emotional problems	1	0.2	-	-	-	-
mutilation	-	-	-	-	1	0.2
physical disability	1	0.2	-	-	-	-
none	353	66.7	406	76.7	445	84.1
Total	529	100	529	100	529	100

Discussion

Difficulty to swallow, nausea, and pressure or unpleasant feeling of fullness in the stomach (in the absence of any physical disorder causing them) are considered to have a psychological origin. Since taboo themes are things one should not say or talk about, the participants who complained about them may have had a lot of things (topics they would have loved to discuss in their families) 'bottled up' in them (as taboos in their families). This is also confirmed by the fact that the correlation between the scores of the participants on health complaints and on taboos is slightly significant. This does not, however, imply any cause–effect relationship. An operational (subjective) explanation of the variation is that taboos in families create an atmosphere (disposition) which is conducive to the development of health problems among children in the family.

Homosexuality (just like heterosexual relationships) is a sexual orientation that people need to be well informed about before deciding on their choices. Homosexuality, as a taboo theme, has been associated with the spread of HIV (Leiner, 1994). This indicates that the taboo against this sexual orientation may be an obstacle to the spread of information on the pros and cons of such orientations, which may prevent the respondents from taking precautions where necessary (e.g. using condoms as a preventive measure against HIV/AIDS). Extensive knowledge about the different sexual orientations is also necessary for the youth, so as to prevent undesired and possibly regrettable future sexual behaviour. An undesired sexual habit may lead to many psychological problems, like stress (Suliman, 1983; Frye & D'Avanzo,1994), depression, anxiety, psychosexual dysfunctions and life dissatisfaction.

Taboo against tattoos or piercing would also, most likely, expose an uninformed or ill-informed person to some health dangers. It requires proper awareness of how it is done, how it can be removed when desired, its hygienic and medical implications, and social stigmas associated with it before one decides on it. It is therefore necessary for the youth, especially, to feel free to talk about it in the family, so that the parents can also air their views about it. That would be better than leaving the young person to his or her fate and rely on peer group ideas and pressure.

The abortion taboo, similar to that of homosexuality, and of sexuality in general (Kisekka, 1990), can also lead to stress, fear and anxiety (Koberle, 1974) and to misconceptions about abortion. The abortion taboo can also force a young girl to give birth to an unwanted child, which may in turn lead to child abandonment, child maltreatment, an increase in the number of street children and many other social evils. Some young girls, because of fear of what their parents would do if they knew about their pregnancy, resort to unsafe methods of abortion, thereby endangering their health or lives. Some who survived such abortions end up being infertile thereafter.

The additional taboo areas mentioned by the participants reemphasized sexual matters, criminality and other social problems as taboo areas that need to be looked into and checked. As already mentioned above, sexuality as a taboo has been associated with stress (Kisekka, 1990) and fear and anxiety (Koberle,1974). Similarly, many social problem taboos have health consequences. For example, the alcohol abuse taboo has been associated with psychological ravages and symptoms (Suliman, 1983); the injection taboo, with an increase in drug abuse (Power *et al.*, 1995); the incest taboo, with childhood sexual abuse and its health consequences (Kraemer, 1988; Goodwin,1988); and sexual and aggressive humour taboo, with violence and the resultant physical and emotionally adverse effects (Kuhlman, 1985).

For adolescents to have courage to discuss such taboo themes with their parents/guardians or to talk about it openly in the family, there should be an atmosphere of trust and confidence between the members of the family. Where children do not trust their parents or live in fear in the family, the children will not feel free to talk about such tabooed topics.

There are some limitations in this study. Only the Std 9 and 10 pupils (Grades 11 and 12) in three schools were used as participants. The participation of children in lower classes (in both primary and high school levels) would have given a wider picture of the situation in the province. Also, other family members (e.g. parents and siblings) were not involved in the study. It is recommended that these limitations be remedied in future studies.

Conclusion

Bearing in mind that taboo themes in families can have many adverse health consequences, we call for intensified efforts on sex education (including gender orientation education) and guidance/counselling/life-skills programmes designed to encourage open discussions on taboo theme (especially homosexuality and lesbianism, tattoos or piercing, and abortion) among family members. These efforts, however, should be coupled with programmes to promote trust and confidence among family members and would also make the work of school teachers involved with health and social education easier.

Acknowledgment

We thank the Department of Education of the Northern Province (South Africa) and the principals, teachers and students of the schools, who participated in this study, for their support and co-operation. We also thank the University of the North for the support given to us.

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