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A STUDY OF THE AETIOLOGY OF ENDOMETRIOSIS BASED ON HOMOEOPATHIC CASE TAKING INTERVIEWS

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A DISSERTATION SUBMITTED TO THE FACULTY OF HEALTH SCIENCES, TECHNIKON WITWATERSRAND, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE: MASTER IN TECHNOLOGY: HOMOEOPATHY.

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DECLARATION

I, Leigh Panovka, declare that this dissertation is my own work. It is being submitted for the degree of Master in Technology: Homoeopathy at the Technikon of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination to this or any other University or Technikon.

LEIGH PANOVKA

30th day of September 2000
To all those women who have suffered from endometriosis and to all those who have supported them.

To all those women who shared their life stories with me to make this study possible.

To my family and friends.

And always to my husband, Brian.
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Mike van Niekerk and Lance Rudolph, for so kindly helping me through their expert knowledge of computers.
ABSTRACT

The purpose of this study was to gain a better understanding of women who suffer from endometriosis in an attempt to discern the cause of the disease. The way in which this understanding was achieved was through interviews, which were based on a model of a typical homoeopathic case taking interview.

The information given by each woman in the interviews was analysed and compared in an attempt to find common themes that exist between the women. These common themes were scrutinised to see if they were acting as sole or contributory factors in the causation of endometriosis.

A number of pre-existing theories regarding the cause of endometriosis have been given but none have been proven. These theories were re-examined in light of the information revealed in the homoeopathic based interviews.

The interviews revealed a certain type of personality, verifying previous research into endometriosis with regards to a specific personality type. Furthermore a particular type of childhood stress was seen to exist in most of the women interviewed.

Supported by information in the literature review, it is seen how stress impacts on the emotional being, immune system, spiritual and energy systems of the body and how the combined effect on these systems may result in endometriosis. The homoeopathic theory of miasms offers an explanation of the nature and origin of endometriosis, as well as its relationship to stress.

This study offers a holistic view of the aetiology of endometriosis through the understanding of the interrelationship of the above mentioned factors.
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GLOSSARY

**Allergen:** An antigenic compound that produces a hypersensitivity response (Martini, G-6).

**Allopathic:** Relating to allopathy (Stedman’s, 34).

**Allopathy:** A therapeutic system in which a disease is treated by producing a second condition that is incompatible with or antagonistic to the first (Stedman’s, 34).

**Antibody:** A globular protein produced by plasma cells that will bind to specific antigens and promote their destruction or removal from the body (Martini, G-8).

**Antigen:** A substance capable of inducing the production of antibodies (Martini, G-8).

**Autoimmune:** Immune system sensitivity to normal cells and tissues, resulting in the production of autoantibodies (Martini, G-9).

**Benign:** Denoting the non-malignant character of a neoplasm (Stedman’s, 120).

**Bulla:** (pleural bullae) A large vesicle appearing as either a circumscribed area of separation of the epidermis from the subepidermal structure, or as a circumscribed area of separation of epidermal cells caused by the presence of serum, sometimes mixed with blood, and occasionally caused by a substance injected intra- or subepidermally (Stedman’s, 143).

**Contact inhibition:** Cessation of replication of dividing cells which come into contact, as in the centre of a healing wound (Stedman’s, 515).

**Cranium:** The skull bones that surround the brain (Martini, G-14).

**Cytoplasm:** The material between the cell membrane and the nuclear membrane (Martini, G-14).

**Diencephalon:** A division of the brain that includes the epithalamus, thalamus and hypothalamus (Martini, G-15).

**Fallopian tube:** A tube from each ovary to the side of the fundus of the uterus, through which the ova pass (Stedman’s, 1057).

**Follicle:** A small secretary sac or gland (Martini, G-18).
**Follicle stimulating hormone:** A hormone secreted by the anterior pituitary; stimulates oogenesis and spermatogenesis (Martini, G-18).

**Fossa:** A shallow depression or furrow in the surface of a bone (Martini, G-18).

**Fundus:** The base of an organ (Martini, G-18).

**Gametes:** Reproductive cells (sperm or eggs) that contain one-half of the normal chromosome complement (Martini, G-18).

**Hypothalamus:** The floor of the diencephalon; region of the brain containing centres involved with the unconscious regulation of visceral functions, emotions, drives and the co-ordination of neural and endocrine functions (Martini, G-21).

**Infundibulum:** A tapering, funnel shaped structure; in the nervous system, refers to the connection between the pituitary gland and the hypothalamus; the infundibulum of the uterine tube is the entrance bounded by fimbriae that receives the ova at ovulation (Martini, G-21).

**Luteinizing hormone:** Anterior pituitary hormone that in the female assists follicle stimulation hormone in follicle stimulation, triggers ovulation and promotes the maintenance and secretion of the endometrial glands; in the male, stimulates spermatogenesis; also known as interstitial cell-stimulating hormone (Martini, G-24).

**Lymph:** A transparent, sometimes faintly yellow and slightly opalescent fluid that carries varying numbers of white blood cells (chiefly lymphocytes) and a few red blood cells, is collected from the tissues throughout the body, flows in the lymphatic vessels (through the lymph nodes), and is eventually added to the venous blood circulation (Stedman’s, 584).

**Mediastinum:** Central tissue mass that divides the thoracic cavity into two pleural cavities; includes the aorta and other great vessels, the oesophagus, trachea, thymus, the pericardial cavity and heart, and a host of nerves, small vessels and lymphatics (Martini, G-24).

**Meiosis:** Cell division that produces gametes with half of the normal somatic chromosome complement (Martini, G-24).

**Neoplasm:** A tumour, or mass of abnormal tissue (Martini, G-26).

**Neuropeptides:** Any of a variety of peptides found in the neural tissue (Stedman’s, 690)

**Oocyte:** A cell whose meiotic divisions will produce a single ovum and three polar bodies (Martini, G-27).
Oogenesis: Ovum production (Martini, G-27).

Ovum/ova: A gamete produced by the female reproductive system; an egg (Martini, G-27).

Pituitary Gland: The ‘master gland’ situated in the sella turcica of the sphenoid bone and connected to the hypothalamus by the infundibulum; includes the posterior pituitary and the anterior pituitary (Martini, G-29).

Plasma cell: Activated B cells that secrete antibodies (Martini, G-29).

Polar body: A non-functional packet of cytoplasm containing chromosomes eliminated from an oocyte during meiosis (Martini, G-29).

Psychogenic: Of mental origin or causation (Stedman’s, 844).

Sella turcica: A saddle-like prominence on the upper surface of the sphenoid bone, situated in the middle cranial fossa and dividing it into two halves (Stedman’s, 917).

Sonography: location, measurement, or delineation of deep structures by measuring the reflection or transmission of high frequency or ultrasonic waves (Stedman’s, 1066).

Sphenoid: Wedge shaped (Stedman’s, 944).

Spermatogenesis: Sperm production (Martini, G-32).

Urethritis: Inflammation of the urethra (Martini, G-35).

Vasospasm: Contraction of a wall of a blood vessel at an injury site, a process that may slow the rate of blood loss (Martini, G-35).

Viscera: Organs in the ventral body cavity (Martini, G-36).

Visceral: Pertaining to viscera or their outer coverings (Martini, G36).
1.0 INTRODUCTION

1.1 Objectives

The purpose of this study is to gain a better understanding of women who suffer from endometriosis in an attempt to discern the cause of the disease.

Endometriosis is defined as the “presence and growth of endometrial tissue outside of the uterine cavity” (Rodrigues et al, 32). Endometrial tissue consists of endometrial cells, which are the cells that form the inner lining of the uterine cavity. The endometrial cells found outside the uterine cavity are benign, but they behave like a localised cancer (Rodrigues et al, 32).

Knowledge and understanding of this disease is essential as it affects two to three percent of the female population and is responsible for many social problems. Such social issues include infertility and increased chance of miscarriage, the undesirable side effects of the allopathic medication used to treat the disease, decreased work productivity and breakdown of marriages (Breitkopf, 7).

When considering the negative impact that endometriosis has on the women who suffer from the disease as well as on society as a whole, it is clear that an understanding of the cause of endometriosis is essential. It is important that the cause of the disease be understood so that preventative or curative measures may be undertaken to help women suffering from the disease. There are some theories of the cause of the disease but none have been proven (Breitkopf 53).

The methodology employed in this study in an attempt to identify the aetiology of endometriosis, involved the use of interviews based on a model of a typical homoeopathic interview. Sixteen women have been interviewed, fifteen of whom have had their endometriosis diagnostically confirmed through laparoscopic techniques. A laparoscopic procedure is the only way to make a definitive diagnosis of endometriosis. However characteristic symptoms of the disease, an internal examination and sonography are important methods of making a differential diagnosis of endometriosis. A gynaecologist, who is experienced in the field of endometriosis, will feel confident in making a diagnosis of endometriosis, using his or her clinical skills in conjunction with sonography if the characteristic findings of endometriosis are present. The remaining woman, who has not had her endometriosis confirmed through a laparoscope, has been given the diagnosis by a gynaecologist who is a specialist in the field of endometriosis.
The women interviewed are between the ages of twenty and forty-one years old.

The questions in the interview used in this study enquire into the individual’s general, local, mental and emotional symptoms ensuring that a holistic understanding of each person is reached.

The information that was gained from the interviews was reorganised, so that each individual’s answer is placed under the same question. This format assisted in the analysis of the information so that common themes that exist between the women interviewed could be identified.

The interview is one of the oldest ways of attempting to evaluate personality. Getting the person to talk about their personal experiences assesses individual’s feelings and attitudes. The interviewer not only records what the person says but also regards more intangible information such as the individual’s mannerisms and level of discomfort in relation to various topics (Morgan, 358).

From the information obtained the interviewer attempts to reconstruct a picture of the person’s major motives, sources of conflict, modes of adjustment and any patterns with which the individual deals with the events in their life (Morgan, 358).

A limitation of this study is inherent in the interview type question, in that it is difficult to know if the information that a person reveals about himself or herself is accurate with regards to what that person thinks about themselves (Ross, 493).

Sigmund Freud offered an explanation of why given information may be inaccurate. He believed that people kept certain thoughts, impulses or memories from awareness by repressing them, as a defence mechanism. Repression acts as a defence mechanism because such thoughts, impulses or memories create anxiety if the individual recalls them (Goleman, 119). Painful moments are repressed in order to ease the burden of mental anguish (Goleman, 113).

Another problem that may occur in an interview, is when the individual reveals the facts about a situation but they are unable to recall how they feel about that situation. This defence mechanism is called isolation. Isolation involves a partial blanking out of an experience, so that the unpleasant event is not repressed, but the feelings that it evokes are. Attention fixes on the facts while blanking out the related emotions (Goleman, 121).
The literature review regards information concerning pre-existing theories of the causes of endometriosis. Some of these pre-existing theories involve stress and personality type and the impact that they have on immune system function.

These topics are investigated in the literature review because of the nature of the information that was gathered from the interviews.

In section 2.0 a summary of each of the woman's interviews is given so that the essence of each woman and her experiences may be gained.

In section 3.0 the themes that were seen to be common amongst the women interviewed are presented.

In section 4.0 these common themes are analysed so that an understanding of the common themes may be ascertained.

In section 5.0 the consolidation of the findings are given so that an overall sense of both the disease and its possible aetiologies may be gained.

1.2 Literature Review

1.2.1 The Homoeopathic Interview

The goal of the homoeopathic interview is to acquire as complete an understanding as possible of the individual being interviewed. This is done in an objective manner without prejudice or preconceptions. To achieve this goal the interviewer needs to accumulate enough information from the person, which will result in a totality of their symptoms, thus giving the interviewer a sense of the individual as a whole. This information is obtained through observation, listening to what is both spontaneously offered by the individual as well as what is answered in response to specific questions and finally through a physical examination of the individual (Eizayaga, 131).

A diagnosis of an organic lesion, local or general illness or a psychological disorder can then be made from the information obtained in the interview (Eizayaga, 132).

The format of the interview used in this study has been built upon the foundation of such a homeopathic interview. However the difference lies in that a diagnosis does not need to be made in that all the women interviewed have already been pre-diagnosed with endometriosis.
The goal of the interviews in this study is to acquire as much information as possible about each woman so that she may be compared in a like fashion to the other women who are interviewed so that a holistic appreciation of the women with endometriosis may be reached. It is through such an understanding of these women with endometriosis that insight may be gained about the disease. Depending on the nature of such insight, methods of prevention, treatment or cure may be ascertained.

1.2.2 Endometriosis

The female menstrual cycle can be divided into three distinct phases, namely the preovulatory or follicular stage, the ovulatory phase and the postovulatory or luteal phase.

The preovulatory stage extends from the first day of menstruation until the day ovulation occurs. During the first half of the preovulatory stage, FSH (follicle stimulating hormone) is released from the anterior pituitary gland. The FSH results in the maturation of between three and thirty follicles, which consist of oocytes and their surrounding cells. Generally only one of these follicles will reach maturity.

The rising level of FSH causes the level of LH (luteinizing hormone) to increase. Oestrogen is slowly released from the ovaries during this phase, until the maximum level is reached which coincides with ovulation. The level of oestrogen governs the level of LH and FSH. As oestrogen levels rise so do LH levels but FSH levels fall. Progesterone levels begin to increase just before ovulation occurs.

The ovulatory stage is marked by a massive release of LH from the pituitary gland. The LH is responsible for causing the release of the ovum from the mature follicle. When the maximum level of LH is reached oestrogen levels begin to fall but progesterone levels continue to rise.

The third stage is the postovulatory stage or luteal phase, so called because cells of the follicle reorganise themselves after ovulation to form the corpus luteum. The corpus luteum supports the released ovum by secreting progesterone. As progesterone levels rise, the level of LH and FSH fall (Merck manual, 1762-1763).
If fertilisation does not occur the corpus luteum degenerates causing the levels of oestrogen and progesterone to fall and the endometrial lining to break down resulting in menstruation. Levels of FSH begin to rise again due to a negative feedback loop associated with low levels of oestrogen. Bleeding continues until rising levels of FSH, LH and oestrogen stimulate the repair and regeneration of the endometrium (Martini, 942).

The endometrial tissue occurring outside of the uterine cavity, in endometriosis, consists of the same cells as the cells that line the uterus, namely endometrial cells.

Despite the different location of the endometrial cells making up the endometriosis, the response to the hormones of the female menstrual cycle is the same (Breitkopf, 34). Endometriosis requires oestrogen to proliferate. Some women with endometriosis may have oestrogen dominance, where oestrogen is out of balance with progesterone (Mills, 207). It is thought that the endometrial implants may be contributing independently to their growth by having an oestrogen supply of their own. This explains why some women do not respond to hormonal treatment for their endometriosis, which is aimed at inhibiting ovulation and thus decreasing oestrogen in the body (Mills, 26).

Like the endometrial cells lining the uterus, the implants, in most cases, thicken, grow and bleed each month. Unlike the uterine endometrial cells, the endometrial tissue outside of the uterine cavity cannot leave the body through the vagina when menstruation occurs.

Instead, the monthly bleeding produces implants of greater and greater size that form knots and webs of clotted blood and tissue, known as adhesions, growths or cysts (Breitkopf, 34).

It is these adhesions that are largely responsible for the symptoms of endometriosis namely:

- Painful menstrual periods (dysmenorrhoea). The disease may progress to the point where pain is experienced throughout the menstrual cycle (Breitkopf, 34).

- Pain experienced during intercourse (dyspareunia). This results if the uterus becomes rigidly fixed by adhesions (Breitkopf, 35).

- Pain while passing urine or stool This occurs if adhesions develop on the bladder or bowel wall respectively (Breitkopf, 35).
• Blood in the urine (haematuria) or stool may occur during menstruation. This occurs if endometrial cells penetrate the bladder or rectum wall (Rodrigues et al, 33).

• Abdominal pain, swelling, nausea and vomiting during menses (Rodrigues et al, 33).

• Infertility. This may result from a single factor or a combination of the following factors:
  Adhesions that block the fallopian tubes so that the ovum cannot descend down the fallopian tube.
  Failure to ovulate (Breitkopf, 35).
  Environmental changes that occur in the pelvis resulting in a thickening in the ovum.
  Changes in the fluid of the fallopian tubes, uterus and cervix.
  Autoimmune disease may play a role in infertility by producing antibodies. These antibodies affect the mucous that lines the cervix and they destroy the sperm so that fertilisation is inhibited (Rodrigues et al, 35).

• In rare cases endometriosis can spread to other organs. The resulting symptoms are dependent on the organ in which the endometrial implants exist (Rodrigues et al, 33).

1.2.3 Hereditary factors and Miasms

Research concerning the hereditary nature of endometriosis has revealed that a sister or the mother of a patient with endometriosis is seven times more likely to have the disease (Rodrigues et al, 35). Even though genetic links have been found to occur, one family member who has endometriosis does not act as a guarantee that another member of that family will develop endometriosis. This is because one’s personality, belief system and diet play an important role in the development of the disease (Northrup, 166).

Samuel Hahnemann, the founder of homeopathy, believed that there was a common denominator that lay at the root of all chronic disease. This common denominator of all chronic disease is thought to be a deep-seated, invisible weakness that predisposes a person to chronic illness. He termed this weakness, miasm (Vithoulkas, 38).
In accordance with homoeopathic philosophy, endometriosis is regarded as a chronic disease. Chronic diseases are more insidious and destructive than acute diseases. Furthermore they occur over a longer period of time, compared to an acute disease, which is usually self-limiting and brief (Vithoulkas, 38).

Samuel Hahnemann believed that miasms are transmitted from one generation to the next. It is thought that children inherit from each parent certain sensitivities in particular organs according to the miasm that they have inherited. If a child demonstrates symptoms of disease, those symptoms will be representative of one of the parent’s disorders or a combination of both of the parents’ disorders (Vithoulkas, 44).

Miasms can also be acquired as opposed to being inherited in one’s life through vaccinations and the powerful drugs often prescribed by allopathic practitioners (Vithoulkas, 47). Furthermore one’s experiences have an impact on the development of a particular miasm. ‘Unnatural or unhappy surroundings are extremely dangerous to the vital energy of the individual’ (Robert’s, 201).

Miasms are destructive to both the mind and body; they debilitate the individual, deform the body, dull the intellect and cause emotional disturbances (Robert’s, 187).

Each miasm has its own unique set of characteristic symptoms that define it. It is important to identify the totality of a person’s symptoms in a detailed homoeopathic interview so that the miasm or miasms present can be classified accordingly (Vithoulkas, 46).

Miasms may go into periods of remission in which the characteristic symptoms of that miasm are not recognisable in their usual form. The miasm is then said to be in a latent state but still produces certain idiosyncratic symptoms (Robert’s, 203).

The three main miasms that have been identified are psora, sycosis and syphilis. The tubercular miasm is a combination of psora and syphilis and the cancer miasm is a combination of the three main miasms (Eizayaga, 307).

The psoric miasm is characterised by sensational as opposed to structural changes, the syphilitic miasm results in ulceration and destruction of tissue and the sycotic miasm produces infiltration and overgrowth of tissue (Robert’s, 237).
The Psoric Miasm

This miasm is regarded as the fundamental miasm underlying the majority of chronic diseases. It is for this reason that psora has been called ‘the mother of all diseases’ (Vithoulkas, 43).

It has been found that there exists a relationship between this miasm and the multitude of plagues, which have been documented since the most ancient times (Robert’s, 185).

Diseases that result when the psoric condition is present are characterised by a lack of certain elements in the system or the inability to assimilate certain elements from food. Furthermore, psora results in a disturbance in the equilibrium of one’s health resulting in a hypersensitivity that is responsible for causing many functional disturbances in the individual (Robert’s 184).

The symptoms of this miasm are first made manifest on the skin in the form of an eruption that itches. It is the fact that the eruption itches that makes it an eruption of psoric origin (Robert’s, 186).

If the eruption is suppressed so that the manifestation no longer appears on the skin, the disease of psora has not been cured; the symptoms of psora have merely been suppressed or driven inwards (Robert’s, 185).

When psora is in a latent state the symptoms that are expressed are different to the symptoms that are expressed when psora is in its active state.

Only a slight shock to the system is necessary to activate the latent psoric miasm into an acute state (Robert’s, 203).

One of the strongest characteristic symptoms of psora when it is in its latent state is the mental condition. The individual’s mind is in a state of alertness, they are quick and active in their motions. A person affected by latent psora will work extremely hard for periods of time, which is followed by extreme exhaustion resulting in a desire to lie down and a repugnance for any further physical or mental activity.

Anxiety is another trademark of latent psora.

It is often extreme leading to fear and worry concerning many issues such as failure, ill health, loss of one’s independence and death.

Difficulty occurs with regards to concentration because of the activity of the mind, which causes a state of restlessness in the individual.

Moodiness is common, as is depression (Robert’s 203-205).
The Sycotic Miasm

The word sycosis is derived from the Greek word ‘fig’; an alternative name for sycosis is ‘fig wart disease’ (Robert’s, 183). The reason that sycosis has been called ‘fig wart disease’ is that sycotic skin manifestations tend toward overgrowth, some of which have the shape of figs (Robert’s, 236). In modern medical dictionaries sycosis has been defined as ‘Hahnemann’s term for the constitutional effects of the gonorrhoeal virus’ (Robert’s, 183).

The sycotic miasm has its roots in gonorrhoea, but it is important to understand the difference between the disease and the miasm. Gonorrhoea is the acute infection caused by *Neisseria gonorrhoeae*, which results in a urethritis. The urethritis sets in a few days after one has had sexual contact with an individual who is infected with *Neisseria gonorrhoeae*.

The sycotic miasm is established once the acute gonorrhoeal infection has been suppressed by medication. The suppressed gonorrhoea becomes a systematic miasm, permeating every living cell of the organism. The miasm is transmitted during sexual contact in the stage that it is currently manifesting in the diseased individual. Pregnant women also pass on the miasm to their unborn child in the state in which they are currently manifesting the sycotic miasm (Robert’s, 229).

The symptoms that are produced when the initial gonorrhoeal infection is suppressed and the characteristic symptoms of the sycotic miasm include anaemia, increased catarrh of the mucous membranes, inflammatory rheumatism, swelling in the groin and inflammation of the prostate gland. Diseases that are caused by the sycotic miasm are inflammatory in nature and are often accompanied by fevers (Robert’s 230).

The Syphilitic Miasm

This miasm has its origins in syphilis. After sexual contact with an infected person there is about a three week period in which the disease ‘takes hold’ of the constitution and no symptoms are apparent. The first sign that a person has syphilis is a hard, painless nodule, called a chancre that develops on some part of the body, usually the genital organs. The formation of the chancre is the body’s attempt to get rid of the disease. While the chancre remains on the surface of the body as an expression of the disease, no constitutional symptoms will appear (Robert’s, 208).

If the chancre remains undisturbed the individual may remain in this symptom free state for many years (Robert’s, 209).
As soon as the chancre is treated through local means, such that suppression occurs, the disease is driven inwards and it is then that the patient begins to suffer from the destructive disease that is syphilis.

The allopathic medical community has begun to investigate the protective nature of the chancre as recent medical research has shown that antibodies are produced by the chancre, which protect the individual from the disease (Robert's, 209).

If the chancre is suppressed, the body’s next line of defence is to produce an eruption. If the eruption is also suppressed through medication, the disease moves towards the more central aspects of the body where it attacks the weakest part of that individual (Robert's, 209).

Medical research has shown that syphilis is a hereditary disease. If a woman falls pregnant when she is demonstrating signs of early syphilis the foetus contracts the syphilis in this early stage and is usually stillborn. A less severely affected baby is born with vesicles, bullae, mucosal ulcers and disease of the bones, joints, liver, kidneys and other organs. In a third group the disease remains latent for years (Edwards et al, 185). Thus medical research has found that different stages of congenital syphilis occur endorsing the theory of the syphilitic miasm with regards to the varying stages in which it exists and is passed on.

A child born to parents in whom the disease has been suppressed, will not be born with the initial chancre, for by this time the syphilitic miasm has become deeply ingrained in the parent’s system. The child like the parent will have symptoms characterised by the syphilitic miasm as opposed to the overt syphilitic disease (Robert's, 209).

There are many characteristic constitutional symptoms of the syphilitic miasm such as deformities, chronic catarrhal conditions of the nose and throat, malformations of the teeth and the bony structure, ulcers and many others (Robert’s 210).

The characteristic mental symptom of latent syphilis is intellectual dullness. On an emotional level they are usually stubborn, sullen, morose, suspicious and depressed. They may develop fixed ideas that are not eradicated by talking about them. They like to be alone, yet desire to escape from themselves as well as from others. Problems with memory occur, in that they lose track of their thoughts (Robert’s, 210).
The Tubercular Miasm

If the syphilitic miasm becomes grafted on to a psoric base, a new set of symptoms are established which characterises the complicated miasm that is known as the tubercular miasm (Robert’s, 210).

Since the tubercular miasm is a combination of syphilis and psora the individual’s symptom complex will be made up of symptoms from both of these miasms. This symptom complex usually consists of the subjective symptoms of psora and the pathological and destructive changes that are typical of syphilis (Robert’s, 218).

The pre-tubercular condition is more synonymous with the psoric miasm whereas the tubercular disease where the structure of the lungs is affected is due to the influence of the syphilitic miasm (Robert’s, 220).

The structural changes of the tubercular diathesis are seen in a narrow and shallow chest wall. When the tubercular miasm is present there do not necessarily have to be structural changes in the lung itself, very often there is less residual air in the lungs and a decreased lung capacity. If structural changes do occur difficulty with breathing and aversion to fresh air are the usual consequences (Robert’s, 219).

The Cancer Miasm

As has already been stated this miasm exists when all the other miasms are found in the same individual. The actual cancerous tumour is the culmination of the precancerous condition. The hyperplasia of sycosis and the destructive element of the syphilitic miasm are seen in the cancer miasm (Eizayaga, 307).

The psyche of an individual in which this miasm is present is dominated by obsessive irrelevant thoughts, fear of developing cancer as well as a preoccupation with regards to one’s health (Eizayaga, 307).

Physically the individual experiences indefinite and intermittent pains. There is marked tiredness that is out of proportion with the degree of exertion (Eizayaga, 307).
1.2.4 Pre-existing theories of the causes of endometriosis

Endometriosis and diet

A deficient intake of vitamins and minerals will have a negative impact on one’s immune system. These levels may be low either due to an imbalance in the diet or a compromised digestive system (Mills, 146).

The digestive system may become impaired through long term treatment with antibiotics and steroids, which disrupt the gut lining and may lead to endometriosis due to an inability to absorb nutrients. It is believed that the resulting nutritional deficiency renders the body incapable of dealing with excess oestrogen, which is responsible for the proliferation the endometrial cells which occur outside of the uterus (Mortimore, 189).

Excess oestrogen may occur in the body due to the food that is eaten. Some foods contain chemicals that are converted within the body into compounds, which have an oestrogen like effect. Such compounds are called xeno-oestrogens. These harmful substances include pesticides and phthalates, which is a group of compounds that migrates from plastic wrappings and leak into the food. These compounds have a detrimental effect on the female reproductive system (Mills, 192).

Prostaglandins are oil based hormones found in nearly all tissue in the body and are required for many physiological processes. In women they play a role in ovulation, regression of the corpus luteum (ending the monthly cycle), sperm motility, immune interactions, contractions of the uterus during labour and they cause menstrual cramps. They are derived from essential fatty acids through a series of physiological processes (Mills, 51).

In order for essential fatty acids to be converted into prostaglandins the nutrients magnesium, vitamin B6, zinc, biotin and folic acid are needed in sufficient quantities (Mills, 56).

The endometrial cells lining the uterus secrete prostaglandins. If a woman has endometriosis, prostaglandins are released from the endometrial implants into the abdominal cavity (Mills, 68).

The release of prostaglandins from the endometrial implants occur at a different time to the prostaglandins which are released from the endometrial cells lining the uterus. This variation in timing results in mixed or crossed messages within the female cycle resulting in possible miscarriage in early pregnancy and increased difficulty in fertilisation due to increased contractions of the fallopian tubes and uterus (Mills, 68).
There exists three series of prostaglandins, namely series one, two and three. Series one and three prostaglandins have anti-inflammatory effects and series two prostaglandins have pro-inflammatory effects. Therefore it is important that our diet consists of food that will supply prostaglandins from series one and three and not two, since pain is caused by inflammation (Mills, 51/52).

Series one prostaglandins increase immune activity by helping the immune cells clean up the debris in the abdominal cavity. Furthermore they prevent blood cells from becoming sticky, decrease swelling in the body and improve nerve function (Mills, 55).

Balancing the pro-inflammatory and anti-inflammatory prostaglandins is important in managing the pain and some of the symptoms associated with endometriosis. Evening primrose oil helps to keep the correct balance between the three series of prostaglandins (Mills, 27).

Foods that supply series one and three prostaglandins are fresh nuts, seeds, good quality cold pressed oils and oily fish. The body needs daily supplies of vegetables and fish oils to produce series one and three prostaglandins (Mills, 51).

The balance of these prostaglandins depends on the quality of fats and oils that are consumed as well as one’s levels of zinc, magnesium, vitamin B6 and biotin, as these four nutrients are all involved in the metabolism of oils (Mills, 27). The best oils to use are cold pressed flax, fish, sunflower and almond (Mills, 57).

Metaplastic Theory

Metaplasia refers to an abnormal transformation of an adult, fully differentiated cell of one type into a different kind of cell (Steadman’s, 618). This theory suggests that the cells lining the abdominal cavity undergo a change to become endometrial cells due to increased levels of oestrogen (Breitkopf, 58).

Induction Theory

This theory, like the metaplastic theory, believes that the cells lining the abdominal cavity undergo a metaplastic change. However in this theory it is thought that the change occurs because of chemical substances introduced into the body from the external environment. This may occur when a woman undergoes abdominal surgery (Breitkopf, 59).
*Congenital Theory*

This theory suggests that endometriosis is a congenital condition that is present at birth. It is thought to develop as a result of female embryonic tissue that somehow remains outside of the uterus during foetal development. This theory would explain why some girls develop severe pelvic pain as soon as they start their menses. It does not however explain why some women only get pelvic pain when they have been menstruating for many years (Northrup, 167).

*Blood and Lymphatic Circulation*

Another theory of how endometrial cells make their way to the abdominal cavity is via the blood or lymphatic vessels that surround the uterus. It is thought that endometrial cells enter into one or both of these circulatory systems, during menstruation where they usually make their way into the abdominal cavity. However they may be transported to any area of the body which would explain the presence of endometrial implants in the lungs, nose or joints, where they have been seen to exist in some women (Mills, 25-26).

*Transplantation Theory or Retrograde Theory*

This theory proposes that not all the endometrial lining passes out of the vagina at the time of menses. It is thought that some of the endometrial cells flow backwards, through the fallopian tubes and into the abdominal cavity. This is known as retrograde bleeding and is regarded as being a normal physiological process, in that it occurs in most women (Breitkopf, 53).

*Immune System*

The immune system is made up of a complex network of cells that help protect the body from antigens, such as viruses and bacteria, those cells whose DNA (deoxyribose nucleic acid) has been damaged or cells which are found in the areas in the body where they are not supposed to be.

Amongst the most important immune cells are billions of lymphocytes, which are white blood cells that are made in the lymphatic system and circulate throughout the bloodstream (Comer, 396).

The three main types of lymphocytes are B-cells, T-cells and macrophages (Holford, 121).
When the body is exposed to an antigen, the lymphocytes become activated (Comer, 396). An efficient immune system fights off antigens using two different mechanisms of defence, namely humoral immunity and cellular immunity. The humoral immune system is made up of B-cells that produce antibodies which aid in the destruction of antigens. The cellular immune system is comprised of certain T-cells that attack the antigens directly (Martini, 726).

When B-lymphocytes come into contact with an antigen they secrete specific antibodies or immunoglobulins, which recognise and bind to the antigen (Comer, 396).

Antibodies help prevent infection by stopping bacteria from producing toxins and they prevent viruses from entering cells in the body, making it impossible for the viruses to replicate. The B-cells also activate the T-cells that are part of the cellular immune system (Holford, 121).

T-cells or T-lymphocytes are manufactured in the thymus gland, which is situated in the superior mediastinum and lower part of the neck. There are three kinds of T-cells: Helper T-cells (also known as T-helpers), T-suppressor cells and natural killer cells (also known as killer T-cells) (Holford, 123). Helper T-cells identify antigens and then multiply and trigger the production of killer T-cells. Killer T-cells seek out and destroy the cells that have been marked by the antigen (Comer, 396).

Helpers T-cells also help to activate the B-cells to produce more antibodies. The function of T-suppressor cells is to turn off the reactions once the ‘battle’ has been won (Holford, 123). When the immune system does not function adequately, T- Suppressor cell activity increases. Increased activity means a reduction in the immune response to both foreign cells as well as the body’s own cells. Thus T-suppressor cells will reduce the body’s ability to identify or destroy the endometrial cells situated in a foreign environment such as the abdomen (Rodrigues et al, 36).

Certain cells of the immune system act by completely engulfing and digesting the antigen that has been identified by the B-cells and helper T-cells. The action of engulfing the cells is called phagocytosis. The phagocytic cells that operate in the blood are called monocytes and those that operate in the tissues are called macrophages (Holford, 123). Macrophages are responsible for engulfing the endometrial cells that occur in any area outside of the uterus (Mills, 55). For macrophages to function efficiently vitamin B6 is required (Mills, 47).
It has been found that there exists an accumulation of macrophages and an increase in the volume of peritoneal fluid in the abdomen of women who have endometriosis.

The reason for the increased number of macrophages may be due to the chronic inflammation that exists in endometriosis. However these macrophages cause problems in that they release series two prostaglandins, which cause inflammation and exacerbate the pain (Mills, 55).

Besides secreting prostaglandins, they also secrete cytokines and interferon. Cytokines are thought to be responsible for both the inflammation and the cell proliferation that occurs with endometriosis. Interferon affects the energy output of the cells, resulting in feelings of fatigue (Rodrigues et al, 36).

There is an increase in a substance known as Transferring Growth Factor type beta, which is secreted from platelets and other immune cells in patients with endometriosis. These cells inhibit the Natural Killer cells and increase scarring and adhesion formation. They also promote new blood vessel formation that supplies the endometrial cells with a blood supply which is essential for their growth (Rodrigues et al, 36).

Problems in the humoral immune system also occur. Antibodies against endometrial tissue have been found in blood, cervical and vaginal secretions in women who have endometriosis. These antibodies can have an effect on fertility by damaging the uterine lining and by changing the environment of the cervical mucous resulting in destruction of sperm within the cervix thus inhibiting fertilisation from occurring (Rodrigues, et al, 37).

Today, more and more scientists are classifying endometriosis as an autoimmune disease, (Breitkopf, 61) which is a disease resulting from an immune reaction, produced by the individual’s leukocytes or antibodies, acting on the person’s own tissues or extracellular proteins (Stedmanns, 284).

Endometrial cells are found in almost one hundred percent of women in the pelvic area due to retrograde bleeding. These cells will rest in the ovarian, rectal and bladder regions, depending on the position of the fallopian tubes and the effect of gravity.

If these cells are not removed in time by the usual immune mechanisms then these cells will continue to develop in response to the hormones of the female menstrual cycle and endometriosis will develop (Rodrigues et al, 36).

It is in this way that an inefficient immune system and the presence of endometrial cells outside of the uterus (which may occur through retrograde menstruation or through the blood and/ or lymphatic systems) act together in the development of endometriosis (Breitkopf, 60-61).
1.2.5 Stress and the Immune System

When a person is in a situation which they perceive to be stressful, the brain notifies the body of the stress using three major systems of communication. The first of these systems is the voluntary nervous system, which controls the muscular system. The muscular system includes all of the skeletal muscles in the body that are under voluntary control. Of the approximately seven hundred skeletal muscles in the body, all but about ten are part of this system (Martini, 171).

The second system is the autonomic nervous system (ANS), which is comprised of the sympathetic and parasympathetic nervous systems. The sympathetic nervous system helps the body to cope in times of stress and the parasympathetic nervous system returns the body to its normal balance once the stressful situation has passed (Comer 392).

The neuroendocrine system is the third system that notifies the body of stress; it does so by means of hormonal communication (Rodrigues, 18-19).

Hans Selye proposed that people respond to stress in a three-stage sequential reaction, which he called the general adaptation syndrome. The stress response or general adaptation syndrome involves a series of neurophysiological changes in response to injury, the threat of harm, or life's minor ordeals (Goleman, 31).

This response is thought to be universal and occurs when one is faced with any kind of perceived threat whether it be physical or psychological (Goleman, 32).

The first stage of the general adaptation syndrome is called the alarm stage. It is set into motion when the brain activates the sympathetic nervous system (Comer, 392). In the resistance stage the parasympathetic nervous system attempts to counteract those responses that were activated by the sympathetic nervous system so that the body may return to a state of equilibrium. If however the exposure to the stressful situation is continuous, the resistance of the parasympathetic nervous system eventually fails. When the parasympathetic nervous system no longer functions, continual stimulation of the organs by the sympathetic nervous system results until the organs become overworked or break down. When the organs are over stimulated in this manner, the final stage is reached which is called the stage of exhaustion (Comer, 392).

Increased stress leads to increased stimulation of the sympathetic nervous system as well as the release of neurotransmitters throughout the body and brain. These neurotransmitters include norepinephrine (also known as noradrenaline) and epinephrine (also known as adrenaline) (Comer. 397).
Lymphocytes have receptor sites on their cell membranes for both epinephrine and norepinephrine. When these neurotransmitters bind to the receptors, the lymphocytes receive an inhibitory message to reduce their activity. It is in this way that stress results in a decrease in immune system functioning via epinephrine and norepinephrine (Comer, 397).

The pituitary-adrenal system forms part of the neuroendocrine system. When an individual is under stress the brain signals the hypothalamus to secrete a substance called CRF (cortico-releasing factor). CRF travels through a special gateway to the pituitary gland, where it triggers the release of ACTH (adrenocorticotropic hormone) and opioids, particularly the endorphins (Goleman, 32).

ACTH (adrenocorticotropic hormone) results in the release of cortisol from the adrenal glands (Guyton, 963). ACTH and endorphins have opposing effects, ACTH heightens attention and sensitises the nervous system to pain, while endorphins reduce attention as they soothe pain (Goleman, 35). Cortisol acts as an immune suppressant by reducing the level of T-helper cells, increasing the level of T-suppressor cells, inhibiting the production of natural killer cells and interferon, blocking the production of lymphocytes, shrinking the thymus gland and reducing progesterone levels (Mills, 151).

When the pituitary-adrenal system is over stimulated in times of prolonged stress certain organs may become damaged and psychophysiological disorders may ensue (Comer, 393).

When these hormones occur in the body in excess quantities, which happens when a person is under stress, they lead to damage of specific organs (Rodrigues et al, 19).

Two major types of stress have been characterised, namely distress and eustress, which result in two different physiological responses in the body.

Distress, is thought to be a bad type of stress. It is of a certain duration, intensity and nature as to cause physiological discomfort. The body recognises the stress and may respond with tension in an attempt to adapt to the stress. If the individual does not make a change to their current situation that is causing the stress, the initial tension continues until disease results (Rodrigues et al, 9).

Eustress, is thought to be a good type of stress. It is of a certain duration, intensity and nature which results in behaviour that enables the individual to successfully complete their task. It is the type of stress that is often, but not always, linked to success (Rodrigues et al, 9).
A common type of stress that individuals may experience occurs through the environment and is not necessarily self imposed (Rodrigues et al, 14).

This type of stress is not a learned stress, however it can become a learned stress. For a stress to become a learned stress it implies that the body responds in a stressful way to a situation that was previously not stress inducing (Rodrigues et al, 14).

The reason why eustress does not result in disease and that distress does is because each of the two different types of stress results in the release of different hormones (Rodrigues et al, 11).

Adrenaline is released in response to unknown stressors, which is associated with eustress while noradrenalin, which is associated with distress, is released in response to learned stressors (Rodrigues et al, 11). Noradrenaline is more problematic than adrenaline because it initiates the release of cortisol, which inhibits immune system function (Rodrigues et al, 19).

Stress and the effect that it has on the immune system are not the only factors that result in disease (Comer, 393). Genetic susceptibility to a predisposed disease and earlier functioning or malfunctioning of various organs or systems will also have an impact on immune system functioning (Rodrigues et al, 11). Mood, perceptions of control, social support and personality are other factors which will affect immune functioning in that they influence the way in which each person handles and perceives any given situation (Comer, 398).

1.2.6 Psychoneuroimmunology

This is a new science that further links stress and illness to the body’s immune system (Comer, 394). The basic presumption of this science is that our emotions and thoughts have a profound effect on our health because they have an impact on the immune, endocrine and central nervous system (Northrup, 19).

Psychophysiological disorders are illnesses that are caused by an interaction of physical and psychological factors (Comer, 388). According to some theorists certain needs, attitudes, emotions, and coping styles may increase one’s chances of developing psychophysiological disorders. It is believed that if one repeatedly over reacts to certain situations the stage will be set for psychophysiological dysfuctioning (Comer, 391).

Because the ANS is central to the stress response, defects in its function are believed to contribute to the development of psychophysiological diseases (Comer, 392).
It has been suggested that our bodies maintain a state of health through negative feedback loops. The brain receives information about the environment, processes that information and gives the appropriate commands to the necessary organs to cope with the external stressor (Comer, 390).

When the designated response has been carried out, a message will be sent from the involved organ back to the brain that the requested task has been carried out and that the brain should send no further stimulation to that organ regarding the said stressor. The proper operation of these negative feedback loops is essential to the maintenance of health. Problems at any point of a feedback loop would cause malfunctioning and thus result in the development of psychophysiological illness. Such problems involve excessive environmental stress, faulty information processing by the individual (overreactions to everyday events), organ malfunction or physiological feedback malfunctions (Comer, 390).

Extraordinary environmental pressures may put such stress on an individual that their negative feedback loops cannot function adequately. Three categories of such environmental stressors exist namely cataclysmic, personal and background stressors. Cataclysmic stressors are events that have a powerful and lingering negative effect on a whole population. Personal stressors are stressful events that most people will experience in a lifetime, such as loss of a loved one, illness and so forth. Background stressors are ongoing circumstances that produce persistent feelings of tension in the individual (Comer, 391).

Dr. Candace Pert, a neurobiologist, has proven that neuropeptides, which are the chemicals triggered by our emotions, are thoughts that have been converted into matter. Furthermore the cells that manufacture and receive emotional chemistry are found not only in the brain but also throughout the whole body, thus it has become impossible to separate the mind from the body. Sometimes the body responds to emotions and manufactures emotional chemicals even before the brain has registered that there is a problem (Myss, 35).

Our emotional energy is converted into biological matter through highly complex processes (Myss, 36). Every thought that we have travels through our bodies and activates a physiological response, via neuropeptides (Myss, 40). The thought first enters our systems as energy, which in turn initiates a biological response, which is stored in the cells as cellular memory (Myss, 40). Thus our emotional experiences become encoded into our bodies, so that the cells in our bodies reflect the same energy as the emotional experience (Myss, 35).
1.2.7 Personality

One definition of personality has been given as “the dynamic organisation within the individual of those psychophysical systems that determine his characteristic behaviour and thought.” (Allport, 1961)

In this definition the words ‘dynamic organisation’ refer to the idea that the characteristics of personality interact with and modify each other. ‘Psychophysical’, means that personality contains both mental and physical elements.

The word, ‘determine’, refers to the idea that personality is considered to be a cause of behaviour (Morgan, 364).

Each child is unique and the development of this individuality stems from a number of variables (Beadle, 256).

The major variables that influence the development of the personality are biological inheritance, cultural forces and experiences within one’s family (Morgan, 382).

**Biological inheritance**

An individual’s personality is not inherited but the predisposition to develop in certain ways is inherited.

The individual’s environment determines whether or not these predispositions will be fulfilled.

One’s inherited intelligence and aptitudes also have an influence on the development of one’s personality (Morgan, 382).

**Culture**

Culture has an impact on one’s experiences, conduct of behaviour and coping mechanisms.

It determines an individual’s way of behaving through its distinctive values and morals. Thus culture influences many of the characteristics of a person through the process of socialisation (Morgan, 383).

**Family**

In order to discover the source of an individual’s personality, the interaction between their biologically based capacities and the social conditions under which they live must be looked at (Ross, 246).
Family is the major factor in the socialisation of a child, through the specific training procedures and the atmosphere it creates (Morgan, 383). It is believed that there exist three states within all of us, called the ‘Parent’, the ‘Adult’ and the ‘Child’ (Harris, 18). These states offer an understanding of how personality develops in response to environmental influences.

The ‘Parent’

The ‘Parent’ is made up of a vast collection of information that consists of unquestioned or imposed external events taken in by a child in the first five years of their life (Harris, 19). This state is called the ‘Parent’ because the bulk of the information that forms this state is collected from one’s parents or caregivers. Everything a child hears their parents do or say is recorded in the ‘Parent’. Everyone has a ‘Parent’ because everyone experiences external stimuli in the first five years of life. Each individual’s ‘Parent’ is unique, as each person experiences unique external impressions as children (Harris, 19).

The data that is recorded by a child in the ‘Parent’ is taken in without editing because children do not have the ability to construct meanings with words, so they cannot explain, modify or correct the information they are receiving (Harris, 19).

A lot of the information that is recorded in the ‘Parent’ consists of rules and regulations, the ‘how to’ of life. Whether the information is good or bad, right or wrong, it is recorded as truth. The recordings that are made in the ‘Parent’ are permanent, they cannot be erased (Harris, 20).

The data stored in the ‘Parent’ has a powerful influence throughout one’s life. Much of this information learned in childhood forms a database of survival from which one may draw upon (Harris, 19).

Not only are the experiences that one has with one’s parents stored in the ‘Parent’, the transactions between one’s parents contributes enormously to the data stored in the ‘Parent’. Thus even if a mother and father are good to their child but not to one another, the information that will be stored in the ‘Parent’ will be weak or negative (Harris, 19/20).
The ‘Child’

While the child’s external experiences are being recorded as data known as the ‘Parent’, another set of data is being recorded simultaneously. This is the recording of internal experiences, which is what the young child feels in response to what is seen and heard. The emotions connected to the experiences are recorded in the ‘Child’, whereas the experiences themselves are recorded in the ‘Parent’ (Harris, 24).

Dr. Wilder Penfield, a neurosurgeon conducted a number of experiments which involved the stimulation of the temporal cortex of the brain with an electric current. The results of the experiment showed that memories from a person’s past could be elicited through such stimulation (Harris, 6/7). Not only were the past experiences elicited in this manner but so too were the emotions associated with those past incidences. Thus the event and the emotion associated with the event are inextricably locked together in the brain so that one cannot be evoked without the other (Harris, 6/7).

It is from this experiment that it is known that all events are recorded and stored in the brain. ‘Parent’ refers to the facts associated with the experience and ‘Child’ refers to the emotions associated with the data stored in the ‘Parent’ (Harris, 26).

Due to a child’s limited vocabulary at the time that the ‘Child’ and ‘Parent’ are being formed most of their reactions are feelings. Most of the feelings experienced by the child are negative. These negative feelings leave the child with a sense of inferiority, a feeling of ‘I am not OK’ (Harris, 26).

Recorded in the ‘Child’ are also all those positive experiences that occurred in their early years creating an ‘I am OK’ child. It is believed however that the negative experiences of a normal childhood outweigh the positive experiences resulting in the fact that everyone has an, ‘I am not OK’ child in them (Harris 27).

The ‘Adult’

The formation of the ‘Adult’ begins at about ten months of age when infants begin to move on their own and manipulate their environment to some small degree, as opposed to being helpless as they were in the preceding months of their life (Harris, 28).

‘Adult’ data accumulates as a result of the child’s ability to find out for themselves, the difference between the information in the ‘taught concept’ of life, in the ‘Parent’, and the information in the ‘felt concept’ of life, in the ‘Child’ (Harris, 30).
The 'Adult' develops a thought concept of life based on data gathering and data processing. Through the 'Adult', the child can begin to differentiate between the information stored in their 'Parent', which consists of life as it was taught and demonstrated to them and the data stored in their 'Child', which is life as they felt it or wished it to be.

The 'Adult' is also responsible for continually evaluating the information in the 'Parent' and 'Child' to check for validity depending on one's current circumstances. When a person uses their 'Adult', an understanding of certain emotions, which have been recorded in the 'Child', may be gained. While one might not be able to erase the recordings made in the 'Parent' or 'Child', the choice can be made to turn them off (Harris, 30).

Under sufficient stress, the 'Adult' can be impaired to the point that the emotions take over inappropriately. The boundaries between the 'Parent', the 'Adult' and the 'Child' become indistinct and fragile so that the person is reduced to the state of helplessness as experienced in their childhood (Harris, 33).

1.2.8 Personality and Immune System Functioning

Previous research has investigated whether or not there exists a certain personality type associated with women who have endometriosis. The findings of this research revealed a personality type that has been called 'time urgent perfectionism.'

Other personality types that are similar to the 'time urgent perfectionist' are the previously defined 'type-C personality' and the 'obsessive compulsive personality.'

'Time Urgent Perfectionism'

Human beings tend to overfunction when expectations exceed ability. Overfunctioning becomes even more draining on the body if an individual places excessive demands on themselves to perform quicker, with greater accuracy, with greater excellence and with greater magnitude. This is the essence of 'time urgent perfectionism': the perfectionism part is the desire to achieve with greater perfection and the desire to achieve this in the shortest possible time is where the urgency comes in. Stress is associated with such a personality type because the individual has time constraints, which are either self imposed or implemented by another individual, in which to achieve a desired task (Rodrigues et al, 13-14).

Time urgent perfectionism stress leads to stress associated with learned stressors (Rodrigues et al, 11).
**Obsessive-compulsive personality**

The diagnostic and statistical manual of American Psychiatric Association says that the behaviour of people with this personality type is characterised by excessive concern with conformity and adherence to standards of conscience. Consequently, individuals in this group may be rigid, over-inhibited, over-conscientious, over-dutiful and unable to relax easily.’ (Morgan, 416) It has been jokingly, if incorrectly said that this type of personality pattern characterises the successful graduate student or scientist (Morgan, 416).

**Type C personality**

People who have this type of personality deny negative emotions, fail to express anger, fear or sadness and score high on social conformity and compliance (Comer, 401).

**1.2.9 Chakra Theory**

It is postulated that all physical illness may be caused by emotional and spiritual stresses (Myss, 6). Certain emotional and psychological patterns precede certain types of illnesses as each organ and system in the body absorbs and processes specific emotional and psychological energies (Myss, 36).

It is thought that human beings have specific energy centres in their bodies. These energy centres unite one’s nervous system, endocrine system and emotions forming a connection between one’s energy anatomy and physical anatomy. It is believed that there are seven of these energy centres, which are called chakras. The chakra theory holds that each of the seven chakras are associated with a specific organ and affected by a particular emotional state (Northrup, 71).

**First Chakra**

The areas in the body that are postulated as being associated with this chakra are the base of the spine, rectum, hip joints, blood and immune system. If one has experiences that create feelings of insecurity in one’s environment, and in the world in general then the organs of this chakra are thought to be negatively affected.
This is because one’s sense of safety in the world is an emotional issue of the first chakra.
One’s sense of security is usually established in childhood.
If there are problems within one’s family, with one’s sexual identity or race the organs of the first chakra will be affected.
Such family issues include incest, physical abuse, emotional neglect or negative reinforcement about a child’s abilities or their position in the world (Northrup, 74).

The subject of security includes both the physical and psychological. Physical security relates to financial and material items, such as the things that one owns and the associated fear of losing them. Emotional security relates to a feeling of being safe in the world and thus the related fear of abandonment (Myss, 82).

Second Chakra

The areas of the body that are postulated as being related to this chakra are the pelvis and reproductive organs (vulva, vagina, uterus, cervix and ovaries) as well as the bladder and appendix (Myss, 74).
The uterus and the ovaries are thought to be the main organs in this chakra (Northrup, 82).
The emotional issues that are believed to have an impact on the organs of this chakra are the nature of one’s interpersonal relationships, levels of personal creativity and the individual’s sense of security (Northrup, 74-75).

Relationships, which are based on guilt, shame and a need to control and exert power over others, are assumed to result in disease in the organs of this chakra (Northrup 82).
The subject of creativity relates not only to the art of being creative and expressive as a unique individual, but also to the ability and desire to create children (Myss, 82).

Third Chakra

The areas of the body that are presumed to be associated with the third chakra include the gallbladder, liver, pancreas, stomach and small intestine.
The emotional issues that are thought to affect this chakra are related to self-esteem.
The foundation of one’s self esteem is believed to be built upon the memories and emotions stored in the energy of the first and second chakras.
Self-esteem (third chakra) is postulated as being formed by one’s sense of security and safety in the world (first chakra) and the quality of one’s relationships (second chakra) (Northrup, 83).
Third chakra strengths and weaknesses are thought to be reflected in levels of confidence, responsibility, competitiveness and aggression versus defensiveness in dealing with daily problems (Northrup, 83/84).

An individual's level of self-esteem is supposed to be related to their feelings of adequacy and competency in the world versus inferiority. Assuming responsibility relates to whether one accepts the consequences for one's decisions or whether blame is assigned to others. The degree of competitiveness is thought to relate to issues of failure and success and how we deal with both of these situations (Northrup, 83/84).

**Fourth Chakra**

The areas of the body that are believed to be associated with this chakra are the heart, breast, lungs, ribs, upper back and shoulders. A relationship between the second and fourth chakras is thought to exist; the former is often called the 'low heart' and the latter the 'high heart' (Northrup, 87). If one is unable to extend forgiveness to others, has feelings of unresolved grief and hostility and is unable to freely give and receive love, illness in the organs of the fourth chakra are believed to result (Northrup, 88).

Another issue that is thought to be responsible for disease in the organs of the fourth chakra is if conflict exists between the desire to utilise both one's loving energy (fourth chakra) and one's creative energy (second chakra). Thus when a woman wants to achieve something for herself but she feels the obligation of caring for her family, conflict may result which may cause pain or disease in one of the organs of this chakra (Northrup, 88).

**Fifth Chakra**

The areas or organs in the body that are believed to be associated with this chakra include the throat, mouth, teeth, gums, thyroid, trachea and the cervical vertebrae. It is postulated that the emotional issues that cause problems in this chakra are communication, timing and will (Northrup, 90).

**Sixth Chakra**

The area of this chakra has been referred to as the third eye and is assumed to be related to perception, thought and morality. The areas of the body associated with this chakra are thought to be the brain, eyes, ears, nose and pineal gland (Northrup, 91).
Seventh Chakra

The areas of the body that are thought to be related to this chakra are the muscle, nervous and skeletal systems as well as the skin. If problems exist with regards to one’s attitude, faith, conscience, courage or humanitarianism values, it is believed that illness may occur in one or more of the above-mentioned systems (Northrup, 91).

Certain similarities exist amongst the women interviewed with regards to physical symptoms, life style, personality and upbringing. It is with these common themes in mind that each section in the literature review was investigated as each forms a piece of the multidimensional puzzle explaining how the child develops into the woman with endometriosis.

Research into the cause of endometriosis thus far has concentrated on isolated systems or single factors being responsible for the development of the disease. The foundation of the homoeopathic interview is important to this study in that it provides the basis of questions whose answers supply a complete understanding of an individual.

This study requires such an understanding of each of the women interviewed so that the information related to physical, general, mental and emotional symptoms may be compared and analysed as to the possible role that they play in the development of the disease.
2.0 INTERVIEW SUMMARIES

This chapter offers a summary of each of the women who were interviewed. The main area of focus in each synopsis is the type of childhood experienced and various aspects of personality.

2.1 Interview 1

This is a thirty-nine year old woman who has given up her former job as a teacher, she now does administration work for her husband.

There is asthma and possibly hypertension in her family history.

This woman grew up in a conservative Afrikaans home where emotions were not expressed and control of oneself was insisted upon.

She describes her mother as a weak, introverted person whom she felt she had to protect when she was a child.

She feels that her relationship with her father is better than her relationship with her mother. She attributes the closer relationship that she has with her father to the fact that they have a lot in common and that he is more able to express his emotions.

Her relationship with the older of her two brothers was the source of much heartache for her. He humiliated her throughout her childhood and has continued to belittle her into her adulthood. She has described her brother’s treatment of her as being one of the most traumatic experiences of her life, in that it stripped her of her self-esteem and left her feeling rejected.

Her other brother is mentally handicapped. His problem caused immense frustration for her because of the undisciplined way in which her parents raised him. Her feelings for him alternated between shame and pity.

As a child she described herself as a loner.

As an adult she feels that she is sensitive and self disciplined. Controlling her emotions is vital, showing weakness is unacceptable to her. She feels that she is not good enough and fears rejection and abandonment. She believes that other people perceive her as being in control.
She fears rejection in general and that her husband will say that he wants a divorce.

The surgical procedures that she has undergone include a tonsillectomy, back surgery and two laparoscopies.

Her main physical complaints include an oily skin that is prone to pimples, headaches, sinusitis, throat symptoms, palpitations, indigestion as well as neck, shoulder and back pain.

Her endometriosis was diagnosed at the age of twenty-six. The symptoms of her endometriosis are severe resulting in terrible pain during menses as well as intercourse. She has not been able to have her own children.

2.2 Interview 2

This is a twenty-five year old woman who works at and manages her own beauty salon.

There is a family history of aplastic anaemia.

This woman grew up in a home in which there were major problems with regards to communication.

She has a good relationship with her mother.

Her father spent much of his time away from home when she was growing up. He committed suicide when she was twenty-six years old.

She has a younger brother with whom she has a good relationship.

As a child she had no self-confidence and felt that she did not fit in with other children.

She describes herself as a friendly, extroverted person who is extremely stubborn. She feels that she has problems expressing her emotions and dealing with confrontation. She has a low self-esteem and is also insecure about her physical body.

She fears failure.

The surgical procedures that she had include a tonsillectomy, the removal of an ovary when she was ten years old, appendectomy and a laparoscope.
Her main physical complaints were acne when she was younger and constipation, which has troubled her for many years, a breast lump and polycystic ovarian disease.

Her endometriosis was diagnosed when she was twenty-four years old. She does not experience extreme pain with her endometriosis but she had difficulty in falling pregnant. However because she has had an ovary removed the endometriosis cannot be regarded as the sole factor of her infertility.

2.3 Interview 3

This is a thirty-seven year old woman who has a Bachelor of Science degree in teaching. She no longer teaches but continues to study and write examinations through correspondence.

This woman grew up in a home that was governed by her father’s turbulent moods, creating an atmosphere of tension in which control was demanded.

There is a family history of cancer, asthma and lactose intolerance.

As a child her mother continuously informed her that other children were better than she was, her mother is still hypercritical of her today.

Her emotionally repressive father travelled on a regular basis and she felt happier when he was away from home, because his moodiness was a source of fear for her. His bad moods are still a cause of distress for her as an adult. He instilled in her the belief that failure was unacceptable.

Her relationship with her sister provoked feelings of frustration and resentment because of her perception that her sister took all the attention away from her.

Her childhood memories are unhappy ones, the strongest recollection being the desire to leave home as soon as possible. She described herself as a diligent child whose main objective was not to cause any ‘waves’ that may adversely affect her father’s mood.

A previous marriage, governed by a sense of insecurity, ended in divorce due her husbands’ extramarital affair, which left her with feelings of failure and rejection.

She describes herself as a perfectionist who has the extreme need to control all situations. This personality trait has resulted in an intolerance of failure and of other peoples faults. She controls her emotions, especially any signs of weakness. Her self-esteem is low and she feels a strong need for recognition from others.
Other people’s opinions are extremely important to her and feelings of rejection are commonly experienced.

She says that she in no longer sensitive because as a child she had to learn not to be because of the feelings of repression that she continuously endured. She believes that she is perceived as being a self-confident leader who is admired by others.

She fears failure, loss of control and becoming dependent on others through illness or disability.

The surgical procedures that she has had include a tonsillectomy, three laparoscopes and plastic surgery for her chilblains.

As a child she suffered from migraines. Her main physical complaints are neck pain, asthma, nausea, poor circulation and easy bruising.

The symptoms of her endometriosis are not severe, however she has been unable to conceive a child.

2.4 Interview 4

This is a twenty-eight year old bookkeeper who attained a Bachelor of Commerce degree through correspondence while working full time.

Both diabetes and cancer are present in the family history.

This woman comes from a broken home, in which there were different expectations of her in each home. As a result of this she felt that she had to be two different people in each of her respective homes, which left her feeling confused about her identity.

She describes her relationship with her mother as being abnormal even though they are close. As a child her mother was both hypercritical of her as well as competitive with her. The nature of this relationship resulted in feelings of inadequacy, which she felt had a negative impact on her personal development. Her mother’s home was governed by extremely rigid rules, the breaking of which were met with screaming as well as threats.

She has always felt that she had a special bond with her alcoholic father, but the relationship was abnormal in that she felt extremely protective of and responsible for him.
Besides the fear and anxiety with regards to her father’s health, she felt that she was responsible for making him happy, which she hoped would result in his recovery.

Her parents got divorced because her mother had an extramarital affair. The divorce was very traumatic for her in that it left her feeling insecure with regards to her self-worth.

A younger stepsister provoked feelings of jealousy because of a shift of attention towards the younger sister and away from her.

Her primary focus as a child was to try and make her parents happy. Anxiety was uppermost for her father’s health as well as a fear of not performing to set levels of expectation.

Her marriage was characterised by constants attempts to please her husband. Her marriage ended in divorce which left her with feelings of regret.

As an adult she describes herself as confused and insecure. She likes to please others and places a great deal of importance on their opinions. Control is of great significance to her in all aspects of her life, including her emotions, which are not easily expressed.

She believes she is perceived as being a hard working, strong individual and yet one who is prone to depression.

She fears that she will end up being ‘a bitter miserable person’

The surgical procedures that she has undergone include a tonsillectomy, appendectomy, removal of wisdom teeth, knee surgery, heel surgery, two laparoscopes, two laparotomies and a hysterectomy.

As a child she suffered from nosebleeds and was diagnosed as being immunocompromised which was expressed in a multitude of illnesses from which she suffered. These illnesses included meningitis, encephalitis, recurring hepatitis, recurring glandular fever and Coxsackie virus. Her main physical complaints which are present today include throat problems, neck problems and palpitations.

Her endometriosis was diagnosed at the age of twenty-one and her symptoms were so severe that she had a hysterectomy at the age of twenty-eight. She did not conceive a child prior to the hysterectomy.
2.5 Interview 5

This woman is a forty-one year old switchboard operator.

Cancer is present in her family history.

During her childhood years both of her parents spent most of their time away from home due to their job demands. Her physical health has been studded with various problems and she feels that her most defining characteristic is her incredible need for attention. She felt that she got this attention through being so sick.

Her mother worked hard and the pressures of this work made her daughter feel that she should not further burden her mother with any problems that she may have.

She describes her father as being conservative and was hardly ever at home because of the nature of his work.

She felt that her sisters were jealous of her.

Being the oldest child, she had a lot of responsibility, which included taking the blame for things that her sisters did. She felt happy as a child although she never had any friendships with other girls. She struggled through school, failing twice and believes this is because she is unintelligent.

She describes herself as being both moody and jealous. She is hardworking and intolerant of other people’s stupidity. All emotions are kept inside. She feels that she has always been the ‘underdog’ for some reason and admits to never feeling good enough.

She believes she is perceived as being quiet, helpful and hardworking.

A marriage to a demanding, belligerent man ended in divorce.

She has suffered from anxiety attacks for many years and her fears include death and loss of her independence through illness.

The surgical procedures that she has had include a tonsillectomy, appendectomy, duodenal surgery, knee surgery, three laparoscopes and a hysterectomy.

As a child she had recurring encephalitis and nosebleeds.
Her main physical complaints include skin problems, headaches, throat problems, neck pain, back and sciatic type pain, painful breasts, stomach pain, urinary infections and easy bruising.

Her endometriosis was diagnosed when she was nineteen years old. The severity of her symptoms necessitated a hysterectomy at the age of thirty-two. She has never conceived a child of her own.

2.6 Interview 6

This woman is a thirty-one year old physiotherapist.

Diabetes and hypertension are seen in her family history. It is thought that her mother had endometriosis although this was never confirmed through a laparoscope.

She grew up in a home that she describes as happy and secure.

She has described her relationship with her mother as being ‘fine’, although there were many conflicts in her younger years. She feels that their relationship was never one in which personal issues could be shared and spoken about.

Her relationship with her father is described as being good, as is her relationship with her siblings.

She describes herself as a shy child who was a perfectionist. She excelled academically at school and suffered from migraine headaches that she attributed to stress. The stress that she endured at examination time was said to be self-imposed.

She views herself as being a private person who is a perfectionist and a hard worker. Self-discipline and control are important to her. She feels that she is not an overly emotional person; when she gets upset she deals with the problem on her own. It is important to her that other people perceive her in a good light. She believes that she is seen as an organised, intelligent person.

The surgical procedures that she has undergone include a tonsillectomy, removal of her wisdom teeth and she has had five laparoscopes.

Her main physical complaints are back and neck stiffness as well as easy bruising.

Her endometriosis was diagnosed when she was twenty-one years old due to heavy painful menses.
Interview 7

This is a twenty eight year old student with a previous degree in beauty therapy.

Diabetes, cancer and alcoholism are present in the family history.

Her childhood was marred by the bitterness of divorce. Her parents forced her to choose whom she wanted to live with. This choice was offered to her after many years of being shunted from one home to another, which left her with the feeling that she never belonged anywhere. She felt the need to try and keep the peace between her two sets of families.

Her mother was both anorexic and an alcoholic. The anorexia disabled her so that she was unable to take care of her daughter who subsequently was forced to live with her father for some time. The alcoholism made her mother aggressive so that she frequently raged as well as hit her daughter. Her relationship with her mother was thus tumultuous, yet is still one of closeness. She feels very protective over her mother although she is determined never to repeat her mistakes.

She feels that her relationship with her father is one of conditional love; he has placed a lot of pressure on her and she feels that she has to earn his love. She has never felt that she is good enough for him.

Her relationship with her stepmother was also difficult because of her stepmother’s manipulation and beatings.

Her stepfather is described as being a disciplinarian; the rules in their home were extremely rigid and had to be adhered to. Fear of him was generated out of his expectations of perfectionism.

She felt that she never had the opportunity to experience the joys of childhood. Besides the problems with her parents she was sexually abused by a relative as well as forced to live for an extended period of time with another relative; the stay was described as being totally traumatic. School was difficult for her in that she felt self-conscious and an outsider amongst the other children. Fear, of her caregivers and for her mother’s health, was a predominant emotion experienced throughout most of her childhood.

Although she feels that her siblings look up to her, she is extremely jealous of her younger siblings as she felt that they took her place in the family, disturbing her sense of belonging.
A relationship with an ex boyfriend was verbally abusive resulting in a further lowering of her already fragile self-esteem.

She describes herself as having a low self-esteem and thus being overly concerned about the opinions of others, especially the opinions of those people who she has a close relationship with. She is extremely sensitive and has a strong need for attention. She is conscientious, has high expectations of herself, is disciplined and self-controlled to the point that spontaneity is an absent feature in her life.

She has a fear of moths and insects.

The only surgical procedure that she has had is a laparoscope.

Her main physical complaints include allergic rhinitis, asthma, back problems, irritable bowel syndrome, bladder infections, poor circulation and easy bruising.

Her endometriosis was diagnosed when she was twenty-two years old. Her main complaint was pain during intercourse.

2.8 Interview 8

This is a thirty five year old woman who has a top position for a well-known magazine company.

Cancer is prevalent in her family history.

Her mother died tragically when she was eleven years old; the years following her death were permeated by sadness and insecurity.

The relationship with her mother before her death was good. She was with her mother in the car accident and felt guilt at having survived the accident where her mother had died.

Her father remarried six months after her mother’s death. Upon the marriage her maternal grandmother who had been living in the house was forced to leave and she was not allowed to see her grandmother again. She has described her father as being critical to the point that she felt as if she was never good enough for him.

She believes that her resemblance to her late mother was difficult for her father to deal with. She describes their relationship as one of confrontation. She has not had contact with him for some time because of an incidence where he punched her in the face.
She could never accept her stepmother. She was forced to call her 'mother' and was not allowed to speak of her own mother. Her stepmother used to tell lies about her that her father believed.

Her stepbrother died tragically a year after her mother's death. Her older brother, who today is an alcoholic, was blamed for the accident. Her relationship with her younger brother is a difficult one due to its confrontational nature. She has a younger sister to whom she played the role of a mother figure in their childhood years.

As a child she describes herself as a leader, who was confident and popular. At home she was extremely unhappy. The relationship between her father and her stepmother was extremely volatile so that tension predominated and she lived in fear of their conflicts.

She attended boarding school for a few years, which offered solace, as it was a relief to be away from her home.

She has a loving marriage with her husband; they have been together for eighteen years.

She describes herself as confident, outgoing and a leader and believes that others see her in the same way. She is stubborn, self-disciplined and a perfectionist. She holds the opinions of others in high regard. Emotions are not freely expressed and confrontation is avoided. The sense of inadequacy that her father instilled in her, has remained with her to this day, resulting in a general sense of insecurity.

She fears establishing close relationships with people because of the pain that would follow should that person die.

The surgical procedures that she has had are a tonsillectomy, removal of her wisdom teeth, removal of a cyst, back surgery and three laparoscopes.

As a child she suffered from terrible migraines that she has attributed to stress. As an adult her main physical complaints are headaches, neck stiffness, palpitations, and back problems for which she had surgery.

Her endometriosis was diagnosed when she was twenty-eight years old and is very severe in its symptomatology. She has tried to conceive a child but has been unable to fall pregnant.
2.9 Interview 9

This is a twenty-seven year old woman who studies through correspondence.

Diabetes, asthma and multiple sclerosis exist in her family history and perhaps hypertension as well.

She grew up with an alcoholic mother and a moody father. She felt that she was not acknowledged by either of them although she was constantly trying to please them both.

Her mother has been an alcoholic since she was seven years old. Although she felt resentful that she was being deprived of her mother she continually made an effort to establish a closeness with her but was always rejected.

When her mother drank she described her as both pathetic and aggressive in that she became verbally abusive.

Despite her mother's aggression, she confronted her as opposed to withdrawing from the situation.

She felt that her relationship with her father was better than with her mother although communication was also a problem with him.

He did not know how to deal with his wife's drinking problem and often vented his frustrations out on his daughter, which culminated in physical abuse on a couple of occasions. She feared her father.

She has a younger brother of whom she has always been extremely protective and very close to.

As a child she received little affection.

She was sent to boarding school, which she felt kept her safe from the turmoil that governed her home life. She described her teenage years at home as being unbearable due to the anger, sadness and lack of support that she experienced.

Her marriage is the most important aspect in her life; it is regarded as being sacred and extremely special to both her and her husband.

She describes herself as being stubborn, optimistic, forceful and caring.

She is extremely self-disciplined and very much in control.

She feels that she can only rely on her husband and herself implying an innate sense of mistrust.

She is sensitive, places high regard on other people's opinions of her and is insecure about her weight.

Her main fear is of losing her husband.
The surgical procedures that she has had include the removal of a teratoma at the age of nine months, removal of a breast lump and a laparoscope.

Her main physical complaints include asthma, eczema, hayfever, sore throat, sciatica and nosebleeds.

Her endometriosis was diagnosed when she was twenty-two years old. Her symptoms were severe but she has been able to conceive a child without the help of any medical intervention.

2.10 Interview 10

This woman is a thirty three year old single mother.

As she is adopted she is not aware of any familial diseases.

She was adopted as an infant and describes her childhood as being ‘average’ with her adoptive parents. She endured much trauma in her adult life, including the death of a boyfriend, a destructive marriage, which ended in divorce and a multiple rape that resulted in a pregnancy, which was subsequently aborted.

She describes her adoptive mother as superficial, critical and fastidious. She regards their relationship as being good although she says she is not very close to her adoptive mother. She did not express her feelings concerning the fact that she was given up for adoption. This could be an area of relevance considering the emotional issues that this frequently arouses in adopted individuals.

Her adoptive father is described as authoritarian and extremely dogmatic, making it difficult to have a meaningful relationship with him, which has resulted in sadness for her.

Her adoptive parents got divorced a few months after she was married. She was aware of an underlying tension between her adoptive parents during her childhood.

She has a younger brother with whom she used to be close but after he betrayed her in a matter relating to her ex-husband, their relationship is no longer the same.

She remembers herself as a self-conscious, quiet and withdrawn child.

The tragic death of her first boyfriend devastated her, leaving her in an almost non-functional state.
She fell pregnant before she was married and was determined to make a success of the marriage. However her husband had an affair when their child was still an infant and he showed no interest in either his wife or his child. Their marriage was marred by both physical and verbal abuse.

Her relationship with her daughter used to be easier than it presently is. There was a time when her husband kidnapped her daughter from her and she was therefore separated from her daughter for approximately eighteen months.

She feels that she has no focus or direction in her life, which together with her low self esteem prevents her from reaching her potential. She is impatient and irritable particularly when she feels that people are not doing things right.

She feared her husband and his rejection of her.

The surgical procedures that she has had include a tonsillectomy, surgery on her nasal septum and a laparoscope.

Her main physical complaints include headaches, nosebleeds, neck and shoulder pain, chest pain, cystitis and the characteristic symptoms of irritable bowel syndrome.

Her endometriosis was diagnosed when she was thirty-two years old. The symptoms were quite severe although she has been able to conceive a child.

2.11 Interview 11

This is a thirty-year old woman who studied teaching before becoming a lawyer.

There is a family history of cancer.

With an extremely intelligent father this woman had the feeling ‘that she just had to do well’ and she has always excelled. Her emotions were belittled as a child and as a result they remain largely hidden today.

She has described her mother as an individual who is both easy going as well as anxious and over reactive. As a child she could not go to her mother in times of emotional distress as she was dismissed as being foolish.

She describes her father as ‘super intelligent’ and loving.
She has two brothers. Her relationship with her younger brother is good but her relationship with her older brother is described as being one of jealousy. He has not achieved to the same degree as she has, because of this he constantly tries to undermine her in all that she does.

She described herself as a competitive child to whom things came easily which is demonstrated by her achievements. She felt that she was happy and loved although her emotional needs were not met.

Her first relationship caused her emotional distress in that it ended in her being ‘abandoned’ by her partner and then he ‘harassed’ her for many months following the termination of their relationship.

She was engaged to be married to her husband shortly after meeting him. They have been together for seven years and have a good relationship.

As an adult she has described herself as being both easy going as well as rigid. Her rigidity is seen in her perfectionism, self-discipline and control. She is sensitive to the opinions of others in that it is important to her to portray the image that she copes with all situations at all times. Her emotions are kept in check because she does not like to let others know what she is feeling.

Conflict is avoided because when emotions were expressed as a child she was told to ‘shut up’. She believes that she is perceived as both obsessive-compulsive as well as being easy going.

She has a fear of birds, which she shares with her mother.

She has had a tonsillectomy, appendectomy and back surgery, two laparoscopes, a caesarean section and abdominal surgery.

Her main physical complaints include headaches and neck problems that are associated with her back injury, night blindness and irritable bowel syndrome.

Her endometriosis was diagnosed when she was twenty-five years old. She experienced no typical symptoms of endometriosis, the reason that a laparoscopy was performed was that she was having difficulty in conceiving a child. She has had triplets through artificial insemination.
2.12 Interview 12

This woman is a thirty-year old hairdresser.

Diabetes, tuberculosis and hypertension are seen in her family history.

She describes her upbringing as lacking in both peace and structure, which have resulted in fear and confusion with regards to relationships.

Her relationship with her mother is described as extremely volatile. She regards her mother as being unforgiving, as she often ignores her daughter for many weeks after one of their rows. She feels that communication is lacking in their relationship and meaningful conversation is absent.

Her father died in a car accident when she was four months old. She feels that his death did not have a major impact on her because she never knew him although she has been left with the desire to know him and the emptiness of him not being around.

Her relationship with her stepfather is good in that he has always treated her as if she was his biological daughter.

She has an adopted sister with whom she had a good relationship for many years until there was a change in her behaviour; she became destructive, manipulative and deceitful. This behaviour caused extreme frustration for her to the point where she would lose control of herself.

She describes her younger siblings as constantly fighting. Her mother and stepfather add to the chaos by blaming one another as opposed to taking control of the situation. Their fighting and the ineffective way in which her mother and stepfather have dealt with it add to her frustration and fear regarding family structure.

She feels that her younger years were happier than her teenage years. She lived with her grandparents and her mother until her mother remarried. The lack of structure that she has experienced in her mother and stepfathers home was also present in her grandparents home due to the turmoil produced by her grandfather’s affairs.

Her family troubles as a teenager were compounded by false accusations made by various family members with regards to her private activities. Her tremendous weight gain added to her unhappiness.

She has had a number of relationships with men, none of which have been successful.
Her first serious relationship ended in rejection and her second boyfriend verbally abused her.

She is an extremely anxious person who experienced a period of severe depression for over a year. She used to be more self-confident but since the depression, feels confused about her identity. She is introspective and sensitive especially with regards to other people’s opinions. She has the need to share her feelings and emotions. She feels insecure about her ability to be a good wife and mother, should she ever get married and have children.

She questions the meaning of life, which leaves her feeling fearful, as she has not found its purpose. She fears death.

The surgical procedures that she has undergone include a tonsillectomy, cystectomy, breast reduction, wrist surgery and laparoscopy.

As a teenager she had severe acne. Her main physical complaints include sore throats, a sinus problem that is believed to be due to a deviated septum, headaches and migraines, neck problems, irritable bowel syndrome and human papilloma virus.

Her endometriosis was diagnosed at the age of twenty-seven after a time of extreme tension in which her relationship with her second boyfriend came to an unhappy close, her grandmother died and her sister was involved in a serious car accident.

2.13 Interview 13

This is a twenty-three year old woman who owns and runs a shop with her husband.

There is a family history of diabetes and a distant cousin who has endometriosis.

She grew up in what has been described as a very happy home with people who have always given her what she has wanted. She recently witnessed the shooting of her father in their home, which has had a huge impact on her sense of safety and security.

She feels that her mother is “her life”. This is because of the closeness of their relationship and the way in which her mother has always been there for her throughout her life.
She believes that she does not have a close relationship with her father because of his lack of involvement with regards to family matters and his introverted personality.

She has two older sisters with whom she has always had good relationships with.

She feels that she had a happy childhood. She enjoyed school where she achieved all round. She remembers herself as being a hardworking child.

She describes her marriage as one of conflict. Conflict occurs when her husband does not do things in the way in which she has asked him to do.

She feels she is a perfectionist; everything needs to be in order and in her control resulting in fastidiousness. By her own acknowledgement she is spoilt and needs to get her own way. She describes her anxiety as being extreme; the main cause of which was the traumatic shooting of her father. She is insecure about the way in which other people view her and places great importance on their opinion. She has never been able to cry easily or handle affection. She believes that she is viewed as being nice and helpful.

She fears snakes as well as being burnt or buried alive.

The surgical procedures that she has had include the removal of her wisdom teeth and a laparoscope.

Her main physical complaint is a slightly underactive thyroid.

Her endometriosis was diagnosed when she was twenty-three years old, which is two years after her father was shot. She has been told that she has stage one endometriosis and her symptoms are not severe. She has been trying to conceive a child for about one year.

2.14 Interview 14

This is a twenty-nine year old lawyer.

There is a family history of melanoma. It is thought that her sister may have endometriosis but this has not been diagnostically confirmed through a laparoscope.
This woman comes from a broken home bringing with it the feeling of not belonging anywhere in particular. The instability that she experienced as a child has resulted in a person to whom control is essential as it generates a sense of power which helps her cope with situations in her daily life.

She has described her mother as a weak, emotionally immature woman to whom she felt that she was the parent. She felt that her mother had no understanding of her needs which left her with feelings of frustration and resentment towards her mother. In her early teens her mother informed her daughter that she was the reason that ‘her life is so bad.’

She directly attributes her low self-esteem to her father’s conditional love—‘we are evaluated by him according to our achievements.’ She relies on him for her self-worth which is problematic in that she says that he has never acknowledged any of her accomplishments.

Her father got remarried when she was seven years old to a woman who she describes as relatively unintelligent and gregarious. She gets impatient with her stepmother but in spite of this she feels that they have a good relationship and she has a sense of gratitude for all that her stepmother has done for her.

Her relationship with her younger sister is a competitive one. She feels insecure around her sister because of the belief that her father is more proud of her sister than he is of her. She has a half brother of whom she is resentful because of the attention he receives from their father.

She described herself as a withdrawn and moody child who had an unhappy childhood. The divorce of her parents left her feeling as if she did not have a true home. This insecurity extended to other children in that she felt as if she never fitted in.

She felt that she was accepted more by boys than other girls her age. At school she felt as if she was not intelligent, but an IQ test revealed that she is highly gifted.

Her former relationships with men were problematic in that there was always an unequal distribution of power; she was either very domineering over them or dominated by them. The rejection that she has experienced in some of her relationships has caused a further lowering of her self-esteem.
Her marriage has provided her with a sense of belonging and an improvement in her low self-esteem. She attributes these positive feelings to the fact that her husband accepts her without the facade that she feels she needs to present to others.

She has described herself as a highly emotional person. Anxieties, jealousy, feelings of isolation are amongst her commonly experienced emotions. Condescension by others and showing weakness to others are not acceptable to her. She has extremely high expectations of herself, resulting in frequent feelings of disappointment. Her sense of insecurity is reflected by the importance that she places on other people's opinions of her; she gains a sense of self from others. She believes she is perceived as being friendly, domineering and over sensitive, traits which she agrees with.

She has described herself as being a phobic person. Her primary fears are of needles, spiders and noise.

The surgical procedures that she has undergone are an adenoidectomy, surgery on her nasal septum and a laparoscopy.

Her main physical complaints include daily headaches, sinusitis, blocked ears, throat problems, neck pain, recurring bronchitis, asthma, poor circulation and easy bruising.

Her endometriosis was diagnosed when she was twenty-three years old and her symptoms are severe. She has not yet been able to conceive a child.

2.15 Interview 15

This is a thirty-five year old woman who works at and owns a real estate business. Before this she owned a clothing business.

Tuberculosis and asthma are present in her family history. Due to the characteristic menstrual symptoms experienced by her mother and grandmother it is thought that they had endometriosis.

She grew up in a turbulent home with parents who were verbally abusive to her. Her father physically abused her mother. She constantly searched for their approval but never received it.
She has described her mother as a negative woman who was extremely possessive of her to the point where she was not allowed to enjoy herself outside of her home environment.

The verbal abuse that she sustained from her mother left her with the feeling that she was never perfect enough, although she continued in her attempts to please her mother.

Her father was frequently away from home due to his alcoholic binges. His drinking exacerbated his aggressive nature, which culminated in his physically abusing his wife. She received no affection from her father and very little support, especially with regards to her boyfriends.

Her younger sister who she has described as aggressive was frequently unkind to her. This left her feeling sad and hurt.

Her childhood was thus marked by unhappiness and feelings of isolation that was reflected in the hope that she would not wake up in the mornings. She has described herself as being sad and lonely which resulted in the creation of a fantasy world.

Besides being fearful in school at the possibility of being asked to speak up in front of the class, she enjoyed high school. Primary school was difficult for her because of the unwanted attention she received from boys due to her early physical development.

Her previous relationships have all been with men who treated her in a similar manner to the way in which her parents treated her; verbally abusive and disapproving of who she is as person.

She says that she has always been a highly-strung, emotional, sensitive individual. She is a perfectionist who has high expectations of herself as well as others. She feels that she can be spontaneous but being in control is her usual mode of operation. She does not trust others to adequately deal with situations in which she is involved. Self-discipline is extremely important to her in that she believes that it is through this discipline that she has been able to break the negative cycles that she was a witness to in her childhood.

She fears snakes, sharks, heights, financial dependence and the loss of loved ones.

The surgical procedures that she has had include a tonsillectomy, adenoidectomy and appendectomy.

As a child she suffered from terrible migraines.
Her main physical complaints are sore ears, swollen glands, throat problems and neck stiffness.

Both a prominent gynaecologist and reflexologist firmly believe that she has endometriosis based on her symptoms, although she has decided not to undergo a laparoscope to confirm this diagnosis. She was thirty-three years old when she was given the diagnosis by the above mentioned parties.

2.16 Interview 16

This is a thirty four year old woman with a degree in nursing who holds the position of general manager in a large company.

Cancer, endometriosis and asthma are the diseases which are present in her family history.

She feels that she grew up in a happy home but her school experience was an extremely difficult one. She finds it difficult to allow people to get close to her.

She has described her mother as a generous but conservative woman with whom she could turn to with her practical problems but had more difficulty discussing her personal issues with. She feels that one of her sisters had a closer relationship with her mother than she did which she found hurtful at times.

Her father is described as being ‘a very young dad’; she did comment that in times of stress he needs as much support as anyone else implying that he does not take over the role of the stereotypical ‘strong, coping man’. She feels he loves and enjoys all his daughters.

She has two younger sisters; she feels that she has a good relationship with the younger of the two but has some problems with the older one. She describes this sister as being full of self importance; her sister’s arrogant manner leaves her feeling angry.

Her happy childhood was made difficult by her poor academic and sporting achievements. Her scholastic problems resulted in extreme stress for her causing migraines. Her physical insecurities together with the belief that she was stupid acted together to produce an individual with an extremely low level of self-confidence.

The traumatic death of her fiancé six months prior to their wedding had a devastating effect on her.
She has subsequently remarried a man with whom she had a close friendship for many years and has described the marriage as being extremely happy.

She has described herself as an introvert who deliberately keeps people at a distance. It is only in the past seven years that she has come to accept herself; prior to this she suffered from a low self-esteem stemming predominately from her physical insecurities and lack of belief in her intellectual capabilities. She is a sensitive individual who struggles with affection, particularly with the giving of affection, in part because of a fear of rejection. She enjoys the pressure of her work and strives for perfection in her career. She feels that others regard her as being an introvert and a 'control freak.'

She fears that her husband may leave her for another woman even though they are happily married.

The surgical procedures that she has had include a tonsillectomy, the removal of cartilage from both knees, on different occasions, excision of a melanoma and a laparoscope.

As a child she had encephalitis and suffered from recurrent ear infections and migraines. As an adult her main physical complaint is asthma on the occasion that she develops as chest cold.

Her endometriosis was diagnosed when she was thirty-four years old. Her main complaints are dysmenorrhoea and menorrhagia. She has been trying to conceive a child for the past two years.
3.0 COMMON THEMES

3.1 Introduction

A comparison was made between all of the participant’s answers within each section of the interview to identify the common themes from each of the answers to the given questions. This chapter examines those common themes found in each section of the interview.

Appendix B contains all the data gathered from the interviews should the reader require more specific information with regards to any of the common themes listed below.

3.2 Medical History

3.2.1 General State of Health

The majority of women reported that their state of health throughout their lifetime has been normal. Only four of the women said that they have experienced health problems over an extended period of time.

3.2.2 Recovery after illness

Most of the women regarded their ability to recover from illness as being good, except for the four women whose health has been poor in general.

3.2.3 Vaccination

All of the women except for two, received all of the required vaccinations. Most of them had a normal reaction to the vaccinations, including the presence of a small scar.

3.2.4 Childhood disease

Most of the women got the common childhood diseases at ages when these particular types of diseases are expected. The course of the diseases in the women followed the normal pattern of events and no overall change in the state of health was reported after recovery from the illness.
3.2.5 Other illness

No other types of disease seemed to be common amongst the women who were interviewed. About half of the women have had ear, nose, sinus or throat symptoms that have kept recurring throughout their lives.

3.2.6 Accidents and injuries

Nine of the women were involved in accidents that involved a broken bone of some kind or a head injury.

3.2.7 Past Surgical History

Eleven women have had tonsillectomies and five of them have had appendectomies. Other than five of the women experiencing nausea and vomiting after an anaesthetic there were no other common problems experienced by the women interviewed.

3.2.8 Allergies

Even though ten of the women said that they have one or more allergies a common pattern did not exist either with regards to a particular allergen or in the response to an allergen.

3.2.9 Family History

The most common illnesses that were seen to run in families are cancer, diabetes and asthma. Four of the women have fathers who have asthma. Six of the women have some type of family history of diabetes. Eight of the women reported a family history of various types of cancer. Some of the women had a combination of the above diseases in their family histories.

No significant family history of autoimmune diseases, diseases of the reproductive tract, unexplained abdominal pain or infertility exists. Two of the womens’ mothers had endometriosis. One woman suspected that her mother had it and another woman has a distant cousin who has endometriosis.
3.2.10 Medication

Just over half of the women reported taking antibiotics more than once over a period of years, but all of them have had a course or more throughout their lives.

As far as other medication is concerned, no common medication was taken by a large number of the women interviewed.

Seven of the women have had cortisone in their lives, but of the seven only two have had it for an extended period of time and this was for the treatment of asthma.

3.2.11 Alcohol

The most common choice of alcoholic drink amongst the women is wine. Drinking is done in moderation.
Two of the women do not drink any alcohol at all.

3.2.12 Cigarettes

Some of the women experimented with smoking in their youth, but only two of the women have been smoking for an extended period of time.
Nine of the women had one or both parents who smoked around them when they were young.

3.2.13 Drugs

Only three of the women have experimented with marijuana. None of the women have ever tried any other type of recreational drugs.

3.3 Review of systems

This section includes those local symptoms found to be common in most of the women.

3.3.1 Skin

Six of the women had troublesome pimples or acne at some point in their lives. Thirteen of the women have had some type of wart at some time in their lives.
3.3.2 Head

Eleven of the women experience headaches and of those eleven, eight of them have suffered from migraines. Six of the women attribute their headaches directly to stress. Three of the women had migraines as children but no longer suffer from migraines as adults.

3.3.3 Eyes

Eleven of the women wear spectacles for short-sightedness.

3.3.4 Throat

Eight of the women have experienced problems with their throats, either in the form of pain or infections. Of the eight women, three of them experienced their problems in childhood and since having had their tonsils removed no longer suffer from throat problems. However the remaining five women still have throat symptoms.

3.3.5 Neck

Eleven of the women experience pain and stiffness in their necks. Six of them attribute their pain directly to stress and three of them believe that the pain is from a past neck injury.

3.3.6 Breasts

Eight of the women experience pain or tenderness in their breasts, the majority of them experience this discomfort before their menses begin.

3.3.7 Cardiovascular system

Nine of the women have low blood pressure. Seven of the women experience palpitations usually in association with stressful situations.
3.3.8 Gastrointestinal tract

Four of the women have been diagnosed with irritable bowel syndrome and one other woman has symptoms of irritable bowel syndrome.

Eight of the women suffer from constipation.

3.3.9 Urinary tract

Twelve of the women have had at least one urinary tract infection in their lives. Five of the women have had repeated cystitis.

3.3.10 Peripheral vascular system

Six of the women suffer from poor circulation resulting in very cold hands and/or feet.

3.3.11 Musculoskeletal system

Ten of the women experience some kind of pain or stiffness whether it be in their neck, back or legs. Four of them reported a sciatica type pain.

3.3.12 Haematological system

Ten of the women reported that they bruise very easily.

3.3.13 Menses and Gynaecology

Four of the women said that their menses are irregular; the remaining women all felt that their cycles were quite regular.

Twelve of the women used tampons either exclusively or for at least a three year period. Four of the women have only ever used sanitary towels.

Twelve of the women suffer from pre-menstrual syndrome and although their symptoms vary all of them say that they experience irritability.

All the women experience pain associated with their menses.
Most of the women experience primary dysmenorrhoea, which is when menstrual pain begins before the menses or with the menses and tends to peak at about twenty fours hours and then subsides. (Merck, 1792) However the location and quality of the pain differs amongst the women. Such primary dysmenorrhoea is an important diagnostic clue associated with endometriosis especially if the individual has experienced pain free menses for many years. (Merck, 1809) Most of the women's menstrual pain only started a few years after their menses began which is in accordance with the typical menstrual history of endometriosis.

Eleven of the women believe that the amount of blood loss during their menses is greater than the average volume of blood loss.

Eleven of the women pass clots of a significant size during their menses.

Ten of the women said that their menstrual blood is dark red as opposed to a bright red colour.

Seven of the women have been told by a gynaecologist that they have a retroverted uterus or a uterus that is in an abnormal position.

Fifteen of the women have been on the oral contraceptive pill. However the ages at which they began taking the oral contraceptive pill and the duration of time that they took it for varies from woman to woman.

Of the women who have tried to conceive, nine of them have not been able to fall pregnant. Three of the women have not yet tried to fall pregnant.

3.3.14 Endometriosis

The most common problems that endometriosis has caused for the women interviewed is pain, not being able to have children or the fear of not being able to have children.

Ten women said that their periods were terribly painful. Thirteen of the women have experienced pain during intercourse at some time in their lives; at present nine of the women experience pain at some point during intercourse.

Six of the women complain of very heavy bleeding, mainly during the first two or three days of their menstrual period.

The women's ages when the diagnosis of endometriosis was made ranges from nineteen to thirty-four years old.
The women's reactions to finding out that they had endometriosis varied between a sense of failure, fear, relief at having an explanation for the painful symptoms of their menstruation or intercourse, surprise, devastation, disbelief and acceptance.

The impact that the disease has had on self-esteem differed amongst the women, with no common threads to comment upon.

Some of the women said that they did not know why they developed endometriosis, others gave some possible suggestions. Six of the women believed it may be caused by life stress, two of the women thought that it may be genetic, one woman believed that tampons played a role and two of the women felt that the disease is a life lesson that they need to experience.

3.3.15 Sexuality

All the women have been sexually active in their lives.

Seven of the women are not happy with their own sexuality. For some it is due to their poor body image, for others it is because of the troublesome relationships that they have with their partners.

3.4 General symptoms

3.4.1 Vital Tone

Eight of the women have experienced low energy levels, either at present or have done so at some time in their lives. The energy slump continues throughout the day for some of the women but for others it lasts for short periods of time within each day.

Eight of the women exercise on a regular basis. Eleven of the women were actively involved in sports of different kinds when at school.

3.4.2 Vital Temperature

Eleven of the women have a cold vital temperature whether it is their hands, feet or entire body.
3.4.3 Environment and Weather

The majority of women reported that their favourite environment is the coast. Mountains are also mentioned as a favoured environmental retreat.

Eight of the women prefer moderate weather as opposed to extreme temperatures whether it is hot or cold.

3.4.4 Perspiration

There is no pattern seen amongst the women as to the amount that they perspire. However most of them perspire under their armpits during exercise or heat. Eight of them say that they perspire under emotional circumstances whether it be anger, stress or fear.

3.4.5 Sleep

Seven of the women regard their sleep as being restless because of increased activity of their minds.

Most of the women feel that they need eight hours of sleep per night and most of them get these required eight hours of sleep.

Eleven of the women sleep with their blankets completely covering all parts of their body whether it is summer or winter.

Eight of the women wake between six and seven o’clock in the morning.

Ten of the women reported that their mood is good on waking in the morning and that they feel ready to face the day.

Ten of the women said that they dream frequently and that the dreams are vivid and easily remembered. Eight of the women said that their dreams were mostly about their every day life. Twelve of the women have experienced recurrent dreams at some point in their lives and of these twelve women, nine of them had recurrent dreams that were frightening in some way.
3.4.6 Appetite

Eleven of the women believe that they have healthy appetites. Eight of these women have to eat frequently; they have the need to snack between their three regular meals per day. Seven of the women do not eat meat.

Ten of the women crave chocolate and of these women four of them crave the chocolate around the time of their menses. Nine of the women say that they gulp their drinks rather than sip them.

3.5 Mental and emotional symptoms

3.5.1 Daily Routine

A definite pattern characterises these women’s lives. Their days are extremely busy as almost all of them have jobs as well as do most of the house chores themselves. For those who do have children, they shuffle their daily schedules to accommodate both their work and their family lives.

3.5.2 Spare time

The most common activities that these women indulge in, in their spare time, is either gym or reading. Four of them feel that they have no spare time.

3.5.3 Description of Self

The qualities that were mentioned by more than four of the women when describing themselves were that they are goal orientated, perfectionists who have high expectations of themselves and a need to portray a good impression of themselves to others. Kindness and generosity towards others as well as low self-esteem are further common factors amongst many of the women.

3.5.4 Others’ description of Self

Many of the women felt that they are perceived as being in control, capable and hard working.
3.5.5 Relationships

Ten of the women said that they are presently involved in good relationships. However ten of them (not necessarily the same ten) said that they had been involved in relationships in the past that involved rejection, betrayal, abuse or loss.

3.5.6 Parents

Mother

Fourteen of the women said that their relationships with their mothers involved some sort of difficulty. One of the women who said that there were no difficulties is adopted and so she is referring to her adoptive mother and the other woman said that “my mother is my life”, even though she is married.

Difficulties in the relationship lay in not being able to voice their emotions, not having their problems listened to, having to be a parent to their mothers, alcoholism, rejection in some way or too much responsibility or abuse.

Father

Twelve of the women said that their fathers did not meet their emotional needs in some way. Some reasons for this included being away from home very frequently, alcoholism or their personality types which made their daughters feel that they were unapproachable.

3.5.7 Divorce

Four of the women come from families where their parents were separated through either death or divorce. Three of them had a parent who died, two of them were children at the time and the other one was an adult when the death occurred.

3.5.8 Stepparents

Three of the women had terrible relationships with their stepparents and in each of these cases it was the relationship with the stepmother that was bad.
3.5.9 Siblings

Four of the women reported that they had good and loving relationships with their siblings. Twelve of the women said that their relationship with a sibling or siblings was difficult because of abuse, competition, frustration or jealousy.

3.5.10 Childhood

Four of the women described their childhood as being happy. The most common problems that the women spoke of was that they did not have the type of relationships with their parents in which they could express their emotions, their parents did not listen to their problems or that their parents were a direct cause of their unhappiness. Many of the women reported that they felt extremely frustrated as children.

3.5.11 Description of self as a child

The most common way that the women described themselves as children was that they did not fit in. Anxiety or fear were emotions frequently experienced by many of the women in their childhood.

3.5.12 Optimism versus Pessimism

Seven of the women described themselves as being positive, four of them described themselves as being negative and the remainder as being a combination of both.

3.5.13 Self discipline

Self-discipline is a theme that is very strong amongst the women who were interviewed.

3.5.14 Control

Almost all of the women have a strong desire to control their emotions, their environment as well as the people around them.
3.5.15 Time

For the majority of women time is an important aspect of their lives. Punctuality is an essential element of their daily routines both with regard to themselves and others.

3.5.16 Anxiety

Twelve of the women reported that they experience anxiety on a regular basis but the reasons that were given for producing the anxiety are different. Some of the common issues resulting in anxiety revolve around financial issues, professional duties and family matters.

3.5.17 Career

Fifteen of the women are presently studying or working. The sixteenth woman used to work but had to stop because of the demands she was placing on herself, which resulted in her not being able to cope with her life circumstances. The most common professions that the women are involved in are the medical or health arenas, beauty, law and teaching. Four of the women own and run their own businesses. Three of them have had to leave a job at one stage because they were not coping due to the pressure that they placed on themselves. Nine of them described themselves as being perfectionists in their work.

3.5.18 Concentration

Nine of the women described their concentration as being good, four of them said that their level of concentration is dependent on certain issues and three of them said that their level of concentration is poor.

3.5.19 Memory

Most of the women said that their ability to recall events varies under different circumstances. Five of the women said that their memories are good and three said that they have difficulty in remembering things.
3.5.20 Stress

Eight of the women feel that they do not cope well under stressful circumstances. Some of the problems that result from exposure to such circumstances include fatigue and headaches.

Three of the women volunteered the information that they put on a facade that they are handling their stress but inwardly they feel that they are not coping at all.

3.5.21 Pressure

Ten of the women do not like pressure and find it difficult to deal with. Six of the women said that they perform well under pressure and enjoy it.

3.5.22 Sensitivity

Most of the women describe themselves as having sensitive natures. This sensitivity extends to others so that they empathise when another person is suffering. Sensitivity for themselves results in an increased awareness to people, so that they often question the actions or words of others and are easily offended by other people.

3.5.23 Music

Eleven of the women reported that they love music and that music has a great impact on their moods.

3.5.24 Social Skills

Most of the women said that they enjoy other people’s company and they have no problem socialising with other people.

3.5.25 Opinions of others

Thirteen of the women reported the fact that other peoples’ opinion of them has a very big impact on their lives and the way that they feel about themselves.
3.5.26 Anger

Most of the women experience anger although the situations that provoke this anger differ and the response to the situation that provokes the anger also varies. The most common circumstances that illicit anger in the women is other peoples’ incompetence, dishonesty or betrayal of any kind.

3.5.27 Sadness

The abuse or suffering of others, especially animals and children is what most of the women said makes them feel sad.

3.5.28 Weeping

Eleven of the women said that they prefer to be on their own when they cry and four of them said that they do not cry easily. The remaining woman would only have her husband with her if she cried but there are times where she prefers to be on her own if she cries. Anger and the suffering of others are the two most common causes that make these women cry.

3.5.29 Affection

Nine of the women described themselves as being affectionate. Nine of them said that they did not receive affection in their childhood. In some cases, the affection was lacking from both parents and in other cases from only one of their parents.

3.5.30 Isolation

Eight of the women said that they often feel or have felt isolated from other people.

3.5.31 Abuse

Six of the women said that they have experienced abuse at some point in their lives for an extended period of time.
3.5.32 Insecurities

Thirteen of the women said that they feel insecure about themselves. Six of them said they feel insecure about their physical bodies. Several of the women said that they have never felt good enough about themselves.

3.5.33 Fear

The most common fear expressed by the women was that of abandonment or loss. This fear often began in childhood and extended into adulthood.

3.5.34 Suicidal thoughts

Seven of the women admitted to having suicidal thoughts at some time in their lives.

3.5.35 Death

Ten of the women said that they do not fear death.

3.5.36 Loss of a loved one

Eleven of the women have experienced the loss of a person to whom they were close. Most of them found the loss to be very traumatic especially since the cause of death in most cases was due to an accident or suicide.

3.5.37 Meaning of life

The most common issues that give meaning to these women’s lives are family, husbands, personal growth and spirituality.

3.5.38 Trauma

Seven of the women regarded their family life, as they experienced it in their childhood to be the most traumatic event in their lives.
4.0 ANALYSIS OF COMMON THEMES

4.1 Introduction

The location of a disease within our bodies has psychological and emotional meaning. One’s thoughts, emotions and behaviour are reflected in the brain, spinal cord, various organs, blood and the immune system (Northrup, 65).

Many of the common symptoms that were found to be present in the women interviewed, were evaluated by using material that explains the emotional significance of these common physical symptoms.

4.2 Past Medical History

4.2.1 General state of health and recovery from illness

The general state of health and the ability to recover from illness was reported as being good by most of the women. This is interesting when considering the theory of endometriosis as a disease which results from inefficient immune system functioning, because if one’s immune system is compromized to the point that one can develop endometriosis then one should be more susceptible to other diseases.

Idiosyncratic biological reactions, chakras, miasms, homoeopathic philosophy and local somatic weakness offer an explanation of why many of the women did not suffer from more illnesses even if their endometriosis is the result of lowered immune system functioning.

Idiosyncratic biological reactions or individual response specificity to stress determines which area of our body will be affected by stress. Each individual may respond to stress in their own physiological way, for example through perspiration, palpitations or pains in various parts of the body. The repeated activation of a ‘favoured’ system may wear it down so that psychophysiological illness can result (Comer, 393).

The information on the chakras offers an explanation of how different types of emotional stress impacts on certain areas of the body and their corresponding organs because ‘each organ and system in the body absorbs and processes specific emotional and psychological energies.’ (Myss, 36)

This is a similar scenario to that of the individual’s idiosyncratic biological reaction to stress. The difference between the two lies in the fact that within the chakra framework a connection is made between the type of stress and the emotions that the stress elicits and the area of the body that will be affected by the stressful situation.
Whereas idiosyncratic biological reaction merely speaks of a physiological response to stress that is unique to that individual without there being an emotional cause of the idiosyncratic biological reaction.

If the sycotic miasm is present in a woman the most likely area in the body where it will manifest itself is in the pelvic organs (Robert’s, 235).

Another factor that influences which area of the body will be most affected by stress is local somatic weakness. This means that disease will occur in that area in our body that is weak due to infection, poor nutrition or genetics when the body is placed under stress (Comer, 393).

The homoeopathic philosophy of miasms allows insight into why a particular area of the body should be affected with a ‘local somatic weakness’.

According to clinical evidence it has been noted that two dissimilar diseases cannot occur in the body at the same time (Hahnemann, 117). According to this statement if a woman has endometriosis, she will not get another disease that is dissimilar to the endometriosis, although she may suffer from ailments which are of a similar nature to the endometriosis, for example, inflammatory conditions, hormonal disturbances or growths of any kind.

Thus if a woman has a particular type of personality, upbringing, genetic background, miasmatic inheritance, weakness in her pelvic organs and a specific type of physiological response to stress which has an impact on her reproductive organs, endometriosis may ensue by virtue of the nature of her make up without deficient immune system function being the only cause of the disease.

4.2.2 Vaccination

If vaccination is the sole cause of endometriosis then every girl who is vaccinated would develop endometriosis, and every girl who is not vaccinated would not develop endometriosis. Since two of the women interviewed were not vaccinated this implies that vaccination is not the sole cause of endometriosis.

However this reasoning cannot exclude vaccination as being a contributing cause of the disease.

It is thought that one of the possible sources of miasms is vaccinations as well as powerful drugs commonly prescribed by allopathic practitioners. These foreign substances can have such an impact on the individual that they are left in a chronically weakened state (Vithoulkas, 47). If vaccinations are capable of producing this chronically weakened state then they act as a contributing factor to the development of disease, which in this case is endometriosis.
It is thought that the sycotic miasm may not only develop through a suppressed gonorrhoeal infection but also due to vaccination (Jouanny, 51).

Other processes that are believed to result in the development of the sycotic miasm are the use of any curative or preventative therapy using serum, antibiotics, steroids or any medical, industrial or dietary chemical therapy. Certain chronic infections may also cause the sycotic miasm to come into play (Jouanny, 51-52).

4.2.3 Other illnesses

The most common symptoms that have recurred throughout the women’s lives are ear, nose, throat and sinus symptoms.

One of the characteristic set of symptoms that is observed in the sycotic patient is chronic catarrh of the mucous membranes (Jouanny, 51).

In some arenas of thought, the head is believed to be a representation of oneself, it is usually how we are recognised. When problems occur in the head area it often means that there is a problem with one’s self esteem (Hay, 128).

Earache is believed to be caused by parents arguing, not wanting to hear something or because of too much turmoil or anger (Hay, 162).

A postnasal drip is thought to be symbolic of inner crying, childish tears or the belief that one is a victim to one’s circumstances (Hay, 179).

Sinus problems are thought to be illustrative of irritation towards a person who is close to you (Hay, 182).

The throat is part of the fifth chakra and according to the philosophy of the chakras problems in this area will be caused if one is not able to freely communicate.

Problems with communication are seen in many of the case histories of the women interviewed.

The throat is thought to be one’s avenue of expression. If there are problems in this area it implies an inability in being able to speak up for oneself. It is also thought to represent stifled anger or stubbornness (Hay, 186).

Thus the meaning that has been attributed to problems occurring in the ear, nose, throat and sinuses correlate to the emotions and the way in which these emotions have been dealt with, as a result of the difficult childhood experienced by the women who were interviewed. ‘Turmoil’, ‘inner crying’, ‘stifled anger’ all imply that the women have not expressed many emotions that needed to be dealt with.
Not being able to ‘speak up for one’s self’ is indicative of a low self esteem as is the fact that the symptoms occur in the head area.

No other illnesses were found to be common, a fact which corroborates the idea that no two dissimilar diseases can exist in the body at the same time.

4.2.4 Past Surgical History

The majority of women had tonsillectomies when they were children. Tonsillectomies are usually performed if there exists recurrent episodes of tonsillitis. Tonsillitis is a thought to be a representation of repressed emotions, fear and stifled creativity (Hay, 186).

If a child is not given the opportunity to express who they are, fear, repression and lack of creativity will occur.

With so many of the women having tonsillectomies as children it implies that they were not allowed to express themselves. On interviewing the women this was found to be true.

Tonsillitis and tonsillectomies are both extremely common in all children and not only in those children who mature into women who have endometriosis. This then may imply that many of the children in our society are limited in the degree to which they can express themselves, if Louise Hay is correct in her assumptions.

4.2.5 Allergies

Allergies were a common finding amongst the women interviewed. In other research that has been conducted with regards to allergies and women with endometriosis it has been noted that there is a higher than usual incidence of allergies in women who have endometriosis. Nutritional therapists suggest that it is a disruption in the lining of the gut that is responsible for the development of these allergies (Mortimore, 189).

An allergy has been defined as ‘an acquired sensitivity; the immunologic state induced in a susceptible subject by an antigen characterised by a marked change in reactivity.’ (Stedman’s, 33)

The ‘susceptible subject’ can be understood in relation to miasms. A person can only become ill if they have a susceptibility to illness and susceptibility to illness occurs because of the presence of miasm/s according to homoeopathic philosophy.
In terms of miasms, allergies can be seen to be a result of a combination of psora and sycosis. This is because psora is characterised by hypersensitivity and sycosis by overproduction or over construction, which are the characteristics of allergies themselves. If destruction of tissue begins to occur with the allergies then it can be assumed that the syphilitic miasm is also present in the individual suffering from such allergies.

4.2.6 Family History

Cancer and diabetes are both diseases that were seen to be common in the family history of the women interviewed. Specific symptom complexes have been identified in subsequent generations of those who may have suffered from cancer. These symptom complexes are related to cancer without necessarily resulting in the cancer (Vithoulkas, 47). The characteristic symptoms of endometriosis are an example of such a symptom complex of cancer.

Similarities between endometriosis and cancer have been identified on both a physical and an emotional level. Endometriosis consists of benign cells but these cells behave like a localised cancer (Rodrigues et al, 32).

In both diseases the cells exhibit a lack of contact inhibition. Tumours, which need a blood supply to grow are seen in both diseases and lowered immune function is characteristic of both conditions. On a psychological level, it has been seen that people who are affected by cancer often have a particular personality type; this personality type has been called the type C personality. It involves a denial of negative emotions, failure to suppress anger, fear or sadness and the individuals score high on social conformity and compliance (Comer, 401). Conformity and perfectionism are present in the women interviewed and will be examined in further detail in later sections of this chapter.

Unexpressed emotion is demonstrated by many of the women interviewed by the nature of their common symptoms being earache, post nasal drip, throat problems which have been described as being representative of failure to express emotion. Furthermore many women admitted that they have difficulty expressing their emotions or that they were discouraged from expressing their emotions when they were children.
4.2.7 Medication

In chapter one, the literature review examines the pre-existing causes of endometriosis. The roles that diet and medication play in the cause of endometriosis are discussed. Antibiotics and steroids are thought to disrupt the gut lining, rendering it incapable of absorbing particular nutrients that aid in the metabolism of excess oestrogen.

Since endometrial cells need oestrogen to grow it is in this way that certain types of medication and one’s diet may contribute to the development of endometriosis.

4.2.8 Alcohol

The common reasons that were given for consuming alcohol were to encourage relaxation and sociability or due to peer pressure. The alcohol is thus used to help deal with the stress that many of the women feel that they are under.

If the women only drink alcohol to be sociable or because of peer pressure, this implies that the women are either very conformist, which is a trait which is mentioned under the type C personality, that they have difficulty standing up for themselves or have a higher regard for other peoples’ opinions than they do for their own needs.

Regard for other peoples’ opinions is demonstrated to be a very important issue for most of the women interviewed as will be seen in later sections of this chapter.

Difficulty in standing up for oneself is symbolically expressed through throat problems. Low self-esteem, which is seen in many of the women, may be a factor that results in the inability to stand up for oneself.

The two women who don’t drink any alcohol at all each had a parent who was an alcoholic.

4.2.9 Smoking

Cigarettes contain nicotine, which is an addictive drug, as well as many other harmful chemicals. Many people begin smoking as a result of peer pressure. In this study only two of the women are habitual smokers. In recent times it has become socially unacceptable to smoke, so not smoking could once again be a sign of conformity.
4.2.10 Drugs

Some of the possible reasons that very few of the women have experimented with drugs are conformity, desire to be in control, high personal principles which are adhered to, concern for the opinions of those who regard taking drugs as being negative or a concern for the well being of their bodies.

Through the questioning of the women, the following was found to be true with respect to alcohol, smoking and taking drugs and certain personality traits; conformity, a high regard for other people's opinions and the desire to be in control.

4.3 Review of Systems

4.3.1 Skin

There are no common skin diseases found in the women interviewed.

This is interesting with regards to the homoeopathic philosophy of disease and its relationship with skin manifestations.

It is thought that when an individual's defence mechanisms are lowered, disease moves away from the skin, which is the safest place for symptoms of disease to manifest themselves towards the more central organs of the body (Vithoulkas, 44).

With regards to 'lowering of defence mechanisms' the implication is that the individual has a less efficient immune system functioning. Thus adding further support for the theory of deficient immune system functioning and its role in the development of endometriosis.

Some of the women had pimples or acne but almost all of the women had warts at some point in their lives.

Warts are the main skin manifestation of the sycotic miasm and pimples or acne also indicate the presence of this miasm (Robert's 236).

If such eruptions are suppressed then the miasm is forced inwards and will express itself in a less superficial part of the body with more serious consequences (Robert's 159).

Endometriosis is characterised by symptoms that are caused by growths in the abdominal cavity, an area far away from the body's external surface.
4.3.2 Head

Headaches are the result of referred pain either from structures within the cranium or structures external to the cranium (Guyton, 617). Headaches resulting from intracranial structures or processes include meningitis, low cerebrospinal fluid pressure, alcohol, vascular anomalies and constipation (Guyton, 618). Headaches arising from extracranial structures or processes include muscle spasm, irritation of the nose and the accessory nasal structures and eye problems (Guyton, 618-619).

Headaches may represent an invalidation of the self, self-criticism or fear, while migraines may represent a resistance to the flow of life (Hay, 167).

Many of the women directly attribute their headaches to stress. Emotional tension often causes muscles of the head and neck to go into spasm that may cause headaches (Guyton, 618). Problems with the nose or sinuses occur in many of the women interviewed and may be another cause of the headaches.

Migraine headaches are thought to be the result of abnormal vascular phenomena. A theory of the cause of such vasospasm is prolonged tension, implying that the cause of migraines lies in the emotional sphere (Guyton, 618).

If one considers migraines to be the result of emotional difficulties, it is interesting to note that of the seven women who suffer from migraines, three of the women had migraines as children and no longer suffer from them. This implies that the burden of their emotional stress occurred during their childhood years.

Once again the topic of low self-esteem has been raised, in this instance it is with regards to headaches.

4.3.3 Eyes

Short-sightedness is thought to represent fear of the future (Hay, 164). Low self-esteem and mistrust of life, which may occur due to negative life experiences or relationships will result in fear of the future, which illustrates the connections of first, second and third chakra issues.

Many of the women have been involved with postgraduate study in which the need to wear spectacles due to short-sightedness is common.
4.3.4 Throat

The symbolic meaning of throat complaints has already been discussed under commonly recurring complaints.

4.3.5 Neck

Problems of the neck could also be a sign of inflexibility or stubbornness (Hay, 176).
Inflexibility in part has been demonstrated by the women interviewed in their desire and need for control of all situations.
Inflexibility also implies a resistance to the flow of life which, as discussed above are believed to result in migraines.

4.3.6 Breasts

Breasts represent the mothering principle.
Pain or tenderness usually means that a person, a place, a thing, or an experience is being 'over mothered.' (Hay, 133)
To 'over mother' means to overprotect or overdo a task.
The description of the 'time urgent perfectionist' relates to the issue of overdoing.
In striving for perfection one often goes to the extremes to achieve a desired result.
To overprotect another or oneself implies that one has to protect against something so as to be kept safe, this raises the issue of one's perception of the safety of one's environment.
Cutting off of nourishment is another issue that could cause soreness in the breasts (Hay, 157).
Breasts are part of the fourth chakra, thus problems in the breast usually occur due to unresolved grief or hostility or the inability to give and receive love.
Many of the life histories described by the women incorporate such issues.
According to this rationale i.e. 'cutting off of nourishment', lack of nurture in one's childhood could result in problems in the breast.

4.3.7 Cardiovascular system

Most of the women say that they experience palpitations as a response to anxiety.
The heart is believed to represent the centre of love and security (Hay, 168).
A suggested underlying cause of palpitations is long standing emotional problems, lack of joy, stress and strain or unforgiveness (Hay, 168).

All of the possible reasons that are given for causing palpitations are synonymous with the findings gained through the interviews.

Low blood pressure is regarded as being caused by a lack of love as a child or a defeatist attitude (Hay 156).

In the women interviewed a perceived or actual lack of love is a more likely cause of low blood pressure than an attitude of defeatism as the former is more consistent with the information gained from the personal histories.

4.3.8 Gastrointestinal system.

Constipation is symbolic of being stuck in the past or refusing to release old ideas. It sometimes represents stinginess (Hay, 161).

In the section relating to the ear, nose and throat it is seen that the women do not easily express their emotions. Without expression of painful situations or feelings there can be no release of such emotions. According to the exposition a correlation between constipation and ear, nose and throat problems can be drawn. With regards to constipation being representative of stinginess, it may be an inability to share one’s emotions, which many of the women have difficulty with; many of the women have in fact described themselves as being generous.

Irritable bowel syndrome, also known as spastic colon or nervous diarrhoea, is characterised by long standing bowel dysfunction associated with abdominal pain for which no organic cause can be found. A psychological aetiology is thought to play a part in the development of irritable bowel syndrome as previous research has shown that people who have irritable bowel syndrome are tense, conscientious individuals who worry excessively about family or financial affairs (Edwards et al, 174).

The small bowel is part of the third chakra, which is that chakra which will be negatively affected by troublesome relationships and feelings of insecurity resulting in a low self-esteem.

The symptoms of anxiety and conscientiousness are typical of the endometriosis patient, as are the psychological issues that affect chakra one, two and three offering an explanation of why many women with endometriosis also have irritable bowel syndrome.

Certain medications and steroids have been said to disrupt the gut lining interfering with the ability of the gut to absorb certain nutrients that keep oestrogen levels in the normal range (Mortimore. 189).

This inability to absorb certain substances is associated with the psoric miasm.
4.3.9 Urinary Tract

Problems with the bladder are thought to stem from distorted beliefs about one's body and the correct way in which it functions (Hay, 135). Urinary infections represent anger, usually towards the opposite sex or they may represent difficulty in accepting responsibility so that one blames other people (Hay, 187).

Of the four women who have suffered from cystitis as adults, two of them were involved in abusive relationships with boyfriends and the third woman is divorced. The fourth woman says she is happily married.

4.3.10 Musculoskeletal System

Problems involving the back are thought to be caused by the individual feeling as though she is unsupported. The upper back represents emotional support from loved ones, the middle area of the back has to do with guilt and lower back problems result from financial insecurity (Hay, 132). Sciatic type pain represents hypocrisy as well as financial fears and fear of the future (Hay, 182).

By virtue of the nature of many of the women's upbringing and relationships it is not surprising that many of them will feel unsupported. Feelings of hypocrisy may occur in the women interviewed with regards to the conformity that is demonstrated and the high regard that is given to the opinion of others, in that the women will choose to please others irrespective of how they feel about the situation. Some women did express concern over financial matters when asked about their fears.

4.3.11 Haematological System

Bruises are thought to be symbolic of the small challenges of life as well as representing self-punishment (Hay, 158).

The symbolic representation of bruises is corroborated by the fact that the information revealed in the interviews shows the many challenges faced by the women. Self-punishment may be linked to the low self-esteem that many of the women suffer from.
4.3.12 Menses and Gynaecology

One’s sexual organs are believed to contain the information regarding the nature of one’s relationships as well as the way of being in one’s environments (Myss, 55).

The relationships in the lives of the women who were interviewed were seen to be complex and difficult, especially the relationships in their formative years. It is with the consideration of these relationships in mind that one can surmise that the first chakra and its related organs will be affected because one’s sense of safety in the world is determined by how safe one’s caregivers make one feel.

A woman’s monthly periods are an expression of her femininity, fertility and receptivity. The basis of most menstrual problems is believed to be a failure to reconcile oneself to one’s own femininity (Dahlke, 105). One of the central aspects of femininity is that of self-surrender, the menstrual cycle is symbolic of this in that women cannot control their monthly menstruation (Dahlke, 104). Problems with the genitals are thought to be caused by feelings of low self-esteem (Hay, 166).

Being able to surrender oneself is inextricably linked to being able to let go of one’s control. The notion of self-surrender is related to the inability of being able to give up control over other people, situations and their emotions, demonstrated by many of the women interviewed. An inability to surrender oneself implies that one has difficulty in trusting others and one’s environment. A mistrust of one’s environment presupposes the notion that the world is not a safe place.

Low self-esteem is thus linked with menstrual problems over and above the other symptoms that have already been noted as being caused by low self-esteem.

Tampons function to absorb menstrual blood, however they do not absorb all of the blood and they do not allow the menstrual blood to flow out of the vagina. If retrograde menstruation is the cause of endometriosis then the use of tampons will exacerbate the frequency of the disease because it encourages retrograde menstruation in that there is an accumulation of blood within the vagina.

In a similar manner a retroverted uterus could increase retrograde menstruation by encouraging the menstrual blood to flow backwards through the fallopian tubes and into the abdomen as opposed to leaving the body through the vagina.

However of the four women who have only ever used sanitary towels as opposed to tampons none of these women have a retroverted uterus.
Pre-menstrual syndrome refers to a symptom complex noted by some women several days before their menses begins. The symptoms include tension, nervousness, irritability, depression, mood swings, weight gain, abdominal bloating, oedema, tenderness of the breasts and headaches (Bates, 52).

Pre-menstrual syndrome is symbolic of giving power to outside influences, allowing confusion to reign and or rejection of the feminine process (Hay, 180). ‘Giving power to outside influences’, is related to the impact that other people’s opinions have on one’s thoughts and behaviour, a practise demonstrated by many of the women interviewed. ‘Allowing confusion to reign’ may be linked to the chaos experienced by many of the women in their childhood. ‘Rejection of the feminine process’ is about not being able to let go of one’s need to control and accept oneself.

According to Louise Hay, abdominal cramps represent fear, in that one cannot go with the process of life but has a need to control (Hay, 150). Resistance to the flow of life and fear of the future have been demonstrated in a number of other symptoms seen in the women who were interviewed.

Menorrhagia occurs in twenty to eighty eight percent of women who have endometriosis due to unknown mechanisms (Merck manual, 1806). A suggested cause of problematic bleeding and irregular periods are due to too much emotional stress combined with the belief that others control one’s life choices (Myss, 143).

The women interviewed have a high regard for other people’s opinions; this could result in the belief that one does not have control over one’s life choices due to a loss of one’s own sense of power and consequently a lowering of the self-esteem.

The oral contraceptive pill changes the hormone balance within the body. Many of the women who were interviewed took the oral contraceptive pill either because of skin problems or to avoid falling pregnant. Whether the oral contraceptive pill consists of oestrogen or progesterone, if given in the first half of the monthly cycle ovulation will be inhibited. Usually all types of contraceptive pills used for the control of fertility consist of some combination of synthetic oestrogens and progestins (Guyton, 1031).

Research with regard to the type of oral contraceptive pill used, the age of the woman when she began taking the pill and the duration for which she took the oral contraceptive pill for should be investigated with regards to the possible impact that the oral contraceptive pill has on the cause of endometriosis.

The oral contraceptive pill could have an effect on the development or the maintenance of endometriosis because the disease is governed by the hormones of the menstrual cycle and the oral contraceptive pill manipulates the balance of these hormones as well as the functioning of the ovaries.
4.3.13 Endometriosis

A chronic disease is thought to be a representation of fear of the future, a refusal to change and a sense of insecurity (Hay, 161).

The theme of safety belongs to the first chakra, thus if one does not feel safe in one’s environment, disease in the spine, rectum, hip joints, blood or immune system occurs (Northrup, 74).

If one feels insecure, fear of the future is a natural consequence to such an emotion.

Rigidity may develop as a consequence to a particular type of upbringing in which feelings of insecurity predominate. Behaviour that decreases anxiety, forms a pattern of neurotic needs. A neurotic need is a learned need; it can be any sort of behaviour that helped the child cope by decreasing their anxiety (Morgan, 392).

One’s neurotic needs may later be interpreted as rigid behaviour.

Desire for control and perfectionism seen in many of the women interviewed is an expression of this inflexibility.

Lack of confidence in one’s self and environment impacts on the third chakra resulting in disease in the liver, gallbladder, pancreas, stomach and small bowel (Northrup, 83).

Feelings of insecurity and low self-esteem are said to develop if there are problems with one’s interpersonal relationships. Demanding relationships are second chakra issues that may result in disease in the pelvis, reproductive tract, bladder and appendix (Myss, 74).

Thus it is seen that one’s relationships form the pivotal point around which issues of safety and self-esteem revolve. It is the organs of this relationship chakra which are most affected in the women who have been interviewed.

Infertility, a recognised feature of endometriosis, is associated with the second chakra. This acts as further confirmation that difficult relationships have impacted on the organs of this chakra.

During the interviews it was the difficulty that many of the women experienced with their relationships that had the most significant impact on their lives as opposed to fear or insecurity with regards to their environment.

A further verification of the association between endometriosis, chakras and the nature of one’s personal relationships is that tumours have been described as being false growths which develop out of nursing old hurts and thus building resentment (Hay, 146).

Endometriosis consists of tumours.
A common response that the women had on learning that they were suffering from endometriosis was a sense of failure. This was expressed as a fear of not being able to have children, which they regarded as a failure. They also felt that their bodies had failed them. This sensitivity to failure is understandable with regards to the perfectionist aspect of these women's personalities.

Homoeopathic philosophy holds that 'all organs of the body are the interrelated parts of but one organism and therefore influence each other mutually.' 'Local disease' therefore does not exist, the expression is used to mean that a particular part of the body may be more affected than another part but not that one organ suffers independently of the other organs.' (Vithoulkas, 43)

With regard to this philosophy endometriosis is not merely a disease of the pelvis but a disease of the system. If retrograde menstruation is regarded as being a cause of endometriosis then the fact that all women experience retrograde menstruation but not all women develop endometriosis, supports the idea that endometriosis is a disease of the system and not of the pelvis alone.

Homoeopathic philosophy holds that miasms form the foundation of chronic disease. A miasm may manifest itself more strongly in a particular area of the body but it affects the entire nature of the individual. This explains why an individual with endometriosis may manifest particular personality traits (Vithoulkas, 43).

The most common area in the body that the sycotic miasm will manifest its symptoms is in the pelvic organs. All inflammatory diseases of the pelvis may be traced to the sycotic taint (Robert's, 235).

Endometriosis is a disease that often results in chronic pain. Painful menses and dyspareunia are two of the characteristic symptoms of endometriosis (Breitkopf, 34-35). Pain of any kind is thought to represent guilt of which the individual may or may not have an awareness. Guilt always seeks punishment and punishment always produces pain (Hay, 143). There may be a link between self-esteem, 'time urgent perfectionism' and guilt.

Individuals who have a low self-esteem feel as if they are not 'good enough', a sentiment that was expressed by many of the women who were interviewed. This feeling of not being 'good enough' may produce a profound sense of guilt. The inappropriate relationships that many of the women endured acted as a contributing factor to this low self-esteem.
The nature of the women's daily routines, their ambitions and work ethic are testament to a type of behaviour in which many of them strive to achieve perfection in an attempt to compensate for their low self-esteem.

Much of the pain of endometriosis is caused by inflammation as inflammation produces pain (Mills, 39).
It is believed that inflammation of any kind is due to suppressed anger and that 'anger will always try to express itself no matter how hard an individual tries to suppress it.' (Hay, 142)

The inflammation is a further example of a symptom of suppressed emotions along with earache, postnasal discharge and throat complaints. It is also related to the sycotic miasm, which is characterised by diseases of an inflammatory nature (Robert's 230).

4.3.14 Sexuality

It is thought that sexual problems or disease of the sexual organs results from constant criticism about one's professional ability, ambitions, accomplishments as well as physical appearance (Myss, 151).

If one experiences lack of reinforcement with regards to one's abilities and successes during childhood, problems in the sexual organs or psyche may ensue (Myss, 151). Such lack of reinforcement is evident in many of the case histories of the women interviewed.

Dyspareunia is the occurrence of pain during sexual intercourse (Stedman's 310). If dyspareunia is truly psychogenic, as opposed to having an organic cause, it usually reflects a simple lack of arousal. Lack of arousal inhibits lubrication of the vagina resulting in painful penetration by the penis (Comer, 497).

Lack of arousal in adults may be caused by certain attitudes and beliefs that were learnt in childhood with regard to sex. Individual psychodynamic factors and relationship issues may also result in lack of arousal. Low self esteem, the desire to control others and the inability to trust one's sexual partner are examples of such issues and are components of the mental and emotional symptoms of many of the women interviewed.

Biological causes of lack of arousal may occur due to disease or as a side effect of medication (Comer, 489).

Women with endometriosis may experience pain for a number of reasons. It is understandable that one's desire for intercourse should decrease if one is experiencing pain during the act.
A woman with endometriosis may experience pain during intercourse because the uterus becomes rigidly held by adhesions to the wall of the abdominal cavity, so that any movement becomes painful. Surgery may temporarily relieve such dyspareunia but the surgery can result in scarring that eventually leads to the growth of more adhesions, which causes further pain (Breitkopf, 35).

4.4 General Symptoms

4.4.1 Vital tone

Low energy levels and the degree to which most of the women push themselves in their work and daily routines was a common finding. One of the strongest characteristics of psora, in its latent state, are the mental and emotional symptoms. Psoric patients are quick and active in their motion, which is expressed in the activity of their minds. They work extremely hard but they are easily fatigued both mentally and physically. A possible motivating factor for the hard work is the fear of failure, which is common in the individual who is expressing psora in its latent state. The fatigue that follows the hard work may be so profound that the individual may dread to undertake any further activity because of the anticipated exhaustion (Robert’s, 204).

Thus the latent psoric miasm offers an explanation of the connection between fatigue, hard work and the nature of the ‘time urgent perfectionist’.

4.4.2 Vital Temperature

Many of the women reported feelings of coldness, especially in their hands and feet.

A typical symptom experienced by an individual in whom psora is present is burning feeling felt in their hands and feet (Robert’s 188). However a feeling of coldness usually occurs concurrently with many of the psoric complaints which are usually relieved by warmth in general (Robert’s, 194). Thus according to the vital temperature the characteristic psoric symptoms are not expressed in their pure form, suggesting that another miasm is affecting such individuals.
4.4.3 Environment and Weather

People who are affected with the sycotic miasm experience a general amelioration when they are at the coast. This corroborates the theory that many women with endometriosis suffer from the sycotic taint as many of them reported that the coast is their favourite environment.

Mountains are usually the favoured environments of people suffering from the syphilitic miasm. The individual who is afflicted with the syphilitic miasm likes to be alone, to escape from themselves as well as from others. It is for this reason that mountains are thought to be a favoured retreat of theirs (Robert’s, 210).

A reason why many of the women may enjoy the mountains, even though they may not be affected by the syphilitic miasm, is the peace and tranquillity that the mountains offer, which acts as a retreat from the stressful lives described by many of the women interviewed.

4.4.4 Sleep

Many of the women believe that the reason that they have problems sleeping is because their minds are too active.

Some of the characteristics of anxiety that could affect an individual’s ability to sleep soundly are intrusive and persistent thoughts and emotions or nightmares (Goleman, 45-46).

Thus the sleep problems experienced by the women interviewed are related to anxiety and perhaps the latent psoric miasm, which is typified by activity of the mind (Robert’s, 204).

4.4.5 Diet

A common finding seen amongst the women interviewed is a need to snack in between three regular meals per day. This could be related to the psoric miasm in that psoric individuals are described as always being hungry. However hunger at night and a feeling of never being satisfied, even while eating, are characteristic features of the psoric miasm; however these features were not present in the women interviewed (Robert’s, 190).

A large number of the women do not eat meat. Clinical evidence has shown that meat does not agree with the psoric or sycotic individual (Robert’s, 233).
A recommended diet for a woman with endometriosis is one that consists of seeds, nuts, soya products and vegetables. It is important that they minimise the intake of animal protein and fat (Mortimore, 189).

The recommended diet for the sycotic individual is one of nuts, seeds and cheese with meat taken sparingly (Robert’s, 233). Thus the same conclusion, with regards to diet, has been reached for women who have endometriosis and people who suffer from the effects of the sycotic miasm.

4.5 Mental and Emotional Symptoms

4.5.1 Childhood

It is thought that a child experiences anxiety, when that child feels isolated and helpless in a hostile world (Ross, 99). Some believe that defences and neuroses arise from a single, powerful traumatic event but clinical evidence has shown that a defensive style is gradually learned, through repeated and protracted encounters with difficult situations over a long period of time. The patterns learned in childhood become self-perpetuating, once a certain expectation of threat is learned, the person becomes predisposed to look for and find it, or look away to avoid it. In order to reduce anxiety a child will adopt behaviour, in relation to others that involves either a moving toward, moving away from or opposing people, seeking either affection, independence or power (Ross, 99).

Most children use defence mechanisms while growing up to protect themselves from the emotional stress in their lives. Problems occur when a child faces ongoing, relentless and repeated stress. The child begins to expect trouble and will not let his or her guard down, relying more and more on a habitual defence that keeps them feeling in control and protected in a heartless world (Goleman, 148).

When asked what the most traumatic experience of their lives has been, just under half of the women said that it was their childhood. Common childhood problems included divorce of their parents and the related problems with stepparents, death of a parent, abuse by a parent, an alcoholic parent, too much responsibility, or lack of structure within the home for various reasons. Most of the women reported that they felt that they ‘did not fit in’ with other children when they were young.

Thus a habitual defence learnt in childhood gives an explanation of the pattern of behaviour often seen in women with endometriosis.
The expectation of danger that develops out of one’s childhood experiences offers insight into the development of the idea that the world is not a safe place to be. It is this belief that affects the organs and systems of the first chakra.

An extension of the concept that personality and self-esteem are affected by one’s childhood experiences is described in terms of four different life positions.

These life positions explain how different parenting techniques result in particular thought processes.

The four life positions have been termed:

- I'M NOT OK- YOU'RE OK
- I'M NOT OK- YOU'RE NOT OK
- I'M OK- YOU'RE NOT OK
- I'M OK-YOU'RE OK

The first life position, ‘I’M NOT OK - YOU’RE OK’, is regarded as being a universal position of infants and the most common life position adopted by individuals by the time they are three years old. The ‘not OK feeling’ is generated by the very essence of being a child, namely their helplessness, which develops out of the dependence that they have on their caregivers.

This feeling of ‘not being OK’ can be understood as a sense of inferiority (Harris, 50).

What does make a situation ‘OK’ for the child is the ‘stroking’ that is received in infancy. All children receive this to some degree, even if it is only provided through the mechanism of being practically cared for (Harris, 42).

The ‘Adult’ in this life position functions to see how it can gain more ‘strokes’, since the strokes make life more ‘OK’ (Harris, 50).

One of the ways in which to achieve these ‘strokes’ is through the, ‘mine is better than yours scenario. For children it may be a helping of ice cream or a toy, for adults, it comes in the form of status symbols. This game allows temporary relief from the awful burden of not being ‘OK’. ’ (Harris, 50)

This may be why many women with endometriosis are engaged in careers, which not only bring prestige but wealth. Both will afford the opportunity to improve her image and according to this rationale her self esteem. This implies that the self esteem of such an individual is not only low but is based on other people’s opinions of them as opposed to a personal belief system grounded in both self confidence and respect.
The women interviewed have testified as to the importance that they place on the opinions of others.

Most of the women reported feelings of extreme unhappiness in their childhood. Because of the severity of the women's stressful childhood experiences, the universal feelings of 'not being OK' will be exacerbated, resulting in a deeper sense of inferiority compared to that which is considered to be the norm. Although the childhood experiences of the women differed in circumstance what was common to them all was the feeling that they could not freely communicate with their family members.

Lack of communication has consequences that will depend on the situation itself and the inherent nature of each individual and their needs. It results in unexpressed feelings, which produces suppressed emotions and feelings of neglect that may affect one's self-esteem. Problems may occur in later life with regards to handling interpersonal relationships because one has not learnt the appropriate skills in childhood.

Such consequences are evident in the women interviewed through the difficulty that they have in dealing with their emotions, the need that they have to control their emotions, the problems that they have with their low self-esteem and the lengths that they go to in order to create a good impression in an attempt to raise this self-esteem.

Thus, lack of communication can be seen to act as a pivotal point around which a certain value system is established that influences future behaviour and personality traits, which in turn affects one's immunity and susceptibility to illness.

The second life position, 'I'M NOT OK- YOU'RE NOT OK' is said to develop after the first year of life, if the child stops receiving the 'strokes' that they were getting through the basic care of being fed and kept clean. The 'strokes' make the child feel that their caregivers 'are OK', but without the 'strokes' neither they nor their caregivers are 'OK'.

The 'Adult' in the child no longer seeks ways in which to get 'strokes' as in the first life position, rather the 'Adult' shuts down and the person gives up, they simply get through life (Harris, 45).

Many of the women interviewed describe themselves as being goal oriented, perfectionists, who have high expectations of themselves and a desire to be positively regarded by others.

This is not an individual who 'gives up and simply gets through life', so this life position is not descriptive of the type of individual who has been interviewed.
The first and second life positions are very similar as problems in the first life position occur when insufficient ‘strokes’ are delivered, exacerbating feelings of inferiority.

‘Strokes’ have been very loosely defined and the effect of their presence or absence has been too simply laid out, for the influences in one’s childhood are multidimensional and complex.

Thus while the women interviewed may have received some ‘strokes’ as children from certain individuals, these may not have been either consistent or appropriate for that child’s needs.

Lack of communication is an example of a lack of ‘strokes’ in that it does not enable the needs of a child to be met.

The second life, ‘I’M NOT OK, YOUR’E NOT OK’, offers an explanation of the inherent sense of mistrust that many of the women seem to feel, demonstrated by the need to take control of situations. This sense of mistrust is linked with the feelings of insecurity associated with chakra one.

The reason that there exists overcompensation and desire for perfectionism in women who have endometriosis may be due to a combination of the first and second life positions.

The lack of ‘strokes’ on various levels together with a sense of inferiority lay the foundation for the personality type of the ‘time urgent perfectionist.’

The third life position, ‘I’M OK - YOU’RE NOT OK’ develops when a child is battered. The pain that the child experiences at the hands of their caregiver creates a feeling in the child that the parents are ‘not OK’.

When the child is alone, ‘licking his/her wounds’ they feel OK’. The child develops the belief that no one ‘is OK’ and this position often contributes to the state where individuals have no conscience, they are ‘OK’ but others are not, thus you get the psyche of the psychopath (Harris, 47).

A small number of the women interviewed were physically abused as children but this was on occasion rather than on an ongoing basis.

The decision as to what life position is taken is made by the individual’s ‘Adult’ in an attempt to make sense out of life, so that a measure of predictability may be applied to the confusion of stimuli and feelings. These positions are arrived at on the basis of data from the ‘Parent’ and ‘Child’. They are based on emotions or impressions without the benefit of external, modifying data (Harris, 49).
The fourth life position is arrived at through a conscious decision. It is a position and not a feeling of ‘I'M OK- YOU'RE OK’. The 'not OK' recordings are not erased in the ‘Child’ by a decision in the present. The ‘Adult’ in us understands that it takes patience and faith for this new life position to result in more positive outcomes in our lives.’ (Harris, 50)

4.5.2 Suicidal thoughts

With almost half of the women experiencing suicidal thoughts, mostly during their childhood, it is indicative of the deep sense of unhappiness that many of the women feel or have felt.

Suicide typically involves a breakdown of coping skills, emotional turmoil and distorted perspective (Comer, 344).

Since the women didn’t commit suicide but only thought of doing so implies that their despair existed but something stopped these women from going through with the event. Perhaps it is the control, which we have seen to be such a fundamental aspect of many of these women’s lives that prohibited them from taking their own lives despite their sense of unhappiness.

4.5.3 Parents

A parent's attitude towards their children strongly influences the way in which the children feel about themselves when they are children as well as when they are adults. Parents who are well adjusted, who love and respect their child, do much to give them a feeling of self-worth and self-confidence, which has a major impact on how that individual deals with their problems throughout their lifetime (Morgan, 384).

Children learn what to feel about themselves and life, through the reactions of the adults around them. Thus by growing up in a negative environment you learn negative things about the world and yourself (Hay, 9).

Parents play the role of teachers and by reinforcing certain behaviours in a child; this determines the personality traits, goals, and values that the child develops which are carried into adulthood (Morgan, 384).
Many of the women reported that there was a tremendous amount of discord between their parents while they were growing up. It has been said that if one’s parents relate to one another in a destructive way, this will have a negative impact on the data that is stored in the ‘Parent.’

The impact that this has on the life of the child and later on the adult may be extreme and far reaching. This is because of the amount of information that is stored in the ‘Parent’ and the many times that this information is called upon by an individual to deal with social and practical situations.

**Mother**

Interpersonal relationships are a major contributing factor to the development of personality. It is believed that once biological needs have been met, the only other human goal is security, which is found in one’s relationships.

Out of these relationships the most important is the mother-child relationship, in which each individual forms a self-system (Ross, 99).

Of the difficult relationships and childhood issues described by the women interviewed, their relationships with their mothers were amongst the most troublesome due to neglect, problems with communication, alcoholism or abuse.

 Mothers who have a negative view on the world cannot build trust into a child’s developing consciousness, nor can they play their traditional role in helping a child’s ego develop (Beadle, 114).

Thus one’s relationship with one’s mother has an impact on the development of one’s personality.

When looking at the nature of the relationship that many of the women had or still have with their mothers, issues such as low self-esteem and the inability to trust others may be the consequences of these relationships.

**Father**

Most of the women felt that their fathers did not meet their emotional needs in some way. This occurred through absence as a result of job demands, divorce or death.

Some women felt they their fathers loved them conditionally.

Abuse, alcoholism and death were other issues that some of the young girls had to face.
Fathers who are frequently away from home leave their children with feelings of ambiguity about who their father really is. This can cause distrust in children with regards to their values in life. If a person is unsure of their values they may become very uncertain of themselves or they become the 'hard working type' (Scholten, 40).

In the women interviewed their uncertainty is reflected in their high levels of anxiety as well as their low self-esteem.

Their work ethic involves efficiency, dedication and perfection demonstrating the 'hard working type' which may occur when the father figure is only loosely connected or absent from his family. Feelings of being loved conditionally result in trying to prove oneself to the father so that his love may be won. Such a situation acts as the foreground of the perfectionist behaviour so often seen in women who have endometriosis.

4.5.4 Affection

Most of the women describe themselves as being affectionate even though the majority of them didn’t receive affection from one, or in some cases, both of their parents.

It has been said that emotional responsiveness in an adult is directly proportional to the amount of affection the individual experienced during babyhood, however the findings of this study are contrary to this belief (Morgan, 384).

4.5.5 Description of self

Perfectionism and low self-esteem were the most common adjectives used by the women when they were asked to describe themselves.

Personality traits and self-concepts do not emerge all at once but continue to develop throughout life. Personality change and development tend to be most rapid in early life but personality growth never ceases (Morgan, 381).

The concept of self is developed through all affective feelings, which include emotions, attitudes and values as well as through cognitive perceptions which is the awareness of objects and situations and the use of this awareness to guide behaviour (Beadle, 47).
The cognitive and affective aspects of the self, develop concurrently, but it is believed that the latter plays a more important role in the development of the personality (Beadle, 47).

‘Cognitive and affective aspects’ are another way of viewing the ‘Adult’, ‘Child’ and ‘Parent’ and the role that they play in the development of one’s personality (Beadle, 47).

A child’s self-esteem is dependent upon and built upon the opinions of the people around them through a process known as ‘reflected appraisals’. This is because a child does not have the ability to form an accurate picture of themselves, so their only guide of who they are is the reaction of others to them. Unloving parents, hostile siblings, unfriendly peers can all lower self-esteem (Harris, 43).

In the sphere of the sycotic miasm, self-condemnation is present which results in a low self-esteem (Robert’s, 231).

Some schools of thought believe that striving towards perfection is a central aspect of human nature, that all people have an innate social interest that makes them seek perfection in both themselves and in society. It is suggested that this has its source in the individual’s compensation for feelings of inferiority that may be real or imagined, physical or social (Ross, 99).

This model holds that an individual’s lifestyle stems from their attempts to overcome or compensate for feelings of inferiority. It is believed that people develop feelings of inferiority because they start off as weak, helpless infants who do not have the ability to satisfy the motive for power. Some people compensate for these feelings of inferiority by gaining success and some measure of control over other people (Morgan 450).

This explains the origins of the inferiority complex. In striving for power, human beings are always seeing ways in which they fall short of their aspirations, and thus the ways in which they are inferior. This can be positive in that it continuously allows people to improve their weaker aspects.

An inferiority complex develops when a person regularly fails to overcome their shortcomings or when for any reason they put too much emphasis on any particular weakness.

Compensation occurs when there is an increased awareness of one’s weaknesses, which results in a strong effort to overcome that weakness. Through overcompensation individuals may succeed in areas in which they were previously weak (Morgan 450).
Latent psora is characterised by fear, worry and anxiety especially the fear that one will not be able to accomplish what they attempt (Robert’s, 204).

This is related to the issue of low self-esteem and the effort that is put into a task in order to achieve perfection.

Many of the women interviewed described themselves as being perfectionists but when asked why they exhibit such behaviour most of them could not give an explanation as to the origins of this behaviour.

This can be explained by rationalisation, which is when the facts are known but the motivation behind the facts are not understood (Goleman, 121).

The perfectionist behaviour spoken of by many of the women interviewed corroborates the ‘time urgent perfectionist’ personality type that has been identified through previous research with regards to a particular personality type being associated with women who have endometriosis.

A number of characteristics are associated with the ‘time urgent perfectionist.’

The list below names these characteristics and compares them to the information obtained from the interviews in this study.

- When women with endometriosis are asked about perfectionism and time urgency, they do not admit to being either. Most of the women admitted to being perfectionists and said that punctuality is extremely important to them.

- They do not like change as it acts as a threat to their routine, which supports their perceived effectiveness. The daily routines as described by many of the women interviewed are rather fixed. This supports the finding that predictability and organisation is the preferred mode of behaviour as opposed to spontaneity.

- They feel motivated by and enjoy the surge of hormones that they experience when they are under stress. Many of the women said that they don’t handle stress well and some said that they put on a facade that they are coping with stress when in fact they are not. However many of the women experience stress that is self imposed which implies that this is a way of life that they are choosing for themselves.
• They prefer to work against deadlines and will leave their work to the last possible moment when the stress is at its highest. Most of the women said that they don’t like to work under pressure, however some of them said that this is when they do their best work. However as with the stressful situations the pressure that they experience is self imposed.

• They do not feel any physiological tension when they are under stress, these symptoms occur some time after the situation has passed. Most of the women interviewed agreed with this and the most common symptoms of stress that the women reported were headaches and fatigue following the stressful periods.

• Physiological tension is part of their daily existence and if it is not there it worries them. When discussing the women’s daily routine stress is seen to be an accepted daily occurrence.

(Rodrigues et al, 5)

Thus the ‘mine is better than yours scenario’ as discussed under the first life position offers an explanation of the perfectionism type of behaviour demonstrated by many women who have endometriosis. An inadequate supply of ‘strokes’ exacerbates inherent feelings of inferiority. This study has revealed that lack of communication is amongst the most important of the ‘strokes’ that the women did not receive in their childhood.

Lack of communication is said to affect the organs of the fifth chakra (Northrup, 90).

Many of the women had problems with their necks and various throat complaints, both are areas of the fifth chakra.

Through ‘strokes’ the individual can gain a sense of self worth and without them the feelings of inferiority are amplified, which is why failure is unacceptable in any form.

Such behaviour implies that the individual holds the belief that she is loved conditionally a fact to which many of the women testified. Thus they will attempt to be perfect in all that they do to raise their self-esteem and gain the ‘strokes’ that they longed for in childhood.

It is in this way that lack of ‘strokes’, feelings of conditional love, low self-esteem and the high regard that is placed on the opinions of others is linked to the personality type that has been called the ‘time urgent perfectionist’.
4.5.6 Time

Punctuality is of paramount importance to most of the women interviewed.

This acts as confirmation of the 'time urgent perfectionist' type of personality as researched by other parties.

The perfectionist aspect of the 'time urgent perfectionist', is the desire to achieve with greater perfection and the desire to achieve this in the shortest possible time, is where the urgency comes in. The stress comes into play when the individual has imposed time constraints on themselves or when another person has imposed such a time constraint in which to achieve the desired task (Rodrigues et al, 13-14).

4.5.7 Opinions of others

Most of the women interviewed are extremely concerned about other peoples' opinions.

The origin of this high regard placed on the opinions of others stems from the low self-esteem seen in many of the women interviewed. If others have a high opinion of the individual this may raise their self-esteem, however if someone regards such an individual in a negative light this will have a detrimental effect on her sense of self.

Concern for other peoples' opinions relates to the obsessive-compulsive, type-C and 'time urgent perfectionist' personality types.

A characteristic trait of both the obsessive-compulsive and the type-C personality is conformity, which implies that one behaves in a manner that is acceptable to others.

A woman who has a 'time urgent perfectionist' type of personality not only applies a level of excellence in all that they do, it is crucial to them that other people acknowledge this level of excellence.

The value that many of the women place on the opinions of others is related to low self-esteem and competitiveness. If the women could accept and appreciate themselves as unique individuals the need to compare oneself to others would not occur and the need for perfection would decrease (Hay, 85).
4.5.8 Sociability

Most of the women said that they get on very well with other people; they described themselves as being kind and friendly. Conformity, which encompasses the desire to please others and place a high regard on their opinions, may influence the congenial nature of many of the women.

However many women said that a reason why they drink alcohol is to help them relax and to become more sociable. This statement implies that the women may not be as comfortable in the company of others as have they think they are.

4.5.9 Career

Most of the women work or study and have described themselves as being perfectionists in their respective fields. Most are extremely ambitious and continually like to challenge themselves to see what they are capable of achieving.

Four of the women have their own businesses and five of the other women have prestigious jobs.

Endometriosis has been called the ‘illness of competition’ as well as the ‘career woman’s disease.’

One of the theories of why endometriosis is thought to occur is because of the existence of conflict between a woman’s innermost emotional needs and the demands of the outside world; these demands may or may not be self imposed. The women may drive themselves relentlessly, leaving little time to consider their emotional needs. Some women reach a point where they no longer acknowledge the presence of their emotional needs (Northrup, 165).

Research was done with regard to women’s conflict concerning achievement. The type of women who were involved in the research were ‘high achievement orientated. high ability women who aspired to and or are capable of achieving success compared to low achievement orientated. low ability women who neither aspire to nor can achieve success.’ (Ross, 434)

The result of the study showed that women have a fear of success (Ross, 434).

The type of women on whom the research was performed have similar personalities to the personality type that has been used to describe women with endometriosis.
The study concluded that women do not avoid success but rather there exists anxiety about achieving success. This is because one expects negative consequences such as social rejection and/or a feeling of not being perceived as being feminine as a result of their success (Ross, 434).

These studies were done in 1960, so one could argue that women and the way in which they are perceived has changed through the years (Ross, 435).

Perceptions have changed to some degree but so have expectations, which is why the result of this study would most probably be the same. Anxiety in the workplace still exists for women although the dynamics have shifted.

Women's opportunity and acceptance in the workplace has increased but so have the expectations of their performance and their responsibilities in whatever position they occupy.

In addition to this mothers still bare most of the responsibility for raising children. Women of today want to achieve in the work place as well as have a family and run a home.

Anxiety arises out of trying to successfully cope with all of these tasks.

When a woman has difficulty in applying her creative energy to her career or job because of family commitments it is believed that disease may result in those areas of the body that are found in the region of the fourth chakra. Symptoms originating from organs of the forth chakra that were seen to be common in the women interviewed, included back, shoulder and breast pain.

Thus the idea of conflict between emotional desires and obligations are linked to endometriosis. However in the women with endometriosis, it is the desire for perfection that increases the conflict to even greater degrees because of the increased demands that such women place on themselves.

Chakra three, which is thought to relate to self-esteem, unites and explains the relationship between competitiveness and the need to succeed, seen in many women who have endometriosis.

The nature of one's relationships and one's sense of security in the world are thought to impact upon one's self-esteem and thus the organs of the third chakra. Other issues that are believed to affect the organs of the third chakra are one's sense of responsibility and the degree to which one is competitive. These issues will affect this chakra because they are all linked to one's self-esteem.
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If one feels inadequate due to past experiences, one may attempt to compensate for such feelings of inferiority. This compensation may take the form of a desire to achieve so that one may prove oneself. The desire to achieve may become so strong that perfectionism becomes the only acceptable mode of behaviour.

Perfectionism implies that one is better than others and competition allows the opportunity to prove this. Failure becomes unacceptable to such a person because it reflects all that the person is attempting to overcome.

Thus you have the formation of a personality type that is accurately described as the ‘time urgent perfectionist’.

Many of the women expressed anxiety with regards to their financial position, perhaps without justification.

The desire for success and the prestigious job positions held by many of the women may be due to the need for financial security as well as the desire to compensate for feelings of inferiority. Financial security may be appealing to many of the women beyond its usual attractiveness, since wealth lends both power and control.

Thus the desire for control and the need to compensate for feelings of inferiority may be the motivating factors that have resulted in the alternative name for the endometriosis, namely the ‘career women’s disease’.

4.5.10 Daily routine

Most of the women interviewed work and some of them have families, but all of them are extremely busy almost all of the time. This is an expression of the time urgency part of the ‘time urgent perfectionist’ that has been used to describe women with endometriosis. When this personality type is looked at with regards to raising a family and having a career it is seen why conflict and anxiety develop because of the need to do everything perfectly in the shortest possible time.

Stress is the expected outcome of such behaviour that has a detrimental effect on the immune system leading to the increased possibility of the occurrence of endometriosis according to the theory of the interrelationship of the immune system and endometriosis.

In most of the women interviewed both personal and background stressors have been a frequent occurrence in their lives.
According to the theory of stress on negative feedback loops, many of these women will have malfunctioning of their feedback mechanisms. Such malfunctioning may be responsible for disrupting the function of various organs or systems, which may either be a cause or a maintaining factor of endometriosis.

4.5.11 Concentration

Most of the women interviewed reported that they have excellent levels of concentration. This could be explained by increased levels of ACTH (adrenocorticotropic hormone), which rise in response to increased levels of stress and function to increase one’s level of attention (Goleman, 35).

In people in whom latent psora is present, levels of concentration may be low due to increased activity of the mind; thought processes begin to accelerate ahead of what is practically done so that confusion results (Robert’s, 204).

4.5.12 Memory

Varying problems with memory are seen to be present in the women interviewed.

In the sycotic miasm short-term memory is affected while long-term memory remains intact and absentmindedness and the inability to find the right words are common occurrences (Robert’s, 231).

Anxiety may be another factor that affects memory, if one considers the intrusive nature of anxiety and how it interferes with thought processes.

4.5.13 Anxiety

Anxiety is defined as being unbidden thoughts and feelings, which impinge on awareness (Goleman, 44). The essence of anxiety is the intrusion of distress into physical and mental channels that should be clear (Goleman, 41).

Anxiety is the stress response taken to the extreme.
Anxiety may be characterised by:

- Pangs of emotion, which are experienced as sensations that well up and subside, rather than persist as a prevailing mood.

- Preoccupation and rumination of thoughts that is manifested as continual awareness of a stressful event.

- Intrusive ideas, sudden, unbidden thoughts that have nothing to do with the mental task at hand.

- Persistent thoughts and feelings, emotions or ideas over which the person has no control.

- Hypervigilance, which is expressed as excessive alertness, scanning and searching of the environment with a tense expectancy.

- Insomnia caused by intrusive ideas and images that disturb sleep.

- Nightmares and anxious awakening.

- Awareness of unwanted sensations that are unusually intense or are unrelated to the situation at the moment.

- Startle reactions such as flinching response to stimuli that typically do not warrant such reactions.

(Goleman, 45-46)

The nature of threat is highly subjective; it is the individual’s perception of the circumstances as opposed to the circumstances themselves that determine whether the stress response will be triggered (Goleman, 41).

Children who have stressful childhoods due to difficult relationships or circumstances must learn to cope in order to survive. If they can’t change their situation then they have to change the way in which they perceive the situation. In cases where stress is continual and frustration is high, the child meets life with the expectation that danger is high. Thus the adult will keep up their guard at all times to protect him or herself from anticipated danger (Goleman, 148). Such an outlook on life will result in feelings of anxiety and is thought to impact on the organs or systems of the first chakra. This is because the world cannot be perceived as being a safe place to be if one has the expectation that danger is high.
Individual perception of a situation is influenced by one’s personality and one’s character is influenced by one’s childhood experiences. In the stressful types of childhood described by many of the women interviewed it can be understood how the changing of one’s perceptions, in order to survive, may result in misperceptions of future situations, based on previous stressful events. Such future misperceptions may affect one’s mode of functioning resulting in behaviour such as the desire for control and perfectionism with underlying anxiety.

The stress that many of the women encountered in their childhood, and some in the later parts of their lives is significant enough to have caused disintegration of the boundaries between the ‘Parent’, the ‘Adult’ and the ‘Child’. Helplessness is the result of such disintegration as the ‘Child’ will be flooded with negative emotions and the ‘Parent’ will not contain beneficial data on which to draw, it will merely contain many distressing memories. Helplessness is an emotion that may result in overcompensation and feelings of anxiety.

Anxiety is one of the manifestations of the latent psoric miasm. The anxiety is caused by a number of fears such as not being able to accomplish one’s goals, fear that their health will fail resulting in death, illness or dependency on others (Robert’s, 204).

Distorted beliefs with regards to one’s ability (which relates to self-esteem) and trust (which relates to one’s sense of security) may be the underlying causes of the above mentioned fears. These distorted beliefs may be due to negative interpersonal relationships. Thus a link between chakras, psychological processes and miasms is established.

Furthermore the anxiety associated with latent psora unites the ideas of low self-esteem and the goal directed behaviour typical of the women interviewed. Anxiety with regard to illness and loss of independence is a reflection of the need to be in control.

Fear is a reaction to a specific object or situation, whereas anxiety is a general state of apprehension or uneasiness in which the object of the fear or anger is unclear.

Anxiety is usually less intense but more persistent than fear or anger, although some periods of intense anxiety can be experienced. Anxiety also occurs through generalisation of fear from one situation in which fear was learned to other similar situations (Morgan, 245).
4.5.14 Fear

The most common fear expressed by the women interviewed was that of abandonment or loss, such a fear indicates a sense of insecurity. The insecurity may have been generated through lack of family structure seen in many of the women’s childhood experiences or due to the fact that many of the women have experienced the loss of a loved one through tragic circumstances, such as suicide or accidents.

Such a sense of insecurity is believed to negatively affect the organs of the first chakra. The fear of abandonment felt by many of the women may also be understood in relation to self-esteem, a third chakra issue. An individual with low self-esteem may not think themselves worthy enough for others to be committed to them.

Fear of abandonment, feeling unsafe in the world and low self-esteem are all intricately connected and will affect chakras one, two and three.

Fear of abandonment is also related to one’s ability to trust, both the flow of life and other people.

4.5.15 Mistrust

Anxiety is thought by some to be the inability to trust the process or flow of life (Hay, 152). It is through this statement that the notion of trust, control and anxiety can be understood in relation to women with endometriosis.

If an individual has the need to control situations, which is seen to be the case for most of the women interviewed, it implies that one has difficulty in trusting others to complete a designated task to their set levels of expectations.

A sense of mistrust develops if one does not feel safe in the world. Women who suffer from endometriosis seem to feel unsafe. This is demonstrated through various fears, modes of behaviour and beliefs as well as by the fact that the organs related to chakra one, namely the immune system and the rectum are commonly affected in women who have endometriosis.

Furthermore a number of symptoms were commonly seen amongst the women interviewed which are thought to be representative of problems that arise when one fears the future, feels unsafe or resists the flow of life. Such symptoms include short-sightedness, breast symptoms, migraines, constipation, abdominal cramps and chronic disease.
In the emotional and mental sphere it is seen that the sycotic patient is extremely suspicious. This suspiciousness extends to the point where one does not trust either themselves or others with regards to words or actions. Suspiciousness of others results in a fear of being misunderstood by others as well as a fear of not being able to make others understand what you are trying to convey to them (Robert’s, 231).

Overgrowth of tissue, inability to trust on various levels and the desire for control all fall under the definition of the sycotic miasm. Through the understanding of this miasm a more complete understanding of endometriosis as a disease and its origins can be gained.

The need to control others is related to mistrust. If one does not trust others, then others cannot be relied upon to successfully complete tasks without being controlled.

4.5.16 Control

Power is thought to be at the root of the human experience. One’s attitudes and belief patterns, whether positive or negative are representations of how one uses or ignores one’s personal power. Some examples of this are feelings of inadequacy, controlling other people or trying to maintain a sense of security (which is a synonym for power) either financially or within our personal relationships (Myss, 43).

Power is essential for maintaining health. Situations that result in feelings of powerlessness deplete the body of energy as well as lower the self-esteem (Myss. 43).

The various life circumstances described by many of the women involved situations in which they had no power. Such situations would manifest feelings of powerlessness, which may have caused ill health on both the mental and physical level. The former resulting in the desire for control, the low self-esteem and the feelings of insecurity and the latter causing endometriosis.

Helplessness, which is synonymous with powerlessness, has been related to negative experiences and the breakdown between the boundaries of the ‘Parent’, ‘Adult’ and ‘Child.’

The need to control others can be detrimental to one’s health, in particular to the organs of the second chakra. Control was seen to be such an important factor to many of the women interviewed, and it is the organs of the female reproductive tract that are said to be negatively affected in individuals who have the need to control other people.
Control is fundamental to the person who is goal orientated and sets high standards for those goals. In striving for perfection one needs to control not only oneself but also those who will influence the outcome of the planned goal. The evidence that these women exert control over themselves is seen in their daily routine and in the fact that most of the women describe themselves as being extremely self-disciplined.

Feelings of childhood frustration were confirmed by many of the women interviewed. The issue of frustration is closely related to a sense of powerlessness and a need for control. If one cannot achieve one’s goal, frustration results. Excessive measures of control may be carried out with the belief that if one has enough control over all given situations, then the desired outcome will be achieved so that a sense of frustration or failure can be avoided.

Studies have shown that one’s perception of control may influence one’s vulnerability to immune system dysfunctioning. In an experiment conducted it was shown that a stressful situation in which there was no level of control resulted in lowered immune functioning compared to situation that was stressful but in which the subjects still had control (Comer, 398-399).

Perfectionism can be viewed as control taken to the extreme. This is how the behaviour, which has been called ‘time urgent perfectionism’, may develop out of life experiences that have caused feelings of frustration.

4.5.17 Frustration

Frustration is defined as the interruption of goal directed behaviour. It can involve blocking a person’s way to a goal or holding back an anticipated reward. The emotion that is produced by frustration is anger. Frustration also arises when control over one’s life is taken away or diminished (Ross, 461).

Frustration tends to provoke aggression or hostility, which leads to anxiety from fear of punishment. Frustration also results in fear of failure with regards to either obtaining a positive goal or acquiring relief from a negative situation. Thus there is a close connection between frustration and anxiety (Morgan, 245).

Many of the women said that they felt extremely frustrated during their childhood.

Sources of frustration may be divided into three categories centring on environmental, personal and conflict issues.
Environmental Frustration

Generally, environmental obstacles are the greatest source of frustration for children; teachers or parents usually impose them (Morgan, 245).

Personal Frustration

As children grow up and move toward adulthood, unattainable goals become increasingly more prominent factors in producing both anxiety and frustration. The frustration usually arises because the individual’s goal is beyond their capability (Morgan, 246).

Perfectionism and achievement have been seen to be extremely important to women who have endometriosis. Thus personal frustration will be high if an individual of this nature cannot achieve her goal.

This offers an explanation of the anxiety and stress that has been seen to be a part of the typical picture that has been used to describe women who have endometriosis.

Conflict Frustration

The conflict that usually results in frustration is motivational conflict between what one wants to do and the consequences for that action. If the consequences are negative but the need to achieve is strong, motivational conflict will arise (Morgan, 246).

People may feel frustrated if they put aside their needs with relation to a certain goal, if they know that the achievement of that goal will upset other individuals. This relates to issues of conformity and regard for other peoples’ opinions, which have been demonstrated as being important to the women interviewed and therefore will act as probable sources of frustration. Furthermore motivational conflict explains frustration for women who may want to have children as well as a career. It is motivational conflict that will impact on the organs of the fourth chakra.

4.5.18 Anger

The common issues that elicit feelings of anger in the women interviewed involve incompetence, dishonesty or betrayal of some kind. These issues are very relevant to the ‘time urgent perfectionist’ in that they find it difficult to accept people who do not conduct themselves in the same manner of efficiency that they do.
Most people will be angered if they are betrayed, but many of the women interviewed raised the issue of betrayal as being a primary cause of anger. This implies that there exists a sensitivity regarding betrayal, which is perhaps based on previous experiences.

4.5.19 Sadness

Suffering and abuse especially of animals and children evoked feelings of sadness in most of the women. This suggests that most of these women have compassionate and sensitive natures.

4.5.20 Sensitivity

Most of the women regard themselves as sensitive types. They are sensitive about the way in which other people treat them and they are sensitive towards other people’s feelings. The sensitivity of one’s nature is as much a contributing factor to stress, as is the actual circumstance, for it is one’s sensitivity that influences one’s perception of a situation.

The individual sensitivity of a child or adult offers an explanation as to why all girls who experience an unhappy childhood do not develop endometriosis.

A corroborating factor of the women’s sensitivity is seen in their love for music and the impact that it has on their moods.

4.5.21 Weeping

The majority of the women prefer to be on their own when they cry, some of them said they find it difficult to cry at all. Not being able to cry in front of other people or finding it difficult to cry implies that there exists difficulty in expressing emotion and being able to trust others with these emotions. This forms another dimension of the nature of the ‘time urgent perfectionist’ in that they may not want to spoil their image of ‘perfection’ by appearing to be weak.

Some women may not have been encouraged to release their emotions as children. Such emotions may remain hidden into adulthood, offering another explanation why many of the women find it difficult to cry or share painful emotions with others.
4.5.22 Isolation

Most of the women feel or have felt isolated from others at some time in their lives. This is an indication of loneliness, of being unsupported by others or not being able to turn to others for help, all of which are usually a product of one’s upbringing.

Numerous studies have shown that people who feel lonely and unsupported through times of stress have poorer immune functioning compared to those who feel emotionally supported. An explanation for this may be that by having people around you who are supportive, may help reduce the stress by taking care of some of the situations for you within that stressful period (Comer, 401).

Many of the women were not encouraged to express their emotions as children and some of them admit to having difficulty in expressing their emotions as adults. Many of the symptoms that are seen to be common in the women interviewed are related to unexpressed emotion, such as earache, postnasal drips, and throat problems.

4.5.23 Death

Most of the women said that they do not fear death. Many of them have demonstrated the need for control in their lives and a high degree of mistrust of others. It is ironic that the women do not fear death, a situation over which they have no control. This could be due to personal spiritual beliefs or a relief from the suffering and pain that many of them have experienced or are experiencing.

4.5.24 Meaning of life

To most of the women, family, personal growth and their spirituality are the issues that lend meaning to their lives.

This is contrary to what people may expect to be of importance in the lives of women who have endometriosis as it has been dubbed the ‘career women’s disease.’ One may have expected one’s job and earning potential to have been the primary issues of concern. The fact that this is not so offers confirmation that the ambitious behaviour demonstrated by many of the women in the work place has more to do with emotional issues than financial ones.
4.5.25 Relationships

It is believed that women develop tumours (cancer, fibroids, endometriosis) in the uterine area because of a negative experience with regards to their femininity which they have not let go of (Hay, 146). This statement is verified by nine of the women stating that they were at some time involved in negative relationships with men.

It is not only a man who can cause an insult to a women’s femininity, parents, siblings, school friend or acquaintances, can affect young girl’s femininity through making comments about her physical looks, her sexual motives or her abilities as a future mother.

Although most of the women were involved in a negative relationship at some point in their lives, some of the women are presently involved with partners with whom they are happy. This could be both representative of and provide the opportunity for personal growth. With regard to the former it shows increased self-esteem, in that the women have chosen men who are not abusive. An opportunity for personal growth occurs when one is involved in a loving relationship where care and nurture are provided in ways that may have been lacking in childhood.
5.0 GENERAL DISCUSSION AND CONCLUSION

The previous chapters have explained how certain life circumstances and inherent characteristics may cause a child to mature into a woman who develops endometriosis. This explanation was reached through the information disclosed in the homeopathic based interviews as well as through previous research.

The literature review examines pre-existing theories of endometriosis as well as further information that unites and builds upon many of these theories.

Section 2.0 gives a summary of each of the womens’ life histories so that an essence of their common experiences can be gained.

In section 3.0 the common symptoms of the women interviewed are listed.

In section 4.0 the common symptoms are analysed using various sources of information, including data that explains the psychological meanings of particular symptoms and the chakras.

The information regarding the psychological explanations of physical symptoms, the chakras and the miasms is based on clinical experience as opposed to scientific evidence. However careful analysis of the data obtained from the interviews in this study has corroborated much of the information held by these theories thereby validating their authenticity.

The information revealed through this study together with the chakra theory, the miasms and the psychological explanation of physical symptoms lends a holistic understanding of various physical symptoms and a more complete knowledge of the mind/body relationship.

Past research that has been conducted with regards to psychosomatic illness, justifies the importance and relevance that an individual’s mental state has on the development of disease.

It is with this in mind that the women’s past emotional experiences have been extensively investigated in this study.

Many of the women have experienced difficult relationships or traumatic incidences; most of them were children at the time, some were adults. The degree of stress and the type of childhood differed from woman to woman. However a lack of communication within the family was a factor that was seen to exist in all of the womens’ childhood experiences.
Lack of communication may be the point around which many of the psychological factors demonstrated by the women in this study develop. Lack of communication exists when there are problems within one’s relationships, this is believed to have a negative impact on the organs of the second chakra, which are the reproductive organs, those organs most affected in endometriosis. Lack of communication can result in many emotional problems for children, as it is an important ‘stroke’ needed by all. The type of emotional problems generated by deficient communication will depend on the nature of the child and the type of situation in which the lack of communication is experienced. Feelings of frustration and a sense of isolation may result. The isolation may leave one with feelings of neglect, which can exacerbate feelings of inferiority which may result in the desire to overcompensate giving rise to the ‘time urgent perfectionist’. Placing a high regard on the opinion of others, stems from this low self-esteem. Lack of communication results in unexpressed emotion that leads to repressed emotion and frustration. The repressed emotion may form the learning ground for the control of one’s emotions that was seen in the women interviewed. The lack of control and sense of inferiority seem to be dealt with through overcompensation in that you have an adult who strives to control all situations in an attempt to raise their self-esteem.

The effect of trauma on our physical, mental and emotional beings is determined largely by our interpretation of the event and the meaning that we give the event (Northrup, 41).

The function of the ‘Adult’ is to differentiate between the information in the ‘Child’ and the ‘Parent’ and is thus an expression of one’s individuality as both one’s experiences and emotional response to that experience is unique to each individual.

This implies that it is not solely one’s experiences which determines whether an event is stressful or not, the individual’s sensitivity impacts on the reasoning process that will be made by the ‘Adult’. This offers an explanation as to why not all children who have had difficult childhood experiences are affected by stress to the same degree.
This discussion encompasses the age-old debate of nature versus nurture. This debate argues whether it is one’s inherent nature that determines one’s personality or whether it is one’s upbringing that determines one’s personality. Information stored in the ‘Child’ are feelings; as an infant these feelings will be determined by an inherent ‘nature’.

Information stored in the ‘Parent’ are facts about life situations; this will form the ‘nurture’ part of the debate. But the ‘Adult’ is responsible for assessing the information stored in both the ‘Child’ and the ‘Parent’ implying that it is both ‘nature’ as well as ‘nurture’ which determines one’s personality.

Thus it is one’s inherited nature as well as childhood and future life experiences that build and influence one’s personality and the way in which people will respond to various life events.

It is in this way that the similar life experiences and the inherent natures of many of the women interviewed, contribute to the development of a particular personality type. Research in the field of both psychoneuroimmunology and psychology, (specifically psychosomatic illness) have shown how personality types contribute to the development of disease.

Information throughout this study has shown that one’s perception has an important impact on the degree of stress that one endures. Many of the women complained of recurrent problems in their ears and nose. These are believed to be organs of the sixth chakra, which are affected by the way in which various situations are perceived.

Problems with perception may occur due to inherent sensitivities or particular life events.

One’s genes or the type of miasm one has inherited from one’s parents or acquired through life may further influence perception of an incidence.

One of the greatest assets of the body is that of adaptability. But this in itself can result in illness, if the body is forced to cope with negative conditions or circumstances in order for life to continue. Symptoms or illness, which arise from stressful situations, do so because of the presence of the psoric miasm (Robert’s, 198).

Even though many psoric symptoms occur in the women interviewed it is not psora alone that causes the development of endometriosis. This is because the psoric miasm is said to be unable to cause pathological structural changes when it occurs in isolation from the other miasms.

Psora is believed to affect function and results in changes in sensation as opposed to structural changes. If structural changes have occurred psora has combined with another miasm (Robert’s, 205).
By comparing the symptoms given by the women interviewed with the typical symptoms of psora (given in appendix C), psora is seen to be present in many of the women interviewed, but it is in its latent form. Numerous characteristic latent symptoms of psora are seen in the mental and emotional symptoms of many of the women interviewed, such as their quick active minds, their experiences of grief and the numerous fears and insecurities that are present.

The syphilitic miasm is not responsible for uniting with psora to cause endometriosis. Even though this miasm is said to cause structural changes within a person, the emotional sphere in the purely syphilitic patient does not correspond to the emotional expressions seen in many of the women interviewed. There are not many subjective symptoms or anxieties in the person in which the syphilitic miasm predominates compared to that individual in which psora predominates (Robert’s, 218). Furthermore the syphilitic miasm causes breakdown of tissue whereas endometriosis is known for its many tumours, which represent an overgrowth of tissue.

Sycosis is present and unites with psora to produce endometriosis. The evidence for this is seen in the similarity between sycosis and endometriosis in that sycosis causes overgrowth of tissue and endometriosis consists of ‘overgrown’ endometrial tissue. The primary sphere of action of the sycotic miasm is the pelvic organs and it is these organs that endometriosis affects. A similarity, on the mental and emotional level is seen in the personality of many of the women interviewed in this study as well as in previous research, with the personality that is characteristic of the sycotic individual. Self-condemnation, which relates to low self-esteem and suspiciousness represent the most important similarities. Suspiciousness results in the inability to trust others, which may lead to the desire to control which in turn is related to perfectionism, both traits being idiosyncratic of many of the women interviewed.

Not being able to trust others is thought to be related to first chakra issues. If one is not made to feel safe in one’s environment the organs found in that particular chakra will be affected. Of primary interest in this chakra is the immune system, whose role in the cause of endometriosis has been explored.

Low self-esteem is often a manifestation of a difficult childhood. One’s level of self-esteem influences many aspects of one’s behaviour including performance in the work place, motivation, accepting responsibility, aggressive or passive conduct, competitiveness and one’s ability to trust others (Northrup, 75). In the women interviewed, problems or issues occur with regard to many of these aspects, corroborating the fact that many of the women said that they had a low self-esteem.
The philosophy of the chakras holds that the third chakra, which is related to self-esteem, will be affected when one has difficult relationships, which affects one's sense of security.
Both difficult relationships and feelings of insecurity have been demonstrated by many of the women interviewed, as their life experiences included many background as well as personal stressors.
Feelings of insecurity, difficult relationships and a low self-esteem, offer an explanation of the 'time urgent perfectionist' behaviour demonstrated by many women with endometriosis.
Low self-esteem caused by life experiences that create feelings of inferiority may result in behaviour that attempts to raise one's self-esteem through compensation. The feelings of inferiority expressed by many of the women interviewed are caused through various life circumstances and personal insecurities and the characteristic life styles seen in many of the women are a testament to this.
The intricate connection between retrograde menstruation and the immune system lies in the function of particular immune cells, which are responsible for the removal of the endometrial cells that enter the pelvis through retrograde menstruation. Endometriosis is said to result if the immune cells do not remove these endometrial cells.
The field of psychoneuroimmunology and the philosophy of stress and personality are inextricably linked. The connection is seen through the influence that one's personality has on the way in which one perceives their life circumstances which impacts on the degree of stress that one will experience which in turn affects immune system function.
The philosophy of the chakras illustrates how particular kinds of emotional stress, seen in many of the women interviewed, impacts upon the immune system as well as the female reproductive organs.
A psychological viewpoint describes the development of personality using the model of the 'Parent', 'Adult' and 'Child', which clarifies and explains much of the typical behaviour seen in women with endometriosis in this study and in previous research.
'The concept of causality - the linear association of phenomena by cause and effect - has always been an unquestioned logical category: in scientific work especially, it seems to us the only possible category.' (Whitmont, 79)
When trying to understand disease and the vastness that is the human being who is a three-part entity of mind, body and soul, this linear concept of causality falls short when one tries to understand the complexities of their function and relationship.
From this research it can be seen that the cause of endometriosis is not linear, it is not due to one specific factor, but rather due to a multitude of events interacting with and impacting upon one another in a number of intricate ways. One's genetic, miasmatic and psychological inheritance, social, cultural and familial experiences, personality, diet, cognitions and beliefs and physiological processes all play a role in defining who we are, how we function, our susceptibilities and the way in which we manifest disease. Thus our overall makeup contributes to the disease that one will ultimately develop.

Through the methods employed in this dissertation, 'A study of the aetiology of endometriosis using homoeopathic case taking principles', the thoroughness and depth of the homoeopathic interview has been demonstrated. This has been done by the fact that the information revealed through the interviews has corroborated previous research concerning the personality type of women who have endometriosis, the chakra theory, miasmatic theory and the psychological explanation of physical symptoms.

The profile of the aetiologies of endometriosis concluded in this study were built upon the information acquired through the homoeopathic based interviews, all the other theories, mentioned above, merely corroborated these findings, they were not used to construct the aetiologies of endometriosis as given in this dissertation.

This research has attempted to understand the reality of the disease that is endometriosis and why it occurs in the hope that this insight will enable a cure to be found.

It has outlined the possible aetiologies of endometriosis and the maintaining factors of the disease.

In some individuals, all of the factors examined in this study were present but in other individuals only some were present.

It is with this variance in mind that one needs to consider the words of Albert Einstein. 'In our endeavour to understand reality we are somewhat like a man trying to understand the mechanism of a closed watch. He sees the face and the moving hands, even hears its ticking, but he has no way of opening the case. If he is ingenious he may form some picture of a mechanism which could be responsible for all the things he observes, but he may never be quite sure his picture is the only one which could explain his observations. He will never be able to compare his picture with the real mechanism and he cannot even imagine the possibility of the meaning of such a comparison.' (Zukav, 35)
5.1 Recommendations

The women interviewed for this study were all white women, however it was not the intent that this should be the case. The women interviewed in this study were contacted through various sources none of which led to any black women responding.

It is thus recommended that black women should be interviewed to see if the findings of the study are the same. However considering the difficulties experienced in the past and the struggle that many black people have had to face, stress would more than likely be present as one of the important aetiological factors outlined in this study.

It is further recommended that many women, of all colour, who have had their endometriosis laparoscopically diagnosed be interviewed to see if the common themes found in this study are present when many more women are interviewed to confirm the validity of the findings outlined in this research.

The impact of the contraceptive pill and diet on endometriosis are also suitable subjects for further research that fall beyond the scope of this study.

Research with regard to the symptoms revealed in the interviews should be done to see if one particular remedy or a group of remedies come through in the repertorisation process. If one particular remedy or a group of remedies is seen to exist this will be a important mode of treatment of endometriosis as the disease will be approached from an holistic understanding of the individuals and not just on the physical symptoms of the disease.

Many of the common themes and symptoms that have been isolated in this study are issues that are common to the general population. Thus further research needs to be done which statistically compares the occurrence of the identified common symptoms in this study to the occurrence of such symptoms in women who do not have endometriosis.

If the identified symptoms occur more frequently in women who have endometriosis compared to women who do not, then the common themes become significant in relation to the symptom complex that is endometriosis.

If such research reveals no difference between the two groups of women, this implies that these common symptoms may not be significant in women who have endometriosis.

However it may be unwise to consider any of the common symptoms as isolated features as this study has revealed that the cause of a symptom or disease may have multidimensional aspects which interrelate with one another so that the whole is understood by looking at all the parts; a single part cannot explain the whole.
APPENDIX A

This is the homoeopathic based questionnaire that was used to interview the sixteen women who have endometriosis.

1 PAST MEDICAL HISTORY

1.1 Health in general

(i) How would you describe your general state of health?

(ii) How would you describe your ability to recover from illness?

1.2 Vaccination

(i) Were you vaccinated as a child?

- What vaccinations did you receive?

- What was your reaction to the vaccination/s?

- Do you have a scar from where you were vaccinated?

1.3 Childhood disease

(i) Which of the childhood diseases did you have?

- Name.

- How old were you when you got the disease/s?

- Did your disease follow the usual course of events for that particular disease?

- Did you notice any change in your overall state of health after you had recovered from the disease?
1.4 Other illness

(i) Do you suffer from diabetes, epilepsy, asthma, rheumatic heart disease, tuberculosis or hypertension?
- Describe. (age)

(ii) Do you suffer from any other disease/s?
- Describe

(iii) Do you have any complaints that keep recurring?
- Describe.

(iv) Have you ever been involved in a serious accident or had a serious injury?
- Describe

1.5 Past surgical history

(i) Have you ever been hospitalised?
- Describe.

(ii) What surgical procedures if any have you had?
- Describe.
  - When were they performed?
  - Why were they performed?
  - How did you respond to the anaesthetic?
1.6 Allergies

(i) Do you suffer from any allergies?

- Do you know what you are allergic to?
- Describe the symptoms of your allergic reaction?
- When did you develop your allergy/ies?

1.7 Family history

(i) Is there a family history of diabetes, epilepsy, asthma, rheumatic heart disease, tuberculosis, hypertension or cancer?

- Name.

(ii) Is there a family history of any type of autoimmune diseases?

- Describe.

(iii) Is there a family history of any disease of the reproductive tract?

- Describe.

(iv) Is there a family history of any unexplained abdominal pain?

- Describe.

(v) Is there any family history of infertility?

- Describe.

(vi) Do you have any relatives who have endometriosis?

- Describe.

(vii) Are your parents still alive?

- If not how did he/she/they die?

(viii) Are your grandparents still alive?

- If not how did he/she/they die?
(ix) Have you ever lost a sibling?

- If so how did he/she die?

1.8 Medication

(i) Are you taking any medication prescribed or self medicated at present or in the past?

- What is the name of the medication?
- For what reason was it prescribed?
- How long have you been taking the medication for?
- How often do you take the medication?

(ii) Have you been on antibiotics at any stage in your life?

- For what reasons were the antibiotics prescribed?
- Approximately how many courses of antibiotics have you had? How long were you taking the antibiotics for?
- How old were you when you were taking the antibiotics?

(iii) Have you been on cortisone at any stage in your life?

- For what reason was the cortisone prescribed?
- How long did you take the cortisone for?
- How was the cortisone administered?
- How old were you when you were taking the cortisone?

1.9 Smoking

(i) How many cigarettes (cigars, pipe) do you smoke a day?

- Number.

- Have you ever smoked cigarettes or any else?
• When did you stop smoking?
• What brand of cigarettes do you smoke?
• When did you begin smoking?
• Why did you begin smoking?

(ii) Did your parents smoke?
• Describe. (affect on you)

1.10 Alcohol

(i) How many tots/glasses of alcohol do you have a day?
• What type of alcohol do you drink?
• When did you begin drinking alcohol?
• How does alcohol affect you?
• Why do you drink alcohol?

1.11 Drugs

(i) Have you ever used any recreational drugs?
• What kind of recreational drugs have you used?
• How often do you use recreational drugs?
• When did you first use recreational drugs?
• What effect do/did the drug/s have on you?
• Why do you/did you use recreational drugs?
2 REVIEW OF SYSTEMS

2.1 Skin

(i) Have you ever had any problems with your skin, hair or nails?
   • Describe.

(ii) Have you ever had eczema or other skin related disorder?
   • Describe the symptoms.
   • Where on your body did you have eczema?
   • When did you have it?
   • How long did you have it for?
   • How was it treated?

(iii) Have you ever had warts?
   • Describe them
   • Where were the warts on your body?
   • How were they treated?

2.2 Head

(i) Have you ever experienced any problems with your head?
   • Describe.

(ii) Have you ever sustained a head injury?
   • What was the nature of the injury?
   • When did it occur?
   • How was it treated?
   • Did it cause any long term problems or changes?
(iii) Have you ever suffered from headaches?

- Describe the headaches.
- How often do you get the headaches?
- Do you know what causes the headaches?
- What makes the headaches feel better or worse?
- Do you get any other symptoms with the headaches?

2.3 Eyes

(i) Have you ever experienced any problems with your eyes or your vision?
- Describe.

(ii) Do you wear glasses/spectacles/contact lenses?
- Why do you wear glasses/spectacles/contact lenses?

2.4 Ears

(i) Have you ever experienced any problems with your ears or your hearing?
- Describe.

(ii) As a child did you suffer from recurrent ear problems?
- How were your ear problems treated?
- Did you have grommets inserted?

2.5 Mouth

(i) Have you ever experienced any problems with your mouth, tongue or teeth?
- Describe.
- How many fillings do you have?
(ii) Do you ever get aphtae ulcers in your mouth?
  • Describe.

2.6 Nose

(i) Have you ever experienced any problems with your nose?
  • Describe.

(ii) Do you ever experience nose bleeds?
  • What causes your nose to bleed?
  • How long does the bleed last?
  • How do you stop the bleed?
  • Are there any other symptoms associated with the nose bleed?

2.7 Throat

(i) Have you ever experienced any problems with your throat?
  • Describe.

(ii) Do you ever experience any hoarseness?
  • What causes the hoarseness?
  • How long does it last?
  • How long have you had this problem?
  • Do you experience any other symptoms with the hoarseness?
2.8 Neck

(i) Have you ever experienced any problems with your neck? (pain, stiffness)
   - Describe.
   - What causes the problem?
   - How is it treated?

2.9 Breasts

(i) Have you ever experienced any problems with your breasts?
   - Describe

(ii) Have you ever experienced any pain in your breasts?
   - Describe

(iii) Have you ever experienced any abnormal discharge from your nipples?
   - Describe

2.10 Respiratory Tract

(i) Have you ever experienced any problems with your respiratory tract?
   - Describe.

(ii) Have you ever experienced any difficulty with your breathing?
   - Describe.
(iii) Do you ever bring up any sputum or blood when coughing or at any other time?

- Describe.
- What does it look like?
- Is there any associated smell to the sputum/blood?
- How much do you bring up?
- Do you experience any other associated symptoms?

2.11 Cardiovascular system

(i) Have you ever experienced any problems with your heart or any conditions which you may consider to be your heart?

- Describe.

(ii) Is your blood pressure normal?

- Describe.

(iii) Have you ever experienced heart palpitations?

- Describe.
- What do you think causes the heart palpitations?

(iv) Do you have a heart murmur?

- Describe.

2.12 Gastrointestinal tract

(i) Have you ever experienced any problems with your gastrointestinal tract?

- Describe.
(ii) Do you ever experience constipation or diarrhoea or both?

- Describe.

(iii) Do you ever experience any problems passing stool?

- Describe.
- Have you ever had blood in your stool?
- Describe the colour of the blood.
- How much blood was present?

(iv) Have you ever experienced tenesmus i.e. the feeling that there is still stool remaining which cannot be passed?

- Describe.

(v) Have you ever experienced bouts of recurrent nausea?

- Describe.
- When does the nausea occur?
- How long does it last?
- Are there any other associated symptoms?

(vi) Have you ever experienced bouts of recurrent vomiting?

- Describe.
- When does the vomiting occur?
- What do you think causes the vomiting?
- Are there any other associated symptoms with the vomiting?
2.13 Urinary tract

(i) Have you ever experienced any problems with your urinary tract?
  • Describe.

(ii) Approximately how many times per day do you pass urine?
  • Times.

(iii) Have you ever experienced any difficulty passing urine?
  • Describe.

(iv) Have you ever suffered from recurrent urinary tract infections?
  • Describe.

2.14 Peripheral vascular system

(i) Have you ever experienced any pain or colour changes in your hands or feet?
  • Describe.

(ii) Have you ever experienced any pain in your legs or buttocks when exercising or at rest?
  • Describe.

(iii) Have you ever had a deep venous thrombosis in your leg?
  • Describe.

(iv) Have you ever experienced ulcers around your ankles?
  • Describe.
2.15 Musculoskeletal system

(i) Have you ever experienced any pain or stiffness in any of your muscles?

• Describe.

• In which areas is the pain experienced?

• What causes the pain?

• What treatment did you receive for your pain?

2.16 Haematological system

(i) Have you ever received a blood transfusion?

• Why did you receive the transfusion?

• What was your reaction to the transfusion (if any)?

(ii) Have you ever been rejected as a blood donor?

• Do you know why you were rejected?

(iii) Do you ever experience multiple bruises and you don’t know how you got the bruises?

• Describe.

(iv) Have you ever experienced excessive bleeding after any type of surgery?

• Describe.

• How was the bleeding eventually stopped?

• Did you experience any other associated symptoms with the bleeding?
2.17 Endocrine system

(i) Do you know of any problems you have with your thyroid gland, pancreas or pituitary gland?
- Describe.

(ii) Have you ever developed any male sexual characteristics (including the growth of thick, coarse dark hair?)
- Describe.
- Were you on any medication at the time?

2.18 Neurological system

(i) Have you ever experienced any problems with your neurological system?
- Describe.

(ii) Have you ever experienced any episodes of altered sensation?
- Describe.

(iii) Have you ever experienced episodes of involuntary movements?
- Describe.

(iv) Have you ever experienced episodes of fainting?
- Describe.

(v) Have you ever experienced blackouts?
- Describe.
(vi) Have you ever suffered from seizures?

- Describe.

- What causes the seizures?

- Do you experience an aura before the seizure?

- How do you feel after the seizures?

(vii) Do you experience any problems in any area in your body that has not been asked about?

- Describe.

2.19 Menses and Gynaecology

(i) Do you experience any problems with your menses?

- Describe.

(ii) How old were you when your periods began?

- age

(iii) How many days do your periods usually last?

- days

(iv) How long are your cycles?

- days
(v) What type of sanitary wear do you use?
• Type.
• Have you ever used tampons?
• When did you use them?
• How long did you use them for?
(vi) Have you ever suffered from pre-menstrual tension?
• What are your symptoms?
(vii) At what time in your cycle do you experience abdominal pain?
• Time.
(viii) How would you describe the amount of blood loss during your menstrual period?
• Blood loss.
(ix) At what time of your period do you experience the most pain?
• Day.
(x) At what time of your menstrual period do you experience the most blood loss
• Day.
(xi) Do you pass clots when you have your period?
• Describe. (colour, odour, time in cycle)
(xii) What is the colour of your menstrual blood?
• Colour.
(xiii) Do you experience bleeding between your menstrual periods?
• Describe.
(xiv) Do you ever experience any bleeding during or after intercourse?
- Describe.

(xv) Do you ever experience any abnormal discharge?
- Describe.
- Are there any other associated symptoms with the discharge?

(xvi) Have you ever been told by a gynaecologist that you have a retroverted uterus?
- Yes/No

(xvii) Are you on any contraception now?
- Type.
- Why have you chosen that form of contraception?
- Explain.

(xviii) Have you ever used the oral contraceptive pill?
- At what age did you first start using the OC pill?
- How long were you on the OC pill for?
- Did you stop taking the OC pill for certain periods of time and then continue taking the OC pill?
- How did you feel when you were using the oral contraceptive pill?
- How did you feel when you stopped taking the oral contraceptive pill?

(xix) Have you ever been pregnant?
- Number of times.
(xx) Have you ever had a miscarriage?
- Number of miscarriages
- Do you know why you had the miscarriage/s?
- How far into the pregnancy were you when you had the miscarriage?

(xxii) Have you ever had an abortion?
- Why did you have the abortion?

(xxii) Do you have any children?
- Number
- Were there any complications during your pregnancy?
- Describe.
- Were there any complications before, during or after labour?
- Describe.
- How was your child delivered?
- Method

(xxiii) Do you want to have children?
- Yes/No
- (If yes) How do you feel about not having a child?
- (If no) Why do you not want to have children?

(xxiv) Did you conceive naturally?
- Yes/No
- What method was used to help you to conceive your child/children?
(xxv) How does your endometriosis affect your life?

- Describe.
- What are the symptoms of your endometriosis?
- Do you know what stage of endometriosis you have?
- When was your endometriosis first diagnosed?
- What was your initial reaction when you found out that you had endometriosis?
- What does your endometriosis mean to you? (affect on your life, self image etc.)
- How does your endometriosis affect your relationships with your loved ones? (husband or partner, parents)
- Why do you think you developed endometriosis?

(xxvi) Besides your endometriosis, have you ever had another other problems or diseases of the reproductive tract?

- Describe.

2.20 Sexuality

(i) Are you sexually active?

- Yes/No.

(ii) How many partners do you have?

- Number.

(iii) How do you feel about your own sexuality?

- Describe.

(iv) How do you feel about your sex life?

- Describe.
(v) How would you describe your sex drive?

- Describe.

(vi) Do you experience any pain during or after intercourse?

- Describe.

(vii) Do you experience any bleeding during or after intercourse?

- Describe

(viii) What are your thoughts about sex?

- Describe.

(ix) How old were you when you had your first sexual experience?

- Age.

(x) How many sexual partners have you had in your life up until now?

- Number.

3 GENERAL SYMPTOMS

3.1 Vital Tone

(i) How would you describe your energy levels.

- Describe.

(ii) Do you exercise?

- Type of exercise.

- Frequency of exercise.

- Duration of exercise.
3.2 Vital temperature

How would you describe your body temperature?

- Describe.

3.3 Environment/Weather

(i) What is your favourite environment to be in?

- Describe.

(ii) What is your favourite climate to be in?

- Describe.

(iii) What is your worst climate to be in?

- Describe.

(iv) Do any of the following affect you in any way?

- humidity
- draughts
- storms
- rain
- fresh air
- confined air

3.4 Perspiration

(i) Have you ever experienced any problems with perspiration?

- Describe.

(ii) In which parts of your body do you perspire the most?

- Parts.

(iii) In what type of situations do you perspire?

- Describe.
(iv) Does your perspiration have any particular odour?

- Describe.

(v) Does your perspiration ever stain your clothes or your linen?

- Describe.

3.5 Sleep

(i) Have you ever experience any problems with your sleep?

- Describe.

(ii) How many hours of sleep do you ideally need per night?

- Hours

- How many hours of sleep do you actually get per night?

(iii) Is there a particular position that you adopt in order to fall asleep?

- Describe.

(iv) How do you prefer to arrange your bed covers at night?

- Describe.

(v) What time do you usually wake up in the morning?

- Time.

(vi) Do you use an alarm to wake yourself up with or do you wake up on your own?

- Describe.

(vii) What is your mood like when you wake up in the morning?

- Describe.
(viii) Do you take afternoon naps?
- Yes/No.
- How do these naps make you feel?
- Describe.

(ix) Do you take cat naps?
- How do they make you feel?

(x) Do you walk or talk in your sleep?
- Describe.

(xi) Do you remember your dreams when you wake up in the morning?
- Yes/No.
- How would you describe the dreams that you have?
- Describe.
- Do you experience any recurrent dreams?
- Describe.

3.6 Diet

(i) How would you describe your appetite?
- Describe.

(ii) How many meals do you have a day?
- Number of meals.
(iii) Describe your usual food intake in a day?

- Breakfast.
- Lunch.
- Supper.

(iv) Do you snack between meals?

- Describe

(v) Do you have any food cravings?

- Describe.

(vi) Is there any food that you dislike intensely?

- Describe.

(vii) Does any food disagree with you?

- Describe.

(viii) What is the preferred temperature of your food?

- Describe.

(ix) How would you describe your thirst?

- Describe.

(x) What is your preferred beverage?

- Describe.

(xi) Is there any beverage you dislike intensely?

- Describe.

(xii) At what speed do you like to drink your beverage?

- Speed.
3.7 Laterality
Do your symptoms appear more on one side of your body than the other?
• Side.

3.8 Position
(i) What is your preferred postural position? (sitting, standing, lying etc.)
• Describe.
(ii) Is there any position you do not like to be in?
• Describe.
(iii) Do you ever experience motion sickness?
• Describe.
• When do you experience the motion sickness?

3.9 Periodicity
(i) Have you noticed any particular pattern to your symptoms?
• Timing.
• Symptoms.
• Alternations.
• Concomitant.

4 MENTAL AND EMOTIONAL SYMPTOMS

4.1 Daily Routine
Describe a typical day in your life?
• Describe.
4.2 Spare Time

(i) What do you do in your spare time?

- Describe.

4.3 Description of Self

(i) How would you describe yourself as a person?

- Describe.

(ii) How do you feel about yourself (NB past as a child)?

- Describe.

4.4 Others Description of you

(i) How do you think other people would describe you?

- Describe.

4.6 Relationships

(i) Are you married or seriously involved with anyone?

- Describe your relationship?

- (If no) Would you like to be in a relationship?

- Why do you think you are not in a relationship?
4.7 Parents

- Are you adopted?

- How does the fact that you are adopted affect you/ make you feel?

- Describe your relationship with your mother. (and if applicable your adoptive mother)

- Describe.

- Describe your relationship with your father. (and if applicable your adoptive father)

- Describe.

4.8 Divorce

(i) Did your parents get divorced?

- Yes/No.

- How did the divorce affect you?

- Are your parents remarried?

- Yes/No.

- Describe your relationship with your step parents.

- Describe.

(ii) Describe the relationship between your parents/ step parents?

- Describe.
4.9 Siblings

(i) Do you have siblings?

- Number.
- What number child are you in your family?
- Number.
- Describe your relationship with your siblings?
- Describe.

(ii) If you do not have siblings describe how you felt being an only child?
- Describe.

4.11 Relationship with children

(i) Describe your relationship with your children?
- Describe.

4.12 Childhood

(i) How would you describe your childhood?
- Describe.

4.13 Description of Self as Child

(i) How would you describe yourself as a child?
- Describe.
4.14 Optimism versus Pessimism

(i) Would you describe yourself as a positive or negative person?

- Describe.

4.15 Discipline

(i) Are you a self disciplined person?

- Describe.

4.16 Control

(i) How important is it to you to control yourself/ situations/ other people?

- Describe.

4.17 Time

(i) What is your relationship with time? (i.e. are you always on time for appointments, does it bother you when other people are late, is your schedule run on strict time parameters?)

- Describe.

4.18 Anxiety

(i) Would you describe yourself as an anxious person?

- Describe.

- What causes you to feel anxious?
4.19 Career

(i) Do you have a job or are you a student or both?

• How do you feel about your job/studies?
  • Describe.

• What does your job involve?
  • Describe.

• Is it by choice that you do not have a job?
  • Describe.

• How do you feel about not having a job?
  • Describe.

4.20 Concentration

(i) How would you describe your ability to concentrate?

• Describe.

4.21 Memory

(i) How would you describe your ability to remember things?

• Describe.
4.22 Stress

(i) How would you describe your ability to handle stress?
• Describe.
• What mental/emotional effect does stress have on you?
  • Describe.
• What physical effect does stress have on you?
  • Describe.
• Would you describe your life as stressful?
  • Explain.

4.23 Pressure

(i) How would you describe your ability to handle pressure?
• Describe.

4.24 Sensitivity

(i) How would you describe your sensitivity as a person?
• Describe.

4.25 Music

(i) What effect does music have on you?
• Describe.
4.26 Sociability
(i) How do you get along with other people?
• Describe.

4.27 Other People's Opinions
(i) How do the opinions of others affect you?
• Describe.

4.28 Anger
(i) What makes you angry?
• Describe.
• What is your response when you get angry?

4.29 Sadness
(i) What makes you sad/unhappy?
• Describe.
• What do you do when you are sad?

4.30 Weeping
(i) What makes you cry?
• Describe.
• When you cry do you prefer to be on your own or with other people?
• How do you feel after you have cried?
4.31 Affection

(i) Would you describe yourself as an affectionate person?
- Describe.
- Do you like to receive affection from other people?
- Describe.

4.32 Isolation

(i) Do you ever feel isolated from people?
- Describe.

4.33 Abuse

(i) Have you ever been in a relationship that involved abuse of any kind?
- Describe.

4.34 Fear

(i) Have you ever experienced fear for any reason for an extended period of time?
- Describe.

(i) What are your fears?
- Describe.

4.35 Rejection

(i) Have you ever experienced any feelings of rejection?
- Describe.
4.36 Jealousy

(i) Have you experienced feelings of jealousy?

• Describe.

4.37 Insecurities

(i) Do you have any insecurities?

• Describe.

4.38 Suicidal Thoughts

(i) Have you ever experienced suicidal thoughts?

• Describe.

• What promoted these thoughts?

• Have you ever acted on these suicidal thoughts?

4.39 Death

(i) What are your thoughts on death?

• Describe.

4.40 Loss of Loved One

(i) Have you ever experienced the loss of a loved one?

• Explain

• How did the death affect you?
4.41 Meaning of Life

(i) What is the most important thing in your life?

• Describe.

4.42 Trauma

(i) What was the most traumatic event that you have been through in your life?

• Describe.

• How did this event make you feel?
APPENDIX B

This appendix contains all the data that was gathered during the interviews with the sixteen women. Each of the women interviewed was assigned a number. Throughout this appendix the number corresponds to the information given by each woman for each question asked. In some of the sections in this appendix, it will be seen that a number with its corresponding information does not appear, this is because the woman did not have any relevant information to contribute to the asked question.

INTERVIEWS

Past medical history

1 General state of health

1 (always been healthy, no real problems)
2 (not great)
3 (very healthy, but if going to get something it will be major)
4 (very poor: when young, encephalitis, meningitis, recurring hepatitis, recurring glandular fever, Coxsackie virus, EBV, diagnosis - immunocompromised)
5 (poor as a child, ENT problems, encephalitis, appendix)
6 (very good)
7 (always had little things wrong; lot of psychosomatic illnesses (a lot of stress) nausea; always tired)
8 (generally good, after development of endometriosis it deteriorated)
9 (average, had asthma, colds and sore throats)
10 (very healthy)
11 (excellent)
12 (not a very healthy person)
13 (very good)
14 (pretty healthy)
15 (generally good)
16 (generally good, have had my ups and downs)
2 Recovery from illness

1 (very well)
2 (try to get back on feet as soon as I can)
3 (normal range)
4 (don’t recover well from illness)
5 (always took longer)
6 (fine)
7 (slow)
8 (good)
9 (OK)
10 (quite good)
11 (very good)
12 (average)
13 (very good)
14 (not exceptional)
15 (quick)
16 (good)

3 Vaccination

1 (all, normal reaction, small scar)
2 (all, normal reaction, small scar)
3 (all, normal reaction, small scar)
4 (all, normal reaction - fever, had 2 scars)
5 (all, normal reaction, 2 scars)
6 (all, normal reaction, 1 small scar)
7 (none of the vaccinations)
8 (all, normal reaction)
9 (all vaccinations (in UK), normal reaction)
10 (all vaccinations, normal reaction)
11 (all, normal reaction)
12 (all, normal reaction, 1 small scar)
13 (all, normal reaction, right arm - small scarred dots forming a circle; left arm - small scar)
14 (received those until the age of 5. none after, no scars)
15 (all, normal reaction but a bit nauseous: small scar left arm)
16 (encephalitis (4) - had it for 3 weeks before a diagnosis was made); chickenpox (6). had it very badly )
4 Childhood disease

1 (measles, german measles, chicken pox)
2 (chicken pox (mild))
3 (mumps, chicken pox, whooping cough)
4 (mumps (4), measles (5), chickenpox (13)-with meningitis, decreased resistance after these infections)
5 (german measles, mumps, chicken pox, measles (all before age 10), ENT problems, encephalitis (13), stomach aches (11 to now))
7 (chicken pox (3), mumps (8), measles (10))
8 (chicken pox, measles, mumps all around the age the same age (5/6)
9 (chickenpox (6))
10 (german measles (2 months), thought I was going to die from it; chicken pox (5))
11 (chicken pox and measles when young, mumps (12))
12 (chicken pox (10), measles (5))
13 (chicken pox (10), don’t know about the others)
14 (mumps and measles within a few months (9/10), chicken pox 21)
15 (chicken pox, measles, mumps, german measles all by the age of 6/7)

5 Other diseases

1 (low blood pressure, hypothyroidism (34))
2 (polycystic ovary disease)
3 (asthma (has been regulated by diet))
6 (Gilbert’s syndrome)
7 (asthma; started recently, occurs at night when lying in bed)
8 (migraine as child, due to stress; back problems)
9 (asthma - chronic; eczema and hayfever)
10 (found atypical cells on last pap smear (33))
14 (asthma- very mild, no treatment)

6 Recurrent complaints

1 (tonsillitis, back and neck problems)
2 (gynaecological problems)
4 (laryngitis, bronchitis)
5 (ENT problems (infant), stomach aches)
6 (headaches)
7 (allergic rhinitis (from an infant), IBS (18), bladder infections (25)
9 (asthma; eczema)
10 (post nasal drip; sinusitis if stressed)
11 (head and neck problems related to car accident)
12 (headaches but this is due to neck problems, sinusitis- due to deviated septum)
14 (allergies and sinus problems)
15 (sore ears and swollen glands)

7 Accidents or injuries

1 (car accident (5), fell off barrel (20), injury to neck (28))
4 (fell off bike, fractured all bones in left hand, left clavicle, knee cap (17))
5 (car accident, cracked inner skull (20))
7 (fell off slide and chipped vertebra (12), broke collar bone in a car accident (16), broke hand in a car accident (23))
8 (car accident (11), fractured collarbone, mom died in the accident)
9 (fell off bar at gym and had slight concussion (15))
11 (car accident (19), thrown out of car from the back seat and was flung across the road, L5 and S1 and to be bolted together)
15 (car accident (21), head injury and whiplash)

8 Past Surgical History

8.1 Procedures

1 (7 laparoscopes for endometriosis, tonsillectomy (27))
2 (tonsillectomy (5), ovary removed (10), appendectomy (12), laparoscope (24))
3 (tonsillectomy (2), laparoscope (29), plastic surgery for chill blains (33))
4 (tonsillectomy (7), appendectomy (9), wisdom teeth (16), knee surgery (18)-removal of cartilage, surgery heels(18/19), laparoscope (23), laparoscopy (24)-removal of left ovary, laparoscope (26), laparoscopy (27), hysterectomy (28) -dramatic improvement in health, no more weakness, fatigue, pain, anaemia )
5 (tonsillectomy (5), appendectomy (15), duodenum was pressing on an artery, this was rectified with surgery, laparoscopy- about 9 of them, cone biopsy for cervical cancer (27), hysterectomy (32), ITB -knee (39))
6 (tonsillectomy (3)-lot of infections; wisdom teeth removed (18); laparoscope (20, 24, 26, 27, 29))
7 (laparoscope (19))
8 (tonsillectomy (6)-routine; cyst removed from left ear lobe (20’s); wisdom teeth (20); back surgery- did bone graph from hip to back (21), couldn’t walk, leg went lame, said that vertebra was fractured; laparoscopy (31, 32, 33))
9 (9 months old stomach was very swollen, thought I had cancer when they operated found that I had a teratoma, after the surgery I suffered from blood poisoning and malnutrition; removal of lump in left breast (19); laparoscopy (24))
10 (tonsillectomy (4) - routine; septum straightened (15); abortion (24); laparoscope (32))
11 (appendectomy (13); back surgery (19); laparoscope (26, 27); caesarean section (28); surgery to remove clot from uterus (28 and repeated 29))
12 (gall stones and had gall bladder removed (17), breast reduction (19), laparoscope - endo and cysts on ovary and HPV cells removed (27), hand - because tendons in right wrist and hand had tightened and crystallised (27))
13 (wisdom teeth (13); laparoscope (23))
14 (adenoids removed (8), cartilage in nose broken and straightened for sinus problem, (18), tonsillectomy (23), 3 laparoscopes)
15 (tonsillectomy and adenoids removed (5/6); appendectomy, (21); wisdom teeth extracted)
16 (tonsillectomy (2); cartilage removed from right knee (13); cartilage removed from left knee (23); melanoma (26); laparoscope (34))

8.2 Anaesthetic

1 (poor response, vomiting, now I am given something after anaesthetic so I don’t vomit)
2 (only once had a poor response dt cold/flu)
3 (poor - vomit/nausea, decreased blood pressure, went into anaphylactic shock once due to dehydration)
4 (no problem)
6 (nausea and vomiting)
7 (normal)
8 (normal)
9 (normal)
10 (normal)
11 (not good, very sensitive to drugs takes a long time to recover from the anaesthetic)
12 (normal, once had a problem that I couldn’t breathe normally when I came around)
13 (response normal)
14 (terrible, vomiting, feel very lethargic for many days)
15 (depression afterwards)
16 (nausea and vomiting previously but after last 2 operations was treated and didn’t have this problem)

9 Allergies

1 (anaesthetic)
3 (dairy - sinus, eczema; iodine - nausea/ vomiting)
4 (phenothiazines - whole body goes into spasm and eyes roll back, developed allergy started at age 14)
7 (allergies- cat hair, grass, pollen- sneezing, itching eyes and skin, closing of chest)
8 (bee stings (child)- swelling, normal anaphylactic response needs medical treatment; MSG- started at age 23, welts on face and back, vomiting, headache, thirst)
9 (penicillin, dogs, cats, horses, dust, pollen, house dust mites, mould, had these allergies most of my life; response - sneezing, itchy eyes and throat stuffiness in head, irritability; if I touch animals I get eczema)
11 (Pethadine - pass out, hallucinating)
14 (don’t know what I am allergic to in particular, it is very seasonal; get bad post nasal drip, sneezing, blocked nose, red sore eyes, if not treated I get it after bronchitis; started in early teens when father returned to the city that I was living in after being away for a few years)
15 (food- wheat, dairy, citrus fruit, barley, rye; allergies began in childhood; results in post nasal drip and Candida infections)
16 (bee stings)

10 Family History

10.1 Common Diseases

1 (father- asthma)
2 (grandmother- petit mal epilepsy (i.e. just blacks out))
3 (father- asthma, prostate cancer; mom-arhythmia: most of family - lactose intolerance; mom’s sister- breast cancer)
4 (dad - diabetic)
5 (dad’s brother-brain tumour; mom’s mother-arthritis)
6 (mom-hypertension; maternal grandfather-diabetes)
7 (paternal grandfather- diabetes; maternal grandfather - diabetes; maternal grandmother- cancer (brain))
9 (maternal uncle- diabetes; father, paternal grandfather, brother, maternal cousin- asthma; paternal and maternal grandmothers- arthritis; paternal uncle- multiple sclerosis; paternal aunt- ME)
10 (father- hypertension; mom- signs of breast cancer (recent), osteoporosis)
13 (maternal grandfather- late onset diabetes)
14 (half brother and father, very bad allergies; sister and maternal grandmother had melanoma)
15 (mother’s side of family - tuberculosis; father - asthma)
16 (mom - asthma and hypertension; paternal grandmother - possible cancer of lung; maternal grandmother - breast cancer; maternal )

10.2 Autoimmune Disease

None of the women are aware of any family history of autoimmune disease.
10.3 Disease of the Reproductive Tract

7 (polycystic ovaries)
10 (paternal grandmother- early menopause (20’s), prolapsed uterus; mother-hysterectomy)
11 (mother- hysterectomy (30) due to bladder prolapse, doctor said she wouldn’t be able to sustain another pregnancy)
15 (mother- haemorrhaging, painful periods; cysts on ovaries)
16 (mother - hysterectomy due to fibroids and endometriosis)

10.4 Unexplained abdominal pain

None of the women are aware of any family history of unexplained abdominal pain.

10.5 Infertility

3 (paternal grandmother battled to conceive, only had 1 child)
4 (paternal aunt- 4/5 miscarriages)
5 (cousin on mother’s side never had children)

10.6 Endometriosis

3 (mother)
6 (mother assumed to have endometriosis due to menstrual complaints)
13 (distant cousin)
16 (mother does have it, sister may have it )

10.7 Deceased parents

2 (father committed suicide when I was 25)
8 (mother died in car accident when I was 11)
12 (dad died in a car accident when I was 4 months old)

10.8 Deceased grandparents

1 (fathers parents-old age, maternal grandmother- stroke)
2 (maternal grandmother- aplastic anaemia, maternal grandfather - heart attack, paternal grandfather- pneumonia)
3 (maternal grandfather- old age; paternal grandmother- old age (but had Alzheimer’s disease), paternal grandfather- old age)
4 (maternal grandfather- brain tumour, maternal uncle- leukaemia, paternal
grandfather- prostate cancer, paternal uncle- stomach/colon cancer)
5 (maternal grandfather- old age, maternal grandmother- heart attack (63),
paternal grandfather-old age, paternal grandfather-old age)
6 (paternal grandfather-old age; paternal grandfather-stroke; maternal
grandfather-diabetes/pneumonia)
7 (paternal grandfather- diabetes; paternal grandmother- alcoholism; maternal
grandfather-diabetes; maternal grandmother- cancer)
8 (paternal grandfather- heart attack; paternal grandmother- unknown; maternal
grandfather- heart attack; maternal grandmother- cancer (early 60's))
9 (paternal grandfather - died young due to prostate surgery that went wrong;
maternal grandfather - stroke)
10 (paternal grandfather- emphysema, worked in the mines; mother is adopted
therefore there is no history on her parents)
11 (paternal grandfather - old age; maternal grandfather-lung cancer; maternal
grandmother - old age)
12 (paternal grandfather - TB/emphysema; paternal grandmother - I think she had
heart problems; maternal grandfather - heart problems, the start of
emphysema; maternal grandmother- hypertension/ stroke)
13 (paternal grandmother-eye surgery, had heart attack under anaesthetic; paternal
grandfather- old age)
14 (paternal grandfather - heart attack; maternal grandfather - meningitis;
maternal grandmother - old age)
15 (paternal grandfather; shrapnel in body from the war, cancer; paternal
grandmother-old age; maternal grandfather- don't know cause of death)
16 (paternal grandfather - died from mustard gas in the war; paternal grandmother
had a lung removed, think it was because of cancer; maternal grandfather -
respiratory failure (COPD); maternal grandmother - breast cancer)

10.9 Deceased sibling

8 (step brother-he was 6, died of burns induced in boiling bath that he accidentally
climbed into)

11 Medication

11.1 Type

1 (have been taking Eltroxin (thyroxine sodium) for an underactive thyroid for
the past year)
2 (presently taking IVF (in vitro fertilisation) medication)
3 (homeopathic medication if I need)
5 (HRT (hormone replacement therapy) at present)
6 (Danazol - after first laparoscope, no real side effects, used it for 3 months, no longer on it)
8 (fertility pills; hormone treatment for endometriosis (Zoladex), induces menopause, took it for 6 months, no longer on it)
9 (asthma medication - taken them for most of my life, 1 puff of each twice a day)
11 (medication for hyperthyroidism for 2 years following car accident, believed it was due to shock; no longer take it)
14 (antidepressant, since March 1998; given because I stress myself out too much; take 2 tablets daily)
16 (have been taking altroxin for the last nine months for an underactive thyroid; 0.05mg per day)

11.2 Antibiotics

1 (regularly 1 or 2 courses a year due to tonsillitis and sinusitis)
3 (infrequently)
4 (frequent - 3 or 4 courses per year on average throughout life)
5 (all my life, approximately 6 or 8 courses per year)
6 (frequent before the tonsillectomy; after that one course every 4 or 5 years)
7 (infrequent - one or two courses)
8 (infrequent for flu's over the years)
9 (very frequently, although not for the past 4 years; had about 20 courses in life for chest infection, sore throat, cold and flu's; intravenous AB at nine months)
10 (for Candida, cystitis; in childhood not many)
11 (very seldom in life, only a few times in severe conditions - had pleurisy once)
12 (quite a lot, when young was put on for everything, now try not to take any, used to take for sore throat, flu's, bladder infection)
13 (infrequently - for cold's and sore throat)
14 (frequently - as a child had about 3 or 4 courses a year; have antibiotics when I get bronchitis)
15 (quite frequently as a child about one course per year; don't take them anymore)
16 (many courses as a child because of recurrent ear problems; have had quite a few courses in the last 18 months)

11.3 Cortisone

3 (when had asthma attack - twice a day for 2 wks, then pumps for 2 years)
6 (topical, once for rash on face)
8 (for back surgery (21) - intravenous)
9 (have been put on about 6 short courses for asthma; topical for eczema; also for nose bleeds)
11 (dislocated shoulder (15), during gymnastics and had it injected directly into the shoulder joint; during last 5 weeks of pregnancy to mature the babies lungs had 1 or 2 shots twice per week; after last surgery for the clot in the uterus)
15 (cortisone injections into knee; grew very quickly and had problems with knees)
16 (if chest closes up)

12. Smoking

1 (I don’t smoke)
2 (I don’t smoke; parents both smoked heavily)
3 (I don’t smoke; dad smoked)
4 (I don’t smoke; both parents smoked, dad heavily)
5 (I don’t smoke)
6 (I don’t smoke)
7 (age 18 to 26; menthols; usually one per day but socially could smoke about 10 in a night- parents didn’t smoke)
8 (I don’t smoke; dad smoked when he was young)
9 (age 17- for about 3 months, did it out of boredom; mother smokes; hated it as teenager; now I am the worst person to be around smoke)
10 (occasionally; started at 18; social smoker; parents both smoked but only for one year each)
11 (neither I nor my parents ever smoked)
12 (smoke 15 per day, started when 16; Styvescent (strong brand), no idea why smoke; mom used to smoke)
13 (1 or 2 per day, social smoker; started at 20; mom and dad used to smoke have stopped now; started smoking because of social reasons)
14 (no, mom used to smoke)
15 (no; mom does, dad used but he gave up about 10 years ago)
16 (no, dad smokes but has always only smoked about 2 a night)

13. Alcohol

13.1 Type

1 (wine)
2 (wine)
3 (wine)
4 (wine)
5 (don’t drink)
6 (wine)
7 (wine/ brandy)
8 (wine)
9 (white wine, beer, gin and tonic)
10 (wine/ whisky)
11 (wine/ gin and tonic)
12 (wine, sometimes have Jack Daniel’s or vodka and lime but not with the wine; don’t drink often; wine can give me a jittery feeling in my body the next morning)
13 (when go out don’t drink a lot, maybe 2 tots per month; don’t like it; get drunk easily; may have glass of wine or shooter)
14 (very little as it is bad for the endometriosis, as well as because of the antidepressants and it is not a big issue for me; have maybe 1 drink per month; cider or wine; can’t sleep if I drink; used to drink a lot more as a student because it allowed me to release my inhibitions)
15 (nothing; about 10 years ago used to have wine or beer very occasionally; don’t enjoy it- wine gives me a headache; red wine gives me a sore arm)
16 (wine; I am not a real drinker, it doesn’t have an effect on me, won’t have more than 2 glasses at a time)

13.2 Reason

1 (relaxing, to be sociable)
2 (enjoy it, relaxing (can drink alone))
3 (peer pressure, makes me tired)
4 (relaxes me, sociable with friends)
6 (to be sociable)
7 (to be sociable; relaxes me so people don’t irritate me, can’t handle light shallow talk, it bores me; gives me more confidence)
8 (to be sociable)
9 (social, peer pressure)
10 (to be sociable)
11 (to be sociable)
12 (drink to be sociable)
13 (sometimes when I go out)
14 (hardly drink anymore)
16 (enjoy it, in small amounts)

13.3 Amount

1 (3 glasses/wk)
2 (1-2 glasses/wk)
3 (2/week, diluted with water)
4 (2/3 glasses per week, very high tolerance i.e. doesn’t really affect me)
5 (don’t drink)
6 (half glass very occasionally, get dizzy)
7 (2/3 glasses about once a week)
8 (2 glasses per month; have never got drunk)
9 (4 glasses per week; haven't had a drink for the past 4 years; it made me feel a bit out of control which I hated)
10 (once per week; wine makes me sleepy and tired, or ill if it is not a good wine)
11 (once every 2 weeks, half a glass; very sensitive to it- gives me a heavy feeling in legs and head)
12 (3 glasses of wine if I go out for dinner; very irregular)
13 (2 tots per month)
14 (very little, once per month)
15 (don’t drink)
16 (3 glasses per month)

14. Drugs

7 (marijuana, first time (19), did it because of peer pressure, second time (26), did it for the fun of it; effect-sick, nausea, want to die)
9 (marijuana- had it about 10 times in life, first time I was 22; I did it because it was available and out of curiosity; makes me feel giggly and calm; if I have it a lot it demotivates me, this makes me stop smoking as I am usually very motivated and have a lot of energy)
10 (marijuana- had it about 3 or 4 times in my life; had no effect; first time I tried it I was 19)
11 (marijuana (21), decided to try it for the hell of it; made me hallucinate; don’t like feeling out of control)
12 (marijuana, 3 times; doesn’t agree with me, first time I had it I became very paranoid, sore monsters, last time experienced vomiting and diarrhoea)
14 (had marijuana once, it was horrible; effect - vomiting and hallucinations)
15 (never tried any)
16 (never had any drugs)
REVIEW OF SYSTEMS

1 Skin

1.1 Problems

1 (pimples, oily skin, boils as a child)
2 (severe acne (12/13) -cheek, jaw line neck, forehead; treatment -O.C pill)
3 (open pores)
5 (cysts- above tragus, above inner canthi, in eyes, groin (have been removed surgically), pimples can become like cysts, pimples started at puberty only cleared up after hysterectomy)
6 (acne rosacea (26))
7 (ringworm on scalp (4), and arms (12))
8 (ringworm, only once)
10 (dry and cracked in winter)
12 (had very bad skin, started at 14 with pimples on my back, then skin on face got very bad between 18 and 20 had cysts under the skin- had 6th base acne; took Roaccutane (isotretinoin) for 11 months; get eczema in a spot on the right cheek)
13 (with period get a few pimples on right cheek)
14 (sensitive, burns easily in the sun, in winter get chilblains and swelling; skin scabs and scars badly, often get collection of pus under scabs)
15 (acne- cheek and chin area- used herb teas to treat it, after it was unsuccessfully treated by dermatologists; also went on the pill to try and treat it)
16 (have had a melanoma on shin; had it removed)

1.2 Nails

1 (soft and brittle)
4 (white spots on nails)
5 (always bitten nails, white spots on nails)
6 (never been great)

1.3 Hair

4 (hair falls out a lot before I get sick)
7 (started falling out (26), don’t know why; problem is resolved)
10 (dry at the ends, oily at the roots)
16 (bite nails out of habit)
1.4 Eczema

3 (under ring, side of nose - not serious)
9 (had it on and off my whole life; usually on the back of the knees, now on inner thighs; right side is worse than the left; itches, looks like a dry red blotch; treated with cortisone and Vaseline)
12 (on face in spot on right cheek)
15 (recently on left side of neck)

1.5 Warts

1 (had warts on my fingers when I was about 7; mom treated them with something she bought from the chemist)
2 (as a child but can't remember specifically)
3 (age 30 had warts on leg, had them burnt off and they have not recurred)
4 (when I was 5 until about 7 years old had warts on toes and on my fingers; had them burnt off and they never came back again)
5 (planters warts, had them cut out and they never returned)
6 (never had warts)
7 (had warts on back of arms and thumbs when I was about 11 years old, they just disappeared and have never come back)
8 (never had warts)
9 (as a child had planters warts and a wart on my baby finger; they were treated with an ointment and eventually went away)
10 (I have been unable to get hold of this woman to confirm if she has ever had warts as she did not mention them specifically during the interview)
11 (on knee, burnt off at age 7, never returned)
12 (have human papilloma virus (certain types cause cutaneous and genital warts in human beings - Stedman's 1105))
13 (have suffered badly with warts my whole life, they are burnt off but some of them return; had them mainly on back of hands and face)
14 (had many warts as a child, on hands and knees, had them burnt off; get them occasionally as an adult)
15 (in teenage years had one behind leg, underarms and near vagina; had the one behind the leg and the one close to the vagina cut out)
16 (on my right hand as a child; they went away after ointment was applied)

2 Head

2.1 Injury

1 (when getting out of a car)
9 (age 12 fell down flight of stone stairs and hit head, had a concussion; the accident brought me out of my shell for some reason)
15 (concussion in car accident; treatment-physiotherapy and chiropractic)

2.2 Headache

1 (migraines)
3 (migraines as child- due to eggs, now very seldom - due to dairy or sinusitis)
4 (hormone related headaches i.e. when on pill)
5 (all the time, started age 17, migraines started after hysterectomy, symptoms- nausea, black spots in vision, can’t move eyes or head (treated with Pethadine), feel headaches/ migraines are due to stress/tension)
6 (migraines (16), symptoms - nausea and vomiting, dizziness, occurred around exam time, stress related; now only get headaches occasionally, not migraines, headaches are accompanied by dizziness)
7 (very seldom, if so they are stress related or alcohol induced)
8 (migraines as a child, they were very severe, stayed off school, had to be in dark room etc., now get them about 3 times per year; get regular headaches now just before or during menses, the pain is either behind or in the ear; sometimes experience nausea with the headaches; pain is relieved by painkillers and dark quiet room)
10 (due to muscle tension in the neck, starts in shoulder and neck and goes up into the head; sometimes occur if I have sleep badly or if I am driving and it is hot and I have not eaten; treat it with pain killers; regular exercise helps, especially swimming)
11 (recently have been getting headaches but they are caused by back injury as there is an instability at C5)
12 (they are the worst that they have ever been, symptoms- teeth get sore, pressure above the eyes, sometimes can’t lift my head; got migraines in the last 5 years-two were very severe, get colon attack with them which are extremely painful; get one or two headaches per week; they are caused from me being nervous and tense as well as having a bad posture; sleep helps: don’t like to take medication for them unless they are really bad)
14 (every day for the last 15 years, sinus related, either a dull ache around both eyes; stress, anger and lack of sleep aggravate the headache; Panado relieves and applied pressure through massage, for example helps with the pain)
15 (at school used to get terrible headaches, real migraines, could last for days- either left them or took a painkiller; used to get 1 or 2 per week; change of diet helped; could have been related to short-sightedness because had to get glasses or tension in neck and shoulders always sitting and writing; I was also scared of the teachers in case they asked me to get up and say or do something; I was always in a bit of fear mode)
16 (started getting migraines when I was about 14 they were bad all through high school; were worse when I was stressed or didn’t get enough sleep; hardly get them anymore; got blurred vision, tingling in my fingertips; took Imigran (sumatriptan) to treat them; also used to get normal headaches that occurred from stress- used to get very stressed out before exams, those I treated with Panado(paracetamol))
3 Eyes

3.1 Problems

1 (used to get sty’s when I was a child)
3 (sometimes see black spot against a white wall, when young used to get nauseous when studying - couldn’t converge eyes)
5 (short sighted, cysts on inner eyelids, lots of infections)
7 (squint, this was corrected (12))
10 (deteriorated quite suddenly when I was 21, it happened because there was a lot going on)
11 (night blindness but this developed after the car accident)
12 (slight astigmatism in right eye)
14 (simulated myopia- don’t need glasses but when I use a computer, I struggle to focus and vision becomes blurred)

3.2 Spectacles

2 (short-sighted)
4 (short-sighted; not severe)
5 (short-sighted)
7 (short-sighted)
8 (short-sighted)
9 (short-sighted)
11 (short-sighted)
12 (slightly short-sighted)
13 (short-sighted)
15 (short-sighted)
16 (short-sighted)

4 Ears

4.1 Problems

5 (canal too narrow; wax build up which needs syringing)
7 (can’t go under water, causes pain; if exposed to cold wind get pain: sometimes have pain on aeroplanes)
8 (sometimes have problems at the coast with the change in pressure)
14 (always feel blocked; sinus related)
15 (had problems throughout my life- pain. infections with swollen glands in my neck)
4.2 Problems in childhood

3 (grommets)
5 (child recurrent ear problems - antibiotics)
7 (suffered as an infant with middle ear infections - grommets)
14 (lot of problems as a child, remember having a lot of ear drops)
16 (recurrent problems in childhood - had grommets put in a few times; eardrums burst a few times)

5 Mouth

5.1 Problems

2 (if stressed chew inside of lip)
3 (once tongued swelled when I was under stress)
4 (orthodontic treatment - had too many teeth)
5 (teeth weak from antibiotics)
6 (had some permanent teeth removed for orthodontic purposes)
7 (geographical tongue; pain in tongue after acidic foods; fissures in tongue)
10 (occasional geographical tongue)
14 (bad teeth get a lot of cavities, wisdom teeth are impacted; gums are often inflamed and uncomfortable)

5.2 Aphtae

1 (very seldom)
6 (very occasionally)
9 (about twice a year; happens if I have Candida infection or if I eat too much sugar)
11 (when I get stressed)
12 (very seldom, 1 or 2 in my life, occurred on lower gum like a blister)
14 (quite often)

5.3 Fillings

1 (bad teeth, many cavities)
3 (many cavities especially when I was younger)
4 (quite a few)
5 (many)
6 (quite a few)
7 (one)
9 (about 4)
10 (first one was at age 30)
11 (quite a few, some are mercury some are the white type)
12 (3 mercury fillings)
13 (5 mercury fillings)
14 (many, mainly white fillings)

6 Nose

6.1 Problems

1 (hayfever, sinusitis)
3 (sinus problems)
5 (post nasal drips)
6 (used to suffer from sinusitis in high school, when cut out dairy products problem cleared; now don’t suffer)
7 (allergic rhinitis and sinusitis (since 16), have to fall asleep stretching nose open else can’t breathe)
12 (deviated septum which results in sinus problems, when young swam into pool wall which could have caused the deviated septum)
14 (sinusitis, had surgery to try to rectify problem)
15 (had growth in nose (33)- stress related went away with tissue salts)

6.2 Nosebleeds

4 (used to have in school. thought it may be due to the chlorine in the pool)
5 (used to suffer from nosebleeds till age 36, occurred if overheated, occurred approximately once a month, lasted about half an hour)
9 (bleeds from left nostril, started age 9; treated with cortisone; they occur with menses have 1 or 2 bleeds but it does not occur with every period; bleed lasts 3 to 5 min.)
10 (accident resulting in deviated septum which was straightened in an operation, until the operation I used to have nose bleeds when I was in high school: they were quite severe; usually occurred in the afternoon)
12 (not often; when I was 13 and 25 I had to very severe nose bleeds)
14 (very seldom. used to get when I was taking sinus medication as it dried out the nasal passage)
16 (twice in my life)
7 Throat

7.1 Problems

1 (tonsillitis)
2 (tonsillectomy (routine))
5 (infections as a child)
6 (problems but only as a child)
9 (get sore throats when excessively tired or stressed out; happens about 3 times per year)
12 (used to get lots of sore throats before I had my tonsils out at age 15/16, now no problems)
14 (get sore throats often, had tonsillectomy in early teens to try stop the sore throats)
15 (get sore throats if I get emotional about something)

7.2 Hoarseness

1 (associated with sinusitis)
4 (laryngitis presents with hoarseness, lasts 2-3 days, usually followed by bronchitis, recurrent problem since childhood)
5 (occurs often in the morning on arriving at work, lasts half an hour, feels it is due to a post nasal drip)
12 (every morning, this has been going on for as long as I can remember, always have had deep voice)
14 (get deep voice sometimes in the morning, occurs once every 2 months, think it is sinus related)

8 Neck

8.1 Problems

1 (pain, due to stress/tension)
3 (stiffness, due to tension)
4 (neck brace (16), said that muscles were growing faster than the bones)
5 (stiffness, feels it is due to pain in back, headaches and encephalitis and because I'm a very tense person)
6 (occupational stiffness)
8 (stiffness associated with stress)
10 (muscle tension which leads to headaches)
11 (instability at C5 due to back injury)
12 (neck and shoulders always stiff and sore: think the cause is work and stress: has been going on ever since I started working: have massage once per week)
14 (since the car accident get pain into shoulders if study for a long time, also
have pain if stressed; treat it by trying to stretch)
15 (used to get terrible pain when I got my headaches- gentle massage or exercise
helped)

8.2 Injury

1 (fell off drum, hit head on car)
4 (neck brace after bicycle accident)

9 Breasts

9.1 Problems

2 (lump in breast (18)-biopsy showed it was benign)
3 (very painful mid cycle)
4 (before menses- enlarged, uncomfortable (since menses began))
5 (sore and tender breasts throughout menses, have been for some mammograms
because of pain experienced)
6 (tenderness before menstruation; gynaecologist has said they are fibrous)
7 (approximately 1 week before menses breast swell almost entire bra size;
extremely painful to the touch)
8 (swelling and tenderness, can be up to 2 weeks before menses)
9 (had lump removed from left breast (20)- could squeeze pus out of it, it was like
an upside down pimple; in winter get dry itchy nipples; get pain about 4 days
before period begins)
10 (get swollen and tender about 1 or 2 weeks before menses; it doesn’t last long)
12 (breast reduction- had it because I was a 38D then after I lost weight they were
just hanging)
15 (tender 10 days before menses)

10 Respiratory Tract

10.1 Problems

3 (asthma began when I was 30, I was very stressed at the time)
4 (bronchitis following laryngitis)
7 (recently developed asthma, occurs in the evening)
8 (have had bronchitis a few times, usually in winter. it is accompanied by
shortness of breath)
9 (asthma which started as an infant; attack can come on quite quickly and
progress rapidly; trigger for attack is animals)
14 (frequent bronchitis, occurs 3 times per year- cough for 2 weeks, sore throat; asthma with the sense that I can't breathe deeply enough, feel as if there is something sitting on my chest, there is a sound as if my throat is constricted)
16 (had an allergy attack from an over cleaner when I was 26, ever since then whenever I get a chest cold my lungs get tight and I have to use asthma sprays)

10.2 Expectoration

None of the women reported any signs of expectoration.

11 Cardiovascular System

11.1 Problems

1 (feels tired, feels that heart works too hard)
10 (get bad chest pain in the centre of the chest, chest feels tight and painful, it is stress related, I am going through a heavy divorce at the moment)
11 (pre-eclampsia during pregnancy, took 2 years to normalise was in hospital from week 28 to 33 of pregnancy)
15 (sometimes get pain in heart but it has been checked and there are no problems)

11.2 Blood pressure

1 (low)
3 (tends to be low)
4 (low)
6 (tends to be low)
7 (tends to be low)
9 (tends to be low)
10 (tends to be low)
15 (tends to be low)
16 (tends to be low)

11.3 Palpitations

1 (feel as if heart wants to jump out of ears. feel as if I am going to black out. feel very tired after this happens, if I lie down I get better faster. I feel as if my heart is coming into my throat)
3 (palpitations if stressed)
4 (occurs when I get over excited or nervous)
5 (during anxiety attacks)
8 (started when I was living overseas (26); accompanied by difficult breathing; happens every now and then; occurs about 1 week per menses; lasts about 10 minutes; caused by stress)
13 (if nervous, like before a surgery; not regularly)
15 (if I get anxious)

11.4 Murmur
1 (not aware of the type or cause of the murmur)
16 (said I had a murmur as a child, but it has never been picked up again)

12 Gastrointestinal Tract
12.1 Problems
1 (heartburn; liver problems (had episode of enlargement))
4 (bulimia- would over eat and then make myself vomit, started modelling (17), weight became an issue, mom used to compete with sister and I regarding our weight)
5 (duodenal surgery, lot of acid in stomach, stomach ache (burning in stomach))
6 (suspected gastric ulcer (16); anal fissures occur on and off which result in pain and blood in stool)
7 (irritable bowel syndrome; mucus in stool; flatulence (food related))
8 (blood in stool- quite severe, can pass clots per rectum else blood is dark red)
9 (feel there may be something wrong with my liver, get nauseous)
10 (prone to heartburn; feel like I am developing a spastic colon because I get colicky, twisting type of pain; it is stress related; during my period I get a sensation as if rectum is twisted when I pass stool)
11 (bloating, stomach aches. need to eat a number of small meals a day else get the shakes)
12 (spastic colon - get swelling, hard and bloated, get terrible pain under ribcage, used to have it a lot before I had gallbladder surgery, now only get the pain every now and then; get pain after being stressed and nervous, never during stress)
14 (heartburn- if eaten too much, if too much rich food; have been diagnosed with irritable bowel syndrome- get a lot of belching with it)
16 (had gastritis (33) due to work stress)
12.2 Constipation

2 (always; go every 4-5 days, get pain in left lower abdomen)
3 (if stressed- new place, new people)
5 (since 14, pain with constipation, IBS)
7 (alternates with diarrhoea; occurs before menses; pain in rectum lasting for about 10-15 minutes after passage of stool, when constipated; sometimes get throbbing in rectum)
8 (occasionally- used to get it during menses, used to have problems passing stool; usually go twice every day in the morning)
12 (sometimes)
14 (stool quite hard which sometimes results in pain; usually go once per day).
15 (before menses)
16 (used to suffer from constipation but since my laparoscope I have been fine)

12.3 Diarrhoea

1 (with sinusitis)
8 (occasionally)
9 (stools very soft - not diarrhoea; go 3 to 4 times per day)
11 (looser bowel before menses)
15 (if excited, nervous or stressed)

12.4 Tenesmus

1 (yes)
4 (in high school)
5 (caused by the endometriosis)
6 (sometimes)
7 (after going to the toilet the feeling still remains that I need to pass more stool. can usually go about 10 minutes later)
8 (yes)
12 (problems passing stool sometimes- feel need to go but nothing happens or after going feel as if still some there)
13 (once in a while)
14 (not often, get the feeling that I need to go and need to go now)
15 (occasionally)
12.5 Nausea

1 (when in travelling)
2 (every now and then, have bouts of it, started late teens)
3 (very easily - bad sight/smell)
4 (eggs)
5 (at start of menses, sometimes progresses into vomiting, when feeling run down or when in pain)
6 (when young, occurred with stress - occurred on and off until the age of about 15; after certain foods or when overeating)
7 (not always; often before menses)
8 (sometimes feel nauseous in the morning but I think it is connected to my liver)
9 (if I have eaten too much; also if I go on an aeroplane)
10 (during menses, nauseous because of the pain)

12.6 Vomiting

1 (post fatty food)
2 (with sore throat)
4 (eggs)

13 Urinary Tract

13.1 Problems

1 (can't hold in urine)
4 (pain in bladder when it gets full - endometriosis adhesions)
5 (if bladder is full then I have nightmares: kidney stones and infections)
6 (weak bladder - if drink something need to urinate shortly afterwards)
11 (after caesarean section had trouble passing urine but this only lasted 3/4 days)

13.2 Odour

1 (acid. strong smell)

13.3 Tenesmus

None of the women reported any symptoms of urinary tenesmus
13.4 Frequency

1 (once every hour)
2 (at least once per hour; at night about 3 times)
3 (get too busy then I forget, the more I drink the more I go)
4 (once every 2 hours)
5 (3 times per day, twice at night)
6 (5-7 times per day, depending on liquid intake, wake up usually once in the night)
7 (3-4 times per day, wake up every once a night)
8 (3 times per day, want to go more at night and do go more at night)
9 (about 8 to 10 times per day)
11 (drink a lot of water, so I go about 10 times per day, don’t wake up at night to go to the toilet)
12 (6 times per day)
13 (5-6 times per day; always had a weak bladder; if I have something to drink before I go to sleep I will wake up during the night else I don’t wake up to go to the toilet)
14 (go 5 times per day, usually wake up at night)
15 (once per hour; don’t wake at night)
16 (4 to 5 times per day; and every morning at 4am)

13.6 Infections

1 (honeymoon cystitis)
2 (started 2 or 3 years ago)
3 (honeymoon cystitis)
4 (primary school years, when I was in swimming training)
5 (age 22 had about 6 times per year—very severe (stopped since hysterectomy))
7 (used to get infections if I wore a wet costume; age 25. lasted for about 3 months; after intercourse; if bladder is slightly full)
9 (cystitis but I think it was because of emotional problems)
10 (cystitis when I was 21 from intercourse and again when I was 29 due to stress)
12 (once, no burning or pain, just a strong odour)
13 (slight mild infection once)
14 (1 six years ago, don’t know the cause)
16 (2 since September last year, occurs after I have had an internal scan at the gynaecologist)
14 Peripheral Vascular System

14.1 Colour changes

1 (circulation poor, fingertips white, nails blue, extremities cold)
3 (circulation poor, chilblains, mottled legs as child, when exercising heavily feel as if my muscles are not getting enough oxygen)
7 (poor circulation- feet icy cold, pins and needles in feet very often; oedema of fingers and feet; had dilated capillaries removed from legs)
8 (when coughing or with flu hands go blue; with palpitations go red; feet are always cold)
11 (orange blotches/ blue/ red on hands, feet, nose; they are usually ice cold and are worse in cold weather)
14 (hands are purple in winter, hands and feet always very cold)

14.2 Intermittent claudication

None of the women reported any signs of intermittent claudication.

14.3 Thrombosis

None of the women reported any previous history of thrombosis.

14.4 Ulcers

None of the women reported any previous history of ulcers.

15 Musculoskeletal System

15.1 Pain or stiffness

1 (cramps in legs, worse when stress/tension; pain in neck and back)
3 (low back pain due to injury incurred when knees were being treated, across shoulders- stress)
4 (get stiff very easily if exercise (produce a lot of lactic acid))
5 (pain and burning that occurs around the stomach and back and from the back extends down to the knees. started at age 15: if I extend forward it takes me some time to straighten up again; MRI revealed fibrosis at L3 and L4)
6 (occupational stiffness of back and neck)
7 (dull ache in hip extending down the leg to the knee (left side); lower back ache especially if standing; premenstrually get lower back pain)
8 (pain in right leg, get this pain during menses, legs feel weak; pain in right leg when exercising; pain in back on the right side where they did bone fusion; back pain with pain radiating down leg)
9 (sciatic pain - discomfort in sacrum and gluteal region; treat it using massage, heat or going to the chiropractor)
10 (pain in neck and shoulders caused by lack of exercise and emotional stress or from driving in a hot car; knee gets sore can’t do high impact aerobics)
11 (neck and back stiffness injury related)
12 (pain in hands and feet, feet feel as if they are cramping, pain in hands is deep inside the joints, pain occurs nearly every night, pain in legs at night when I lie down occurs about 3/4 times per week - think it is because I am standing all day long, it is a throbbing dull pain that doesn’t last very long, I sleep it off; pain and stiffness in neck and shoulders)

16 Haematological System

16.1 Blood transfusion

8 (with back surgery)
11 (with back surgery; had very bad reaction to it - viscous headache, bumps all over me)

16.2 Rejected as donor

1 (low blood pressure; anaemic)
4 (hepatitis, anaemic)
7 (anaemic)
9 (blood pressure too low; underweight)

16.3 Bruising

2 (in teens - anaemic, operation)
3 (very easily, always covered with them, just have to touch self)
4 (quite easily)
5 (quite easily)
6 (easily)
7 (bruise very easily)
9 (bruise easily, think it is because of drugs)
10 (bruise easily but this only began after my pregnancy, before this I had no problems)
12 (quite easily on legs, big bruises)
13 (very easily, from slightest touch - started 3 years ago when I got married)
14 (bruise easily, always have, not severe but often don’t know where I got them)
16.4 Excessive bleeding

2 (when I was 12, I went off the pill and had a period where I bled so much that I had to be hospitalised and was given an injection to stop the bleeding)
5 (after surgery bleeding from the wound can’t be stopped and I experience dizziness with this)
11 (after caesarean section my haemaglobin level dropped down to 4)

17 Endocrine System

17.1 Thyroid Problems

1 (under active)
11 (overactive after my car accident)
13 (under active- get dry skin but only in winter; always feel cold)
14 (on the border of under active, but no treatment)
16 (underactive thyroid; no symptoms, was picked up on a blood test)

17.2 Pancreas

None of the women reported any known problems relating to their pancreas.

17.3 Pituitary

None of the women reported any known problems relating to their pituitary gland.

17.4 Male sexual characteristics

2 (polycystic ovarian disease - weight gain on upper arms and buttocks, facial hair, increased hair growth on extremities, amenorrhea)
12 (have coarse hair on chin, not many)
18 Nervous System

18.1 Problems

10 (if I bend down I get light headed and dizzy, feel faint, see stars)
14 (nerve in left calf gets pinched and goes into painful spasm; get pinched nerves in toes all the time- toes bend and I have to straighten them out)

18.2 Altered sensation

7 (lameness of arms on waking; pins and needles when cold or at the start of exercising)
8 (sharp shooting pain on right side)
11 (numbness, tingling and aching in arms at night during sleep if I lie flat on my back - it is due to instability at C5)
14 (often get pins and needles in arms and legs if I lie on them)

18.3 Involuntary Movements

3 (sometimes twitch)
7 (jerk just as falling asleep)
9 (twitch under eye when tired)
10 (twitch in right eye sometimes when I am talking to people)
11 (during sleep)
12 (sometimes right eye jumps)

18.4 Syncope

4 (3 or 4 times in life, when younger, due to low blood pressure)
5 (when I was anaemic and I lost a lot a blood during my period)
10 (once during a menstrual period; used to faint if I had injection i.e. from needles)
11 (after surgery)
14 (feel like I will faint when and stand up, everything goes black and I feel dizzy)
16 (once in church, I was very hot and had not eaten breakfast)

18.5 Pre-syncope

1 (if I don’t eat for a period of time: from stress or tension)
3 (once in exam- stress)
5 (once while driving (17))
10 (sometimes when I am driving I feel as if I have a temporary blackout)
15 (once or twice, happens if I get up too quickly or if I’m under a lot of stress and pressure and I am not eating properly; has improved with better diet)

18.6 Seizures

None of the women reported a previous history of seizures.

19 Menses and Gynaecology

19.1 Problems

2 (had ovary removed when I was 10)
3 (ovarian cyst (33))
5 (cysts on ovaries and on kidneys)
8 (cysts on ovaries)

19.2 Menarche

1 (14 or 15- can’t remember)
2 (12- traumatic because of the pain and the amount of bleeding)
3 (12-can’t remember)
4 (12- very unhappy about it because it interfered with swimming)
5 (14- no real feelings regarding my first period, except that it was quite painful)
6 (13- nothing out of the ordinary)
7 (17- terrified, very depressed; it was a relief in a way because of my age and I knew it had to start, but I found it depressing because it made me feel like I was growing up and I didn’t want to)
8 (13 or 14)
9 (13- embarrassed, shocked, scared, no real emotional support)
10 (13)
11 (15- day period started mother said shame now I have the curse but I didn’t want it to be a shame)
12 (11 - was upset when breasts began to develop and got pubic hair because I didn’t want to change, it took a long time before I started to wear a bra)
13 (11 or 12- experience of menses was fine, it was explained to me and I was fine with it)
14 (13- emotionally traumatic, didn’t have a sympathetic mom, felt quite alone: as teenager had terrible pain and excessive bleeding: pain so bad would cry heart out. couldn’t go through the night without changing tampon)
15 (10- fright of my life, cried quite a lot as it was quite a shock)
16 (14-horrible experience, my mom is the conservative type, she didn’t sit down with me and reassure me, just gave me a bag of sanitary towels)
19.3 Length of cycles

1 (23-25 days)
2 (I am on the O.C pill, so cycles are regular at 28 days)
3 (28 days - regular as clockwork)
4 (I have never been regular)
5 (very irregular)
6 (between 28 and 36 days)
7 (35 days)
8 (28 days, very regular)
9 (28 to 35 days)
10 (28 to 31 days)
11 (28 days, very regular)
12 (28 days because on the pill; I was regular before I started taking the pill)
13 (28 days; had cysts on ovaries twice and because of this had a delayed period,
   otherwise have been regular)
14 (irregular- 30 to 35 days)
15 (28 days)
16 (28 days, usually very regular)

19.4 Length of bleed

1 (5 days)
2 (5 days – when I am taking the O.C pill)
3 (6-7 days)
4 (when I first started my period, it lasted 3 to 4 days, from the age of 16 or 17, it
   lasts about 2 weeks)
5 (7 days)
6 (5-6 days)
7 (3 days)
8 (3-4 days)
9 (5 days, when younger was 6-7 days)
10 (3-4 days now, when younger 6-7 days)
11 (5 days)
12 (usually 5-6 days)
13 (5 days)
14 (3 days)
15 (7 days)
16 (6 days)
19.5 Sanitary wear

1 (pads; used to use tampons when I was 19 for about 3 years)
2 (tampons since the age of 19 or 20, before this used to use pads)
3 (pads, never really used tampons)
4 (pads since the age of about 25, before this used to use tampons)
5 (only pads)
6 (only tampons)
7 (only tampons)
8 (sanitary towels till age 16, have used tampons since then)
9 (used sanitary towels from age 13 - 15: used tampons from age 15 - 24; now only use sanitary towels)
10 (from age 13 - 17 wore tampons; now only use sanitary towels)
11 (only tampons)
12 (use pads and tampons, first 2-3 days use pads because very heavy, last few days use tampons- don’t sleep with tampons though; only recently started using tampons)
13 (pads, have never used tampons)
14 (used pads for first 6 months of starting periods and then used tampons ever since)
15 (only ever used pads)
16 (tampons and pads, started using tampons when I was about 24)

19.6 Pre-menstrual tension

1 (in the middle of my cycle - irritable, water retention, bloating, no libido)
2 (week before period, very irritable, this started only in late teens)
3 (exactly 1 week before menses, very irritable. feel as if I could murder someone)
4 (barely noticeable)
5 (started age 16, bad moods, headaches)
6 (ratty and irritable about a week before menses, breast tenderness, increase in appetite)
7 (begins about a week before menses begins- irritability, very emotional, depression, breast tenderness)
8 (impatient, depressed, headache, breast swelling, crave sweet things, insomnia: begins about 1 week before menses)
9 (used to suffer from it prior to surgery for endometriosis: used to scare myself. I was so irritable, nasty, argumentative. had bloating and bearing down pain from stomach to thighs)
10 (about 2 weeks before menses “bite child’s head off”. I usually have a high level of irritability and impatience anyway but it is worse during this time: swollen tender breasts. abdominal bloating, crave chocolate and coffee)
11 (only started since babies were born, want to burst into tears, mood swings, irritable)
12 (get very agitated, snap at everyone, very tearful, want to be left alone, sometimes get aggressive; water retention terrible in legs, terrible breast swelling they begin to swell 2 weeks before menses, by the time menses appears they are down again)
13 (about 4 days before period get into a bad mood, shout at everyone; eat more premenstrually)
14 (never, don’t even know what it is)
15 (mood swings, very emotional all sorts of things come up and I feel depressed; it starts about 10 days before my period and lasts 2 days into the period)
16 (no)

19.7 Pain associated with menses

1 (12 hours before period begins; also get pain when I ovulate; the pain got worse when I got older, can’t remember exact age when it began to get worse)
2 (ovulation time; first few days of period; since my periods first began I have always had pain)
3 (1st day or night of period; never had much pain, I think it has been worse since I have had the laparoscopes because of the scarring)
4 (2 days before menses and 1st 3 days of menses; pain started only when I was about 15 years old)
5 (starts 2 or 3 days before period begins, gets progressively worse during periods; my pain only started when I was about 19 years old)
6 (first day of menses, then pain occurs again on day 4 but not as severely as on day 1; this pattern of pain only started when I was about 18 before that I had no pain)
7 (day 1, but I don’t always get menstrual pains; no pain when I first started my periods it is only recently that I have had problems)
8 (niggling pain about 1 week prior to menses; during period get terrible stabbing pain low down in my abdomen; painful periods started when I was about 25)
9 (day before and first day of menses, the 2nd day I am usually fine; pain started to get bad when I was about 15)
10 (pain is actually worse after my period, bloated type of pain; during my period I have lower back pain and bearing down pain)
11 (no pain with period, pain in mid right thigh to knee before menses begin and lasts until the second day of my period, but it doesn’t happen when I am on the O.C pill)
12 (few days before period get terrible sharp cutting pain when lying down and get pain on the first day of my menses; this has always been the pattern even when I am on the pill)
13 (most pain is on the second day in my abdomen and back; when on the O.C pill had no pain; take strong painkiller and the pain goes away; this pattern of pain has been the same since I first got my period)
14 (worst pain on the first day, pain just above pubis and goes into my groin; pain has always been worse on the first day of my period since it began)
15 (first 3 days are the worst, the pattern of pain has been like this since I first started my period)
16 (day 1 have lower abdominal pain in the ovary area on both sides; take Nerofen (ibuprofen) for this; hot water bottle helps; pain also occurs on day 4; this pattern of pain on day 1 and 4 started when I was about 21)

19.8 Blood loss

1 (first 2 days are heavy, get gushing when I go to toilet)
2 (heavy for the first 3 days)
3 (heavy first 2 days then gets less)
4 (excessive for the first 2 or 3 days)
5 (excessive, throughout period)
6 (excessive, most severe on day 2 or 3)
7 (used to be heavy, but now it is normal)
8 (varies, 2nd day is the heaviest, have to change tampons approximately every hour)
9 (was worse prior to surgery, now it is pretty normal; most bleeding occurs on the first 2 days)
10 (pretty normal)
11 (day 2 quite heavy the other days are normal; had one episode when I was 16 where I was flooding and had intense pain, this only happened once, I did not tell anybody)
12 (first day the blood is very black and very little; heaviest bleeding is day 2 and 3, need to change sanitary wear quite often. get gushing)
13 (first 3 days are heavy; day 4 and 5 just spot; no gushing; change pad every time I go to the toilet but this is because I am very clean not because of the amount I bleed)
14 (second day is heaviest, feel blood loss is pretty normal)
15 (normal bleed for the first four days then it begins to taper out)
16 (heaviest on day 1 and 2, the rest of the menses is a normal flow; before the laparoscope I used to bleed heavily until day 4)

19.9 Clots

1 (first 2 days, dark and large)
2 (especially lately)
3 (have started clotting lately)
4 (dark red, looks like pieces of meat)
5 (deep red, occurs towards the end of period, worse in the bath, size of a peach)
6 (dark, occurs on second and third day of period but persist throughout period)
7 (very occasionally)
8 (occurs on day 1 of menses: pass clots from vagina and rectum, clots are dark red, they are about 2 cm in diameter)
9 (dark and slimy; more recently they are more red in colour)
10 (jelly like, dark red, about 1.5 cm in diameter)
11 (only as a teenager, about 1 cm in diameter)
12 (get clots on first few days, they are bright red, long and thin)
13 (no)
14 (fairly small)
15 (very small not a lot)
16 (before the laparoscope used to get clots on day 4 of menses)

<table>
<thead>
<tr>
<th>19.10 Colour of blood</th>
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<tbody>
<tr>
<td>1 (bright red)</td>
</tr>
<tr>
<td>2 (deep, dark red)</td>
</tr>
<tr>
<td>3 (fresh red)</td>
</tr>
<tr>
<td>4 (starts as bright red and gets progressively darker)</td>
</tr>
<tr>
<td>5 (deep red)</td>
</tr>
<tr>
<td>6 (starts off brown and then becomes a deep red)</td>
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<td>7 (very dark, flow greater during the day than at night)</td>
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<td>8 (usually dark red)</td>
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<tr>
<td>9 (normal)</td>
</tr>
<tr>
<td>10 (dark red)</td>
</tr>
<tr>
<td>11 (normal)</td>
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<tr>
<td>12 (besides the first day the blood is bright red)</td>
</tr>
<tr>
<td>13 (dark)</td>
</tr>
<tr>
<td>14 (very dark)</td>
</tr>
<tr>
<td>15 (day 1 and 2 quite dark, then it becomes more red)</td>
</tr>
<tr>
<td>16 (dark red, similar colour throughout the menses)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>19.11 Metrorrhagia</th>
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</thead>
<tbody>
<tr>
<td>4 (if I run up a flight of stairs)</td>
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<tr>
<td>7 (used to, not anymore)</td>
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<tr>
<td>9 (occurred at the beginning of the year for 4-5 months, but I don’t have it anymore)</td>
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</tbody>
</table>

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<thead>
<tr>
<th>19.12 Post coital bleeding</th>
</tr>
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<tbody>
<tr>
<td>4 (yes)</td>
</tr>
<tr>
<td>5 (yes)</td>
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<tr>
<td>7 (yes, only in the last 4 months)</td>
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<tr>
<td>16 (a few times)</td>
</tr>
</tbody>
</table>
19.13 Vaginal discharge

2 (there all the time but there is a heavier white discharge just before menses, ("actually quite unpleasant"))
5 (burning, itching, stains underwear white, started age 20)
6 (yellowish discharge about a week before menstruation)
7 (lasts the entire cycle, it is milky, white, sticky and smells of onions)

19.14 Retroverted uterus

1 (yes)
4 (yes)
7 (yes)
8 (pushed to one side)
9 (yes)
11 (kink in my cervix, during IVF doctors battled to insert instrument up into my uterus)
16 (yes)

19.15 Contraception

9 (use diaphragm and condoms)
12 (the pill)

19.16 Oral Contraceptive pill

1 (age 22 for 11 months, age 34 for 2 years; effect - reduced sex drive)
2 (age 12 to 23 for skin problems, had 4-5 month break, during the break had a terrible bleed; effects - didn’t feel right on it, “chemical feeling”)
3 (age 22-24, again age 32 for 6 months: effects - didn’t agree with me, bad tempered)
4 (age 16-24, had a break every 12 to 18 months during this time; effects - migraines, skin break outs, decreased sex drive, bleeding during menses more controlled and more regular, felt better off it, but bleeding increased)
5 (never been on any contraception)
6 (age 18, because of an ovarian cyst and then again at age 20 for the same reason, both occasions for about 6 months. then again at age 29 for 6 months: didn’t like being on the pill at all. experienced weight gain, headaches, bloating and nausea)
7 (started age 17 for 6 months, then age 19 until 27: effects - menses regular, pre-menstrual tension was worse on the pill, weight gain; feel much better being off the pill)
8 (started age 19 to 28; had a break from it age 24 or 25 and again at 27; felt fine on it)
9 (started at age 14 because I was having very irregular periods so they wanted to try and regulate them; then again at age 22 for 6 months only; effects - didn’t like being on the pill at all, had dry vagina, didn’t feel good on it)
10 (started age 21 until 29, went on it because I was sexually active, did have some breaks during this time; effects - I felt bloated on it, headaches, weight gain, decreased sex drive, feel better off the pill, headaches improved, skin went more oily for a while)
11 (started age 22 to 25; and then again at 29; effects - no negative symptoms while on the pill)
12 (age 27, took the pill because of cysts on ovaries; effects - feel fine on it only difference is that my hair goes straight on the pill; I haven’t had any breaks while I have been on the pill; before started present pill had to change between 6 different types)
13 (when first got married went on the pill, age 21 because I didn’t want to fall pregnant immediately; effects - felt fine on it)
14 (on pill from 18 to 24; effects - period pains were worse before and while I was on the pill they are better now that I am off the pill)
15 (from age 19 to 28, times in between when I stopped but then skin went crazy so I got upset and depressed; effects - felt fine on it but always felt inside that I was doing something wrong, that the O.C pill is unnatural)
16 (from the age of 25 to 29, had an eight month break and then went on it again until the age of 32; when I was on it I had PMS. I was tearful the night before)

19.17 Pregnancy

1 (once)
2 (once)
9 (once - presently 4 months pregnant)
10 (twice)
11 (once)

19.18 Miscarriage

1 (once, when 2 weeks pregnant)
2 (once, when 2 weeks pregnant because of decreased progesterone)
10 (gynaecologist thought it possible as I once had a very heavy and painful period)
19.19 Children

1 (2 adopted)
2 (pregnant at present)
3 (no, couldn’t have children)
4 (no; when was young children were never an issue for me, mother said I would be a useless mom)
5 (no, want children very badly)
6 (pregnant at present)
7 (no, have always wanted children)
8 (no, always wanted children)
9 (pregnant at present)
10 (1 child)
11 (3- triplets)
12 (no)
13 (no)
14 (no, have always wanted children)
15 (no, want to)
16 (no but I have always wanted to have children)

19.20 Conception

1 (IVF (in vitro fertilisation))
2 (IVF)
9 (naturally)
10 (naturally)
11 (IVF)

19.21 Other Problems

7 (polycystic ovaries)
12 (HPV (human papilloma virus). when I was with boyfriend I had severe thrush for almost a year; sex was very painful; thrush occurred every time I slept with boyfriend; have terrible smell all the time; had laser surgery to remove the HPV)
16 (when I was 33 it was seen on a scan that I had ovarian cysts. since being on the eltroxin they have gone away)

19.22 Abortion

10 (once – I was raped and fell pregnant)
20 Endometriosis

20.1 Effect on life

1 (radical effect on my life, couldn't have own kids)
2 (not miserable all the time with it, not in pain because of it, hasn't affected my sense of self as women)
3 (don't have any emotional reaction to it even now, hardly mention it; sense of failure)
5 (can't have kids)
8 (never realised what a big impact it would have on my life, when I was first diagnosed; may stop me from having children)
12 (doesn't affect my life because I have sex so irregularly; can smell myself at the end of the day and in the morning, slight fishy smell; always think of my period as a cleansing but with endometriosis can't get it all out, no where for it to go, so maybe smell is a psychological issue)
13 (when first found out about it - no big thing in life; now affecting me because I am struggling to fall pregnant)
14 (very little, other than the sexual problem; has resulted in an increased desire to have kids now, if I didn't have it, I wouldn't feel the pressure to have kids now, I would wait)
15 (during periods suffer terribly, so the pain affects my life)
16 (other than not being able to fall pregnant (have been trying for about 2 years), it has not really affected my life)

20.2 Symptoms

1 (could bear the pain at menses and during sex)
3 (nothing excessive)
4 (terrible bleeding and pain, pain on urination, tenesmus if slight constipation, pain on intercourse, tummy very swollen)
5 (pain on intercourse, heavy bleeding, painful periods, blood in stool)
6 (heavy periods, pain, bloating)
7 (heavy bleeding, moodiness, painful menses, pain on intercourse, pain while dancing, irregular menses)
8 (week before menses breasts are tender, abdomen bloated and painful, backache; clots in menstrual blood, nausea, headache, pain on intercourse)
9 (pain on intercourse, hellish painful periods, mood swings)
10 (very painful periods, painful passage of stool, cramping- but this cramping is not related to periods)
11 (symptoms of irritable bowel syndrome)
12 (sex painful, nausea - all of a sudden at night or in the morning)
14 (pain during sex, painful periods)
15 (painful periods)
16 (pain on day 1 of menses; quite heavy bleeding; constipation)
20.3 First diagnosed

1 (26)  
2 (24)  
3 (23)  
4 (21)  
5 (19)  
6 (20)  
7 (22)  
8 (28)  
9 (22)  
10 (32) 
11 (25) 
12 (27) 
13 (23) 
14 (23/24)
15 (33) 
16 (34) 

20.4 Stage

1 (very severe) 
4 (fourth)     
5 (very severe) 
6 (second)    
13 (first)    
14 (third)    
16 (second)  

Not all of the women had been told by their gynaecologist what stage of endometriosis they had.

20.5 First reaction

1 (what did I do wrong) 
2 (freaked me out a bit. what else can go wrong here, haven’t abused body. managed to accept it and put it away) 
4 (just another disease. won’t be a problem. started reading up on it. wasn’t devastated) 
5 (relieved because at least there was a reason for feeling like this i.e. pain) 
6 (didn’t know what it was so I began reading about it; wasn’t too worried about it, thought I didn’t really have it as I believed it only affected women in their thirties)
mixed emotions- was worried because of the increased possibility of not being able to have children but I did like the attention; also it was good to know that I was not being a hypochondriac and that there was something really wrong with me)  
8 (felt that it gave an explanation for what I was going through)  
9 (totally emotional-tears, panic stricken, had only been living in South Africa for a year so didn’t have friends or family for support)  
10 (surprised, I had read about it previously and I never thought that I would get it)  
11 (surprised, didn’t know about it; it wasn’t an issue in my life because I didn’t know anything about it)  
13 (couldn’t believe it)  
14 (didn’t know much about it, looked at it as though I would have it out and then would be fine)  
15 (big word which gave me a fright; I read books about it)  
16 (sort of expected it; I don’t like hospitals so after the laparoscope I rushed home and the reality of it hit me about two days later, I got very depressed)  

20.6 Effect on you  
1 (made me feel like less of a women, affected whole womanhood couldn’t go through whole cycle of pregnancy, labour, felt so closed, had to sort it out for myself, did a lot of reading on it, cross with myself, disappointed)  
3 (the infertility wasn’t nice, had a magnified sense of failure, it was more about failure to have a child than actually not having a child, have accepted it now and moved on, all other women could have kids but not me, I avoid situations that make me uncomfortable (christenings, birthday parties))  
4 (it represents lost opportunities)  
6 (there were some fears related to fertility; just learned to live with it)  
7 (maybe I am not meant to have kids because I am meant to dedicate my life to my profession; feel I must choose between kids and career)  
8 (should have tried to have children earlier; get depressed; weight gain from treatment has affected my self image terribly)  
9 (my self image became a bit negative; depressed)  
10 (bad period days; sometimes uncomfortable and bloated)  
11 (found it difficult not to be able to have children; used to be such an achiever: felt out of control; how could there be something wrong with me felt embarrassed to a point)  
14 (more critical of myself about the fact that I can’t do something that women should be able to do, i.e. fall pregnant; given me a sense of failure about myself; increased feeling of pressure to have children immediately even though I would prefer to wait)
20.7 Effect on relationships

1 (went through a period with husband of feeling rejected, had some good friends who helped me through it)
2 (good support from family)
4 (my mother didn’t believe that I was in pain; sister- I struggled with the fact that she fell pregnant through my most difficult times, husband - strain, hard for him to live with someone who is always in pain)
5 (mom supportive)
7 (mom very supportive; boyfriends are more supportive of cramps when they know that there is really something wrong)
8 (husband and family have been very supportive)
12 (people don’t know about it so there isn’t really support)
14 (family very aware of the situation, they are concerned and watch what they say around me regarding sensitive issues)
16 (husband is very supportive; I don’t really discuss it with my family because I don’t want the pressure of them asking me every month if I am pregnant)

20.8 Reason you developed endometriosis

1 (don’t know, maybe because of tampons)
2 (maybe genetic, maybe something to do with personality (has done some reading))
3 (haven’t the foggiest, maybe stress)
4 (body let me down, G-d wanted to teach me a lesson)
5 (no idea)
6 (no idea, maybe hereditary)
7 (perhaps because my path in life is one of healing and I am not meant to have kids)
8 (don’t know; never had painful periods through life; began about 2 years after back surgery, maybe had something to do with that)
9 (I denied getting in touch with my body’s female side. I think this was my body’s way of showing me how to get in touch with myself. all my life I said don’t really want to get married or have kids. I believe my body gave me something to get in touch with the situation i.e. if you don’t want kids I’ll give you something to make you assess the whole situation, how do you really feel about not having kids)
10 (because of what I have been through with marriage i.e. anger and frustration experienced)
11 (haven’t the foggiest)
12 (is it stress, wander if I didn’t create it myself)
13 (stress and aggravation)
14 (because I am a very emotional and stressed person, far too critical of myself. impose far too much on my self)
15 (deep rooted emotional hang ups; as a child I was looking for attention so maybe if I had painful periods this would bring me attention- created the disease for attention/ love I was lacking)

16 (no idea)

21 Sexuality

21.1 Sexually active at present

1 (yes)
2 (yes)
3 (yes)
4 (yes)
5 (yes)
6 (yes)
7 (yes)
8 (yes)
9 (yes)
10 (yes)
11 (yes)
12 (not really)
13 (yes)
14 (yes)
15 (not for last few months, but have been in the past)
16 (yes)

21.2 Numbers of sexual partners at present

1 (1 partner)
2 (1 partner)
3 (1 partner)
4 (1 partner)
5 (1 partner)
6 (1 partner)
7 (1 partner)
8 (1 partner)
9 (1 partner)
10 (none at present)
11 (1 partner)
12 (none at present)
13 (1 partner)
14 (1 partner)
15 (none at present)
16 (1 partner)
21.3 Feelings on sexuality

1 (positive, no problems)
2 (when younger felt nervous, not happy with self; now I feel fine with it)
3 (happy)
4 (terrible most of my life, because of the pain I have during sex)
5 (didn’t enjoy it with first husband because of pain during sex and because it was pointless (couldn’t have kids))
6 (OK with it)
7 (not very good; lack of confidence in my own body, feel fat and full of cellulite; when engage in intercourse with a guy I develop an infection, I think this could be related to guilt, I don’t want to be seen as a slut (mom at one stage had many boyfriends and I didn’t like this); I felt very guilty after I broke my virginity, before I had sex with my boyfriend I discussed it with my parents; I was very scared of falling pregnant)
8 (has declined over the last 2 years, this is because after taking hormonal treatment for endometriosis which puts you into menopause I gained a lot of weight, I feel ashamed of my body, I used to have a wonderful body, before this I was fine with my sexuality)
9 (happy and comfortable with it; very open)
10 (feel fine with my sexuality)
11 (comfortable with it)
12 (difficult one, always a bit ashamed of scars on body; boyfriend destroyed it completely, extremely shy, no lights)
13 (fine with it)
14 (open about it, used to enjoy it but now it is so painful; I am very dry and pain is terrible on deep penetration)
15 (fine with it, in some of my relationships I was involved with mentally abusive men, had femininity and sexuality taken away from me)
16 (no problem with it)

21.4 Feelings on sex life

1 (OK)
2 (fine)
3 (happy)
4 (used to feel it was a duty, but it is better now)
5 (can enjoy it now, has new purpose)
6 (not as frequent as I would like it. husband is stressed, because of this we don’t have sex often)
7 (enjoy sex when I have it but I anticipate pain and have vaginal dryness)
8 (declined since weight gain from hormonal treatment for the endometriosis)
9 (happy with it)
10 (was terrible with ex husband. at present I am not sexually active)
11 (relationship took a big knock when I was trying to fall pregnant, we had a
good sex life before, it has taken 3 years to get it back to what it was)
13 (good)
14 (problem, because of the pain I experience, therefore don’t have sex often
which makes things difficult)
15 (not sexually active at present)
16 (good)

21.5 Libido
1 (normal)
2 (decreased last 2 years, before that it was fine)
5 (quite low)
6 (normal to high)
7 (very low)
9 (good, higher during menses and pregnancy)
10 (normal)
11 (improving, during time I was trying to fall pregnant it decreased; it was good
before this)
12 (have sex so irregularly, if I had a partner, I think my sex drive would be OK)
13 (good)
14 (used to be good, but now lower because of pain)
15 (goes through stages, sometimes healthy and other times I couldn’t be
bothered- I’m looking more for love and nurturing as opposed to sex)
16 (medium to high)

21.6 Pain on intercourse
1 (on intromission)
2 (have been experiencing pain for the last 2 years)
3 (discomfort if penetration is too deep)
4 (used to experience pain, but I don’t anymore)
5 (yes)
6 (no)
7 (pain shoots to back, rectum and left lower colon)
8 (used to have pain on intercourse, it went away after surgery)
9 (prior to surgery, it is what made me go to gynaecologist)
10 (occurs because of vaginal dryness due to psychological issues with husband)
11 (if I assume any unusual position I get excruciating pain)
12 (yes, with the HPV)
14 (terrible, because of vaginal dryness and is worse on deep penetration, so dry
often results in tearing)
15 (used to be painful- treated myself with herbs and it improved)
16 (no)
21.7 Bleeding on intercourse

4 (yes)
5 (yes)
7 (yes)
14 (yes, because of dryness)
16 (once or twice)

21.8 Thoughts on sex

1 (normal way of living, part of our lives)
3 (important for the bonding of a relationship)
4 (I thought it was supposed to be fun and it isn’t, believe it is an intimate thing and an important way to bond with someone)
6 (expression of love, physical pleasure, satisfaction)
7 (sharing, loving, bonding)
8 (pleasure and to reproduce)
9 (intimacy, trust, love and pleasure)
10 (very important in a relationship; have no negative feelings about it)
11 (communication, love, physical expression of emotions)
12 (don’t really know, perhaps the coming together of 2 people who really love each other)
13 (beautiful, lovely gift from G-d, not supposed to be the way it is abused by people in today’s times; sharing of love; must stick to one partner)
14 (love, emotion, for us not about passion but driven by a deep love)
15 (if you have a partner you enjoy being with, it can be a wonderful experience; parents always made it out to be something dirty; I learnt though that I shouldn’t take what others think and do but rather learn from my own experiences)
16 (it makes me feel closer to my husband, it is something intimate to be shared)

21.9 Age when lost virginity

1 (24)
2 (18)
3 (19)
4 (19)
5 (17)
6 (20)
7 (17)
8 (19)
9 (18)
10 (17)
11 (21)
12 (27- always wanted to wait for the right person)
13 (20- after I was married)
14 (18)
15 (19)
16 (24)

21.10 Number of partners up until now

1 (1)
2 (1)
3 (3)
4 (4)
5 (5)
6 (3)
7 (5)
8 (1)
9 (10)
10 (8)
11 (2)
12 (5)
13 (1)
14 (3)
15 (4)
16 (3)
GENERAL SYMPTOMS

1 Vital tone

1.1 Energy levels

1 (low)
2 (battle to get out of bed in the morning)
3 (high, get told to slow down)
4 (low when younger, better since hysterectomy)
5 (very low, since age 36)
6 (usually high, sometimes low due to job)
7 (low)
8 (not as high as it used to be, feel tired and listless around 3am)
9 (good)
10 (better now than it used to be, but I do get an energy slump in the afternoon)
11 (not great at moment, used to be higher)
12 (don’t have a lot of energy)
13 (before thyroid tablets felt very tired all the time but now have more energy)
14 (very energetic but it is more of a intellectual than a physical energy)
15 (fine, if detoxifying or very hot feel a loss of energy)
16 (lot of energy, I am not one to sit still)

1.2 Exercise

1 (aqua aerobics, exercise 2 or 3 times a week for 45 min; feel better for exercise)
2 (all through school played sports – running, tennis)
3 (walking, every day)
4 (yoga, gym; swimming when younger)
5 (used to gym 3/4 times per week; school-hockey, netball, swimming)
6 (used to do a lot, gym 3 or 4 times per week and squash; school - hockey, netball, swimming)
7 (run, gym for about 1 hour, twice a week; danced when younger)
8 (I do exercise; school - athletics, swimming, hockey, netball, tennis)
9 (walk for one hour per day; yoga for about 45 min. per day; gym 3 times per week - rowing, stretching, cycling; school - hockey, tennis, running)
10 (nothing now; used to hike and do gym; school - hockey, dancing, karate)
11 (now nothing, used to exercise like a mad women; achieved all through school athletics, gymnastics, hockey)
12 (no exercise)
13 (sometimes do the health walker twice a week for 15-20 minutes at a time, some weeks don’t do any exercise)
14 (try, but don’t exercise often; school - hockey (captain), swimming)
15 (aqua aerobics, circuit training, cycling, squash, used to jog and plat tennis, exercise about 3 times per week for 45 min and swim after that; don’t exercise during menses; school - swimming and tennis)
16 (I haven’t really got the time to exercise now, I used to cycle, walk, gym, canoe, play tennis and squash)

2 Vital temperature

1 (normal)
2 (feet cold, hands hot)
3 (cold hands and feet)
4 (feel a little cold)
5 (cold)
6 (normal)
7 (icy cold, very cold sensitive)
8 (more of a cold person)
9 (in summer I really feel the heat and in winter I really feel the cold)
10 (normal)
11 (normal, more cold than hot)
12 (hands and feet always freezing; cant function in winter; get into bed and stay there)
13 (most of the time feel cold, but husband says body feels like fire at night while I am asleep)
14 (hands and feet cold, during sleep body feels very hot)
15 (bad circulation so freeze in winter and feel too hot in summer)
16 (cold person, hate the cold in Joburg because of the temperature change during the day, don’t mind it if it is very cold and stays cold; hands and feet are cold;

3 Environment

3.1 Favourite environment

1 (mountains)
2 (home, work; best out in the sun, by the sea or out walking)
3 (don’t like noise; peaceful – mountains, garden, sea)
4 (near the sea, being in the warm sun)
5 (must have life around me- fish, flowers; mustn’t be isolated)
6 (depends on mood)
7 (coast)
8 (beach, in the sun)
9 (by the sea)
10 (sea)
11 (warm, sunny, bright places; garden)
12 (bedroom-quiet, happy on my own; have been called a recluse)
13 (with family at mom’s house)
15 (love mountains and the sea, nice environment; enjoy nature but also enjoy shopping centres, I have a balance of the two)
16 (love the bush and the coast)

3.2 Favourite climate

1 (moderate)
2 (warm)
3 (cool, not cloudy)
4 (warm, not humid)
5 (summer, as it is bright and happy)
6 (moderate to warm)
7 (sunny, hot)
8 (humid and hot)
9 (like the sun, but I am worse from heat)
10 (moderate)
11 (warm and sunny)
12 (warm days)
13 (prefer winter to summer; rainy day in bed)
14 (cool)
15 (beautiful sunshine, but not too hot)
16 (love hot)

3.3 Worst climate

1 (very hot)
2 (cold)
3 (freezing cold and wet)
4 (excessively hot and humid)
5 (winter, I find it depressing)
6 (very hot)
7 (rain, mist, cold)
8 (cold)
9 (rain and wind)
10 (extreme humidity)
11 (Highveld winters; don’t like blue sky with cold wind)
12 (heat, it makes me swell; winter, I freeze, body gets sore in the cold)
13 (very hot and humid; don’t like to be sticky and sweating; like to feel as if I have just come out of the bath)
14 (very uncomfortable in heat)
15 (freezing cold)
16 (when it is cold in the morning and night and warm during the day, you don’t know how to dress)
3.4 Environmental effects

3.4.1 Humidity

1 (tired)
2 (not comfortable if it is too severe)
4 (lethargic, claustrophobic, headaches)
9 (lose all energy)
13 (hate it when it is associated with heat)
14 (hate it)
15 (hate it, feel hot, flustered, uncomfortable and irritable)

3.4.2 Draughts

3 (don’t like)
7 (hate them)
8 (hate them)
12 (wouldn’t see me if there was a draught)
13 (hate)
14 (love)

3.4.3 Storms

1 (love)
3 (like them they energise me)
4 (love)
7 (love)
8 (petrified)
9 (may have asthma attack)

3.4.4 Rain

1 (love it, wonderful)
3 (nice at night, inconvenience during the day)
4 (like, don’t mind getting wet)
5 (love - it feeds the plants)
6 (hate the rain if I am outdoors)
7 (hate it)
9 (don’t like it)
12 (hate it, like to be inside, feel unsafe if it rains - worry about family on the road)
13 (like it)
14 (love it)
3.4.5 fresh air

1 (need it)
8 (like it)
9 (like it)
10 (must have windows open in summer)
12 (love fresh air)

3.4.6 Confined air

1 (terrible, suffocating)
2 (can’t stand breathing confined air)
3 (don’t like it, don’t like group of people and then breathe that air, can pick up smell very easily, don’t like confined spaces)
4 (don’t like it)
7 (it makes me feel claustrophobic)
9 (feel claustrophobic)
14 (don’t like)
15 (don’t like)
16 (hate confined air, it makes me feel claustrophobic, I feel like I can’t breath)

4 Perspiration

4.1 Problems

1 (perspire very little)
3 (don’t perspire easily)
6 (don’t perspire easily)
7 (foul smelling)
8 (don’t sweat much)
14 (problem with it, sweat a lot)
15 (perspire a lot)

4.2 Parts of body

1 (armpits)
2 (whole body - when exercising and when it is hot)
3 (armpits, back of legs, face)
4 (armpits, back of neck, between breasts)
5 (armpits)
6 (armpits, forehead)
7 (armpits, back of legs)
8 (underarms)
9 (forehead, back, armpits)
10 (armpits)
11 (armpits, forehead)
12 (armpits; at night in sleep, sweat between breasts and on my neck)
13 (armpits, don't really perspire any where else)
14 (armpits and feet)
15 (whole body)
16 (armpits)

4.3 Situations

1 (when afraid or threatened)
2 (when I am hot, exercising or angry)
3 (when exercising)
4 (exercise, excessive nervousness)
5 (heat, anger)
6 (when exercising, during heat, when I am running around or due to stress)
7 (when exercising - perspire quickly and excessively, continue to perspire after exercise or if it is very hot)
8 (hands sweat when I'm nervous)
9 (during heat or exertion; during asthma attack)
10 (if it is hot or I am stressed or busy)
11 (during exercise)
12 (when nervous get rush of heat through body; during sleep)
13 (hands sweat when I am nervous; armpits sweat if I get hot)
14 (if I am hot or during stressful situations)
15 (heat related)
16 (if hot)

4.4 Odour

7 (foul)
14 (terrible, dirty sweat smell)

4.5 Staining

None of the women reported any problems with regards to their perspiration staining their garments.
5 Sleep

5.1 Problems

1 (feel tired on awakening; need time to unwind before falling asleep at night)
2 (very restless, lot on mind never been a good sleeper)
3 (restless if have a lot on my mind - churn problem over in mind)
4 (when worried don’t sleep well at all, either have brilliant night sleep or a terrible night’s sleep)
8 (get up a minimum of 3 times per night, I walk around and feel I must go to the toilet; light sleeper)
12 (generally good, if not worried about anything, if worried takes longer to fall asleep but then sleep well)
13 (if have a lot on my mind I will not sleep very well; very nervous person because of crime in South Africa; very light sleeper, always have been)
14 (wake 2 or 3 times per night; very light sleeper, worse during exams; if I drink alcohol I can’t sleep; take sleeping tablets once every 2 or 3 weeks especially if I go to a new place; problem with sleeping is stress related; can’t sleep properly because of noise phobia, keep waiting to hear it)
15 (used to have insomnia)
16 (no problems but I am quite a light sleeper)

5.2 Hours required

1 (8, get 6 or 7)
2 (8 or 9, get 8)
3 (6 ½, get 6 ½)
4 (8, get 8)
5 (8, get 8)
6 (8 or 9)
7 (7, get 6)
8 (need 8, get 8)
9 (need 8, get 8)
10 (7 or 8, get 7 or 8)
11 (need 8, get 8; get up a few times at night with the children, but go straight back to sleep)
12 (8, get 7)
13 (9, get 9)
14 (8, get 8)
15 (8 or less, get this)
16 (need 8, get 7½ to 8½)
5.3 Position of sleep

1 (left side)
2 (fall asleep on right side)
3 (left side)
4 (on side, doesn’t matter which)
5 (left side)
6 (right side)
7 (back)
8 (back, with arms on abdomen)
9 (right side or stomach)
10 (right side)
11 (on tummy)
12 (right side, curled up)
13 (always sleep on right side or on stomach facing the right)
14 (sleep on left side or on stomach)
15 (stomach)
16 (right side)

5.4 Covers

1 (completely covered)
2 (go to sleep totally covered)
3 (one arm out of covers)
4 (feet and arms stick out)
5 (totally covered)
6 (completely covered)
7 (completely covered)
8 (tucked around me to avoid draughts)
9 (totally covered in winter, if very hot will have one leg sticking out)
10 (just head sticks out)
11 (winter, completely covered; summer one foot must be out or I feel claustrophobic)
12 (covered completely)
13 (completely covered with blankets; don’t like it if some part of my body sticks out- it makes me feel vulnerable)
14 (completely covered with blankets, always will have something on me)
15 (completely covered, if very hot allow feet out)
16 (totally covered- gives me a warm cuddly feeling, in summer may have one arm sticking out)
5.5 Hour of waking

1 (6am)
2 (6am)
3 (5:30am)
4 (6:10am)
5 (5:00am)
6 (6:30am)
7 (6:45am)
8 (6:30am)
9 (5:30 or 6:00am)
10 (6:00 or 7:00am)
11 (6:30am)
12 (7:00am)
13 (7:00am)
14 (7:30am with alarm)
15 (3 or 5 am, meditate and yoga, then go back to sleep wake 7 or 8am)
16 (5:30am during the week; 7:30/8:00am on the weekend)

5.6 Method of waking

1 (on own)
2 (husband has to literally shake me out of bed)
3 (alarm clock, could wake on own)
4 (husband, internal alarm clock)
5 (set the alarm, but full bladder usually wakes me)
6 (alarm clock)
7 (alarm clock, but do wake before it goes off)
8 (alarm clock, but usually wake before it goes off)
9 (alarm clock)
10 (on own)
11 (maid wakes me up but I am usually awake before she comes in else I use an alarm)
12 (most of the time I wake myself or the alarm wakes me)
13 (wake with alarm)
14 (used alarm if I have appointments else I wake up by myself)
16 (alarm clock)
5.7 Mood in morning

1 (don’t talk to me until I have had my first cup of coffee)
2 (very quiet in morning, not totally miserable)
3 (perky, wake up quickly (unless had restless night’s sleep))
4 (very slow, don’t talk a lot, quiet)
5 (bad, hate talking, if husband is there he irritates me)
6 (normal)
7 (always good)
8 (bright, happy and chirpy)
9 (fine; ready to go)
10 (fine)
11 (good)
12 (not bad, just don’t want to talk, quiet time for me)
13 (fine)
14 (fine, unless woken up before I was meant to be woken)
15 (fine, quite perky)
16 (good, I am a morning person, I have lots of go)

5.8 Afternoon nap

1 (often feel like it but I don’t get the chance)
2 (enjoy an afternoon nap - can only do this on weekends)
3 (Sunday afternoon - if I need it, will have good sleep, find it recharging)
4 (when I am on holiday)
7 (not usually, unless very tired)
8 (seldom, only if had had a bad night)
9 (sometimes on weekends; not habitual)
10 (used to in university days but not anymore)
11 (when I can)
12 (most Sundays, some Mondays)
13 (only if I have had a late night the night before)
14 (always if I have the chance to)
15 (sometimes)
16 (occasionally, maybe on the weekends or on holidays)

5.9 Catnaps

7 (yes, not often)
12 (before going out, but exhausted after that)
15 (if I am travelling)
5.10 Walk or Talk

1 (sometimes sleep walk, if under stress)
2 (talk excessively, sometimes sleepwalk or sit up at night switch on light look around)
4 (talk sometimes)
5 (laugh, when falling asleep; sometimes feel as if I’m falling and then jerk and wake up)
6 (talk in sleep)
8 (occasionally talk in sleep)
10 (talk and walk in sleep since the age of 7)
11 (used to talk in sleep)
15 (sing in sleep; sometimes talk)
16 (talk occasionally)

5.11 Dream

1 (a lot; dream of a person I know and then I will see that person the next day or so and something was wrong with that person)
2 (a lot, bizarre dreams, very vivid)
3 (yes, but can’t remember them; they are probably about something I am trying to work out, like while I as going through fertility treatment I dreamt that all the eggs had been killed and they had)
4 (vividly remember them; dreams are very relative to what is happening in my life)
5 (every night, and remember most of them, whatever happens during the day is dreamt about that night; sometimes I have problems differentiating dreams from reality)
6 (dream often)
7 (when sleeping on back; dreams are very realistic and intricate)
8 (very vivid; have 4 or 5 dreams per night, they are like the movies -lot of fantasy, action dreams; have had some psychic dreams)
9 (remember them; busy, colourful; mostly of people and situations)
10 (if things are affecting me I dream about it)
11 (quite easily influenced by things I have seen or read in the paper)
12 (hardly ever remember them)
13 (usually dream about the person that I was with that day)
14 (extremely realistic, always about people I know, always real life situations; remember my dreams almost every night)
15 (don’t always remember dreams; if I am on homoeopathic remedies or am detoxifying then I will have bizarre dreams)
16 (sometimes remember them)
5.12 Recurrent

1 (I am on a farm, I feel happy and safe)
2 (flying, swimming under water, falling off balconies)
3 (at university - someone after me, killed him in my dream, stopped having the dream)
4 (dream of a baby; dad’s funeral, have been having this dream for long time - I have feared for his health from a very young age)
5 (when younger - snakes, teeth falling out; fox was under my bed; big white sheet was over the world it was dark and windy then Jesus appeared, I was the only person on the planet; have nightmares when bladder is full; astral travel in dreams i.e. dream of a place that I haven’t been to and then I see that place in reality)
6 (as a child I dreamt that I was being pursued by robbers I would run away, would reach the edge of a cliff and then wake up; as adult - teeth falling out; robbers in the house, I push the panic button and no one comes; people that I know die)
7 (used to dream boyfriends were unfaithful; teeth rotted; mom dying)
8 (stuck in house which is on fire, pack of wolves outside, have to make decision to face the wolves or the fire, I decide to face the wolves and they are actually quite friendly; dream sister and friend eaten by crocodile)
9 (prior to pregnancy dreamt of baby a lot)
10 (tsunami - I am standing in a hotel/block of flats, I look out of the window and see the waves and the people below or I am in the water helping the people and I feel quite calm)
11 (snakes, they are very threatening; always have nightmares that someone is breaking into the house)
12 (sometimes have dreams where I am very attracted to another man, we may kiss but it has never gone further than this; as a child used to dream that there was a ghost in my street, it was scary)

6 Appetite

6.1 Description

1 (good)
2 (good)
3 (good)
4 (good, consistent; don’t eat if nervous)
5 (lately can’t stop eating, when younger didn’t have to eat all that often or much)
6 (OK, not great, very fussy eater)
7 (very good; don’t eat meat or chicken)
8 (incredibly fussy eater; good appetite)
9 (good)
10 (lately I eat because I have to but this is because of my current stress; under normal situations my appetite is normal)
11 (good)
12 (eat badly- have to force down food in the morning, during the day not that hungry but when I come home I am starving; after supper I really want to snack on chips and chocolate)
13 (OK)
14 (extremely good)
15 (healthy)
16 (good)

6.2 Diet

1 (3 meals plus snacks in between meals, have to snack on fruit)
2 (3 meals, may snack in between, if don’t eat regularly get shivery and shaky)
3 (5-6 small meals - have to eat else experience hunger pains, irritability, nausea, weakness, shakiness, palpitations; snack on fruit)
4 (breakfast- cereal, snack fruit/yoghurt, lunch- salad, fruit, sandwich, snack, dinner- fish, meat, chicken, vegetables; 3 main meals, 2 snacks)
5 (breakfast-cereal; 10:30 sandwich; supper- meat/chicken fish and salad; after dinner something sweet; 3 main meals, no snacking except with burning in stomach then have to eat)
6 (breakfast-fruit/ cereal/ yoghurt/ sometimes toast; lunch-sandwich/ salad/ fruit; supper-pasta/ chicken/ fish with salad; snack-fruit, sometimes have a chocolate craving; try for 3 meals per day, can go for a long period of time without eating)
7 (don’t eat breakfast; lunch- sandwich/ pastry; supper-vegetables, salad, fish; snacks- avocado pear, rice cakes, rusks; nibble all day long, can’t eat big meal)
8 (usually don’t have breakfast, snack 11:00, lunch-sandwich/ salad/ pasta; dinner-pasta/ chicken with vegetables; don’t eat meat or fish; 2 meals, snack before lunch and after dinner)
9 (breakfast- fruit and nuts; lunch- salad, in winter have hot vegetables; supper- salad, vegetables, starch; vegan diet; snack on fruit in the morning, later rice cakes or sesame bars; 3 meals per day)
10 (breakfast- yoghurt, muesli, fruit; lunch- whatever is in the refrigerator; supper- vegetables; snacks - bread, rice cakes, nuts, fruit, dates; vegetarian)
11 (breakfast- jungle oats in winter, summer 2 Wheatbix, Rooibos tea, fruit; lunch whole wheat sandwich; supper - meat, chicken, fish and vegetables; 3 and snack between meals- must eat 6 meals per day; snack on fruit and Provita)
12 (breakfast - toast and tea; lunch- sandwich or pasta; dinner- eat lot of meat. not crazy about vegetables)
13 (breakfast - don’t like to eat it, but since been on weigh less diet have started eating it; lunch-eat at 1pm; supper have grilled fish/ baked potato; snack on fruit or yoghurt between lunch and dinner)
14 (1 proper meal per day; on holiday don’t stop eating; no breakfast, extremely erratic with my eating; try to have something for lunch; sometimes have some fruit; usually pasta for supper, seldom red meat snack between meals on sweets and chips)
15 (breakfast - porridge with fruit and nuts; lunch - big salad with olive oil or vegetables with noodles; supper- brown rice and vegetables; snack- nuts/ fruit/ snack bar; have been eating like this for the last 5 or 6 years)
16 (no breakfast, get up too early to eat; at work may have biscuits or some cereal; may nibble on things throughout the day; have chocolate every day; don’t really have lunch; dinner- pasta, vegetables, sometimes red meat; chicken - I enjoy cooking)

6.3 Food cravings

1 (coffee, chocolate before menses)
2 (favourite food - pasta)
3 (cravings-either chocolate or salty food, love chicken)
5 (liver)
6 (chocolate)
7 (salt, avocado pear, chocolate premenstrually)
8 (chocolate before, during and the day after menses)
9 (sweet food)
10 (chocolate, coffee and carbohydrates before period)
11 (chocolate)
12 (love meat; eat chocolate every day especially when pre-menstrual; sugar)
13 (boiled vegetables with white sauce and cheese on top)
14 (sweets)
15 (chocolate, usually before menses)
16 (chocolate, I need the sugar; have a very sweet tooth)

6.4 Food aversions

1 (spicy food or curry)
2 (chicken livers, snails)
3 (meat (the texture), processed food)
4 (eggs, fatty food, coffee)
6 (milk, butter, meat, cheese)
7 (meat)
8 (meat, fish, brinjals)
9 (meat, dairy)
11 (brussel sprouts, peas)
13 (chilli; stews and curries because I am very neat on plate, don’t like food to touch or sauce on my food)
14 (fish, beetroot, liquorice, brussel sprouts; sushi)
15 (meat; fish; chicken- I am a vegetarian; as a child my mother struggled to get me to eat meat etc., I was a natural vegetarian even as a child, mom didn’t listen to what my body needed)
16 (liver, shellfish except for prawns)

6.5 Food allergies or disagreements

1 (garlic; refined flour, since the age of 21)
2 (bread, pasta for the last 6 months)
3 (dairy)
4 (eggs, fatty food)
5 (beans, cabbage, brussel sprouts)
7 (wheat; dairy products; apple skins)
8 (MSG, brinjals-make me want to vomit)
9 (gluten, wheat, dairy, sugar, citrus fruit, eggs, bananas)
10 (acids, bread, heavier foods- result in heartburn; milk results in postnasal drip)
11 (chillies- mouth and tongue swell)
12 (spinach- instant colon attack)
15 (wheat and dairy)

6.6 Preferred Temperature of food

2 (warm)
3 (warm)
4 (warm, not hot)
5 (any temperature)
7 (must be hot)
8 (must be very hot)
9 (normal)
10 (warm)
11 (blazing hot tea/ coffee, food normal temperature)
12 (warm)
14 (hot)
15 (warm)
16 (must be warm)

6.7 Thirst

1 (great, 10 glasses per day)
2 (only marked if exercising)
3 (not excessive)
4 (not excessive)
5 (hardly ever get thirsty)
6 (not excessive)
7 (hardly ever get thirsty, can go whole day without drinking)
8 (not very thirsty, don’t drink a lot)
9 (don’t drink enough in winter, normal in summer)
10 (thirstless)
11 (normal)
12 (go through stages, hardly drink during the day, some nights get very thirsty, crave coke)
13 (not really thirsty)
14 (quite thirsty in general, get very thirsty if I get hot)
15 (it varies)
16 (very thirsty from 11:00am onwards)

6.8 Favourite beverage

1 (coffee, water)
2 (orange juice (acid freak sometimes))
3 (water)
4 (herbal teas)
5 (juice)
6 (water; cold but not ice cold)
7 (tea; water)
8 (hot, black tea)
9 (grapetiser, non-dairy milkshakes)
10 (coffee)
11 (diluted liqui fruit)
12 (coke- feel guilty about it)
13 (like tab)
14 (varies- flavoured mineral water, fruit juice)
16 (water)

6.9 Worst beverage

1 (gassy drinks)
3 (gassy drinks, concentrated fruit juice)
4 (coffee, coke)
5 (alcohol)
6 (cold drinks)
7 (milk)
8 (milk)
13 (mild- but do have it in tea, coffee and cereal)
15 (alcohol, gassy drinks)
6.10 Speed of drinking

1 (normal)
2 (gulp them down)
3 (gulp them down)
4 (sip drinks)
5 (gulp drinks)
6 (usually gulp drinks)
7 (gulp drinks)
9 (gulp drinks)
10 (normal)
11 (gulp drinks)
12 (gulp - no time for sipping)
13 (drink in sips)
14 (gulp)
15 (sip or gulp- depends on thirst)
16 (sip)

6.11 Laterality

2 (acne worse on right side, also had right ovary removed)
3 (more right sided)
6 (right side)
7 (from abdomen up, right side; from abdomen down, left side)
9 (eczema worse right; endometriosis worse left)
10 (more right sided- headaches, knee)
12 (right sided)
15 (changes from month to month)

7 Position

7.1 Favourite

1 (lying)
2 (lying)
4 (sitting with legs in front)
5 (sitting)
7 (flat on back)
8 (lying on back)
9 (sitting on chair)
12 (lying down on bed- warm and comfortable, don’t have to deal with anyone)
16 (sitting on the floor)
7.2 Worst

1 (standing (back aches))
4 (sitting cross legged)
5 (standing)
7 (standing)
8 (lying on right side, but this is because of bone fusion)
9 (driving for long distances)
11 (can’t stand too long because of back problems)
14 (standing- if stand for too long I feel faint)

8 Motion sickness

1 (car-nausea and or vomiting)
2 (car and boats, when young - disorientated/nausea)
6 (occasionally in a car; small aeroplanes-dizzy, queasy)
13 (when younger used to get nauseous, but not so much any more)
14 (in aeroplanes)
15 (in a car, if there is not enough ventilation)
16 (very get nauseous, it was worse when I was a child but still occurs when I am
in a plane, car or boat)

9 Periodicity

2 (worse in winter, moody before menses)
4 (laryngitis followed by bronchitis, when depressed get ill quicker)
6 (headache with neck pain)
7 (stress with nausea/abdominal pain/ constipation/ diarrhoea)
8 (back pains with periods)
9 (eczema and asthma when the one gets better the other gets worse; sinuses get
worse in winter; eczema gets worse in winter)
10 (winter get sinusitis; afternoon energy slumps)
MENTAL AND EMOTIONAL SYMPTOMS

1 Description of typical day

1 (very busy with kids; get up early, have breakfast, take kids to school, go to the office, work at home, drive around a lot-deliveries for husband, fetch kids, have lunch, rest for 10-20min, extra mural activities with the kids, eat supper at 6:00pm, relax, kids bed 8:00, do things for self-administration work, read, talk, bed 11:30)

2 (wake at 6am, out of bed 6: 30am, rush in the morning, work 7:30am, do paper work, finish work 5 or 6pm, visit mother – have coffee/wine, go home and cook dinner, read book or watch TV)

3 (wake 5:30am, good breakfast, organise lunch, shower, organise dogs, arrive at work one hour earlier to plan for day ahead, may dash off for an hour during the day to lecture, come home give cookery lesson to maid, bake cake, start studying something, read book before sleep, don’t watch TV, rather keep busy)

4 (wake 6:10am, get up 6:30am, breakfast, drive to work get there by 8:00am, leave work 5:30pm, go to gym or yoga, go home make dinner, wash dishes, clean house, read before sleeping, don’t watch much TV)

5 (wake 5:00am, bath, dress for work, feed fish, make breakfast, eat breakfast, make bed, check dogs, leave 6:30am, arrive work 7:00am, read newspaper, sit at reception from 8:00-8:30am, work until 4:00pm, go home, cook dinner, eat 5:00pm, sit in front of TV, bed)

6 (wake 6:30am, start work 7:45am, totally hectic at work, finish between 1:00pm and 4:00pm, do chores, paper work, cook dinner, bath, read, like to get to bed early)

7 (wake 6:45am; rush like crazy to get ready and to go to college; get boyfriend out of bed; irritation throughout the day; exhausted at end of day; sleep in car on the way home (I am in a lift club), relax a bit; study or go to work; sleep)

8 (wake 6:30am, let the dogs out, feed the dogs, give husband breakfast in bed, dress for work, arrive work 8/8:30am, attend functions or work on the computer, lunch, work up to 6 or 7:00pm, go home and cook dinner, TV, bed)

9 (wake up 5:30am, get up about 6:00/ 6:30am, walk for an hour, shower 7:45am; breakfast; exercise from 9:00 to 11:00am, study, lunch, study, yoga if haven’t yet done in the morning; house chores, dinner 6:00/ 7:00pm, read/go out)

10 (wake up about 6:00am, have breakfast; organise child and take her to school, pick her up at 1:30pm, do activities with daughter in the afternoon, go home, cook supper, have bath, go to bed)

11 (wake 6:30am, start to change the babies, make breakfast, shower 8:30am, play with babies until 10:00am, go to the office work until 11:00am put babies down for nap, work until 12:30pm, feed babies lunch, mom comes every afternoon at 2:00pm, use this time to see clients, run around, mom-in-law arrives 4:00pm, make babies supper, feed them at 4:45pm, bath them at 6:30pm then put them to bed, cook supper for us, eat 8:00pm, sleep 9:00pm)
12 (wake 7:00am; out of bed 7:15-7:45am, very spoilt, have bath run for me, have tea and toast brought to me, bath, make up, dressed, leave for work between 8:00am and 8:30am, come home from work 5:30-6:30pm; standing the whole day, very physical work; bathroom-urinate; go to room and watch TV; eat supper, stay in room rest of the night, sometimes go out for dinner, if cold stay home everyone thinks I am mad because I won’t go out in the cold)

13 (wake 7:00am; bath before work, work under stress the whole day, come home and go to the toilet and have a bath- after bath feel fresh, could never go to bed without a bath because I don’t feel clean, cook supper, watch TV, fall asleep)

14 (rushed; wake 6:30am, rushed at home - shower, dress, feed animals, go to work at about 7:30am, get home 6:30/7:00pm, watch TV or go out)

15 (wake for yoga/meditation then go back to sleep and wake at 7:00 or 8:00am, have tea, shower, breakfast, get dressed, leave for appointments, have lunch with clients and attend appointments, have dinner at home or with clients; sometimes go to gym before I get home)

16 (wake 5:30, shower, dress for work, feed animals, get to work at about 7:15; I run a 24 hour call centre so days are different from one day to the next; days are long and hectic, hardly ever have a lunch break; leave at about 5:30; home- cook meal, this relaxes me (enjoy the variety, no one bothers me, talk to animals and husband); sometimes I work but I am trying not to; I watch TV or play with my animals; bed 10:00pm)

2 Spare Time

1 (gym in the mornings, reading, movies, swimming; not a lot of spare time)
2 (reading, read a whole range of books, it acts as escapism for me, I get very absorbed in it)
3 (don’t really have spare time, maybe golf, friends visit me - but busy even when they come)
4 (gym, yoga, write to grandmother in Italy, stain glass, paint on fabric)
5 (walking, gardening)
6 (don’t have spare time; gym sometimes)
7 (don’t have spare time; church, visit parents, discuss philosophy with boyfriend, watch TV, go to gym)
8 (read-anything and everything)
9 (read, walk, yoga, love entertaining)
11 (love to read novels and autobiographies, enjoy gardening)
12 (stay in room, read, watch TV)
13 (visit mom, lunch with my friends, do hair and nails, gardening, clean out cupboard draws)
14 (read- thrillers, science fiction, most things; garden, shop, clean, sleep, don’t like doing nothing although some days just spend a whole day on the couch, body calls a time out)
15 (enjoy movies, shopping, listening to music, putting on outfits in shops even if I don’t buy; like to lie in the sun and play with the dogs; visiting and catching up with friends although I don’t have a very heavy social life; enjoy being on my own)

16 (spend all spare time with husband - go shopping together, movies; used to do ceramic painting; house chores; gardening)

3 Description of self

1 (positive, relaxed, calming effect on people, (music)-don’t show emotions, don’t like it when people show there weaknesses, for example hysterical or nagging women – they should take control of their lives; don’t like people to see my weaknesses, makes me feel shy; must keep control; feelings about self- happy with myself most of the time, do feel frustrated with myself, I am too hard on myself, don’t like showing weakness in front of people I don’t trust)

2 (open, don’t mind talking about anything; sociable, extremist, erratic (phases of motivation alternating with phases of laziness), stubborn, caring, averse to school, no confidence at school, if I had problems I couldn’t talk about them (like dad), big problem in family with regards to communication, I had problem with dealing with anger didn’t know how to channel it); don’t show emotions, keeps things together in public; low self esteem (has got better), when see fault in myself that I don’t like I will reprimand others when I see that fault in them)

3 (find it difficult to relax (stresses me out to lie on a beach and do nothing), intolerant to other people’s faults, perfectionist, can’t delegate, hate failure (but have never failed); need confirmation/assurance, goal orientated person- must pick up the pieces and get on with life, find solution to problems, quite strong in many ways, image is important to me i.e. material things, control freak with regards to environment, other people, and my feelings (if upset about something rather do something about it than feel the emotions, never show vulnerability, like being in charge))

4 (confused, insecure, very closed person-don’t talk about things a lot, hard worker, like to please people, can be too demanding of myself and others-was more relaxed when younger; can get depressed quite easily about my life, thoughts of future, about being alone for the rest of my life; too serious; three distinct phases in my life-age 9 or 10 I was very happy, content, I was just me; age 11 or 12 became stuck up, more sure of myself, became head prefect, trying to pull through my sickness; from age 21, more insecure, I put on a show to others that I cope, feel as if I have no control in my life i.e. fertility treatment, what doctors and husband wanted me to do; I wanted to have kids desperately; I am starting to see mom in me- rigid, keeping the house clean, worrying what others think)
5 (moody; feel I’m changing, used to let people walk all over me, now standing up for myself; always felt like the underdog -don’t know why; avoid confrontation, can’t confront anyone; when get upset keep everything inside; like to impress people, will put in extra effort so people won’t see I’m tired, try to keep up else you are a failure; depression- all I’m waiting for is to die; need a lot of attention)

6 (perfectionist in a way, that’s why I don’t have spare time, always organising; pretty easy going, don’t get upset easily, can be short tempered; don’t hold grudges; quite a private person; strong person, if I am upset I just handle it, sometimes bottle up hurts, I keep to myself but I am not an overly emotional person)

7 (conscientious; short tempered; very emotional; poor self confidence; punctual; demanding in what I expect people to give me i.e. respect, love, attention; impatient; need parents approval for everything I do)

8 (confident, outgoing, leadership qualities, laid back, loving and giving person, like time on my own, quite easy going but a bit of a perfectionist, headstrong)

9 (stubborn, optimistic, forceful, caring; very important for me not to gain weight, I like to be under 50 kg’s, mother is very slim, when 9 months old my stomach blew out, I must have looked big then; I didn’t want to get married or have kids because I was so independent didn’t want anyone to tie me down, I felt that I could be successful on my own that I didn’t need a man)

10 (scattered all over the show; need focus; impatient, irritable with people especially mom or ex husband if they are not doing something right; cope with situations; do deal with my emotions; see both sides of a situation, look at all aspects)

11 (very easy going; pretty relaxed happy and content; very in control; anything I’ve put my mind to I’ve done; always managed everything; did well at school and at sports; like everything to be neat and tidy; deal with things as and when I have to; not an aggressive person; don’t get uptight easily; desire to be neat and tidy because mother is exactly the opposite-e.g. let dogs on the couch, drives me insane; have to show the whole world that I can cope; whatever I did and achieved came with very little effort)

12 (knew who I was before my bad relationships, thought I was special because I thought about life but life doesn’t turn out as you expect; used to always be happy, laughing and joking, before sunshine was enough for me; now I am a darker person; think I am a strong person, I have fallen but have picked myself up; try to figure out life but can’t; I’m not happy but I am stronger, before I would take something to heart and break down, now I can walk away; nervous and tense about everything, I lie awake at night worrying about everything, have always been like this, worry if nothing to worry about; very much a perfectionist- this extends to relationships think how can they carry on with so many cracks and breaks in them, they are so imperfect; even with myself I wish I could do things differently - more perfectly)
13 (very clean and perfectionist; everything in order, if cupboards are a mess will come home and clean them; at work everything is in order; always fighting with my husband; I'm very spoilt, I always get my own way; I am very close to my mom, sisters, father and grandmother; go to church, have good faith, have been confirmed and baptised; kind person- will do favours for others; generous)

14 (will face something head on the first time, if I do something I must do it now; very phobic person especially with noise; tend to create problems and walls around myself, each time have bad experience it reinforces the walls I have established and the reason for having established them; very insecure about myself; very high expectations of myself, very critical of myself and others, very disappointed with myself very often; hate being pitied, I find this extremely condescending; not the same person that I used to be, I have a brighter outlook, am more content than I used to be; I finally feel a sense of achievement and am happy in my home with my husband- I now have a sense of belonging)

15 (very sensitive, emotional, perfectionist; quite punctual, like others to be the same way with regards to time, if they are not I get irritated; neat and tidy especially my cupboards; I enjoy every day; very highly strung- talk to myself a lot and this has helped me become more relaxed over the years; there is quite a fun, crazy side of me; I am the happiest I have been for a long time; there are things I would like to change about myself on both the physical and emotional planes)

16 (bit of an introvert; don't let people get to close to me, I live in a glass house and don’t let you in; like to help people; enjoy pressure; keep everyone at a distance; if I don’t like something I will voice my opinion which is not always light; I like myself now, up to the age of 27 I didn't like myself, I thought I was ugly, I never had boyfriends where my friends and sisters did, I felt abnormally tall and thin; my self esteem has increased as I have grown in the company)

4 Others description of self

1 (forever in control of myself (not true))
2 (friendly, open (although can be miserable at home i.e. will show emotions here)
3 (very self confident, quite hard, leader in a lot of ways, people listen to me and follow what I say and do, people seem to admire me; gain friends easily)
4 (strong person, take things too seriously, hard working, get depressed too easily)
5 (quite, helpful, hardworking)
6 (very organised, intelligent, good memory)
7 (short tempered - family walk around me on ‘egg shells’ when I’m in a bad mood; say that I bring ‘light’ to the house; say I am happy)
8 (other people see me the same way)
9 (like I described myself, pigheaded, determined, fun)
10 (aloof; bit cold; that I never speak about self- but I think I do; friendly, nice, likeable)
11 (obsessive compulsive, easy going, relaxed, don’t let things phase me)
12 (I wonder- not normal, twisted, strong)
13 (hopefully as a nice and helpful person)
14 (friendly; heard people call me kind, pushy, domineering)
15 (very disciplined; serious; fun to be with)
16 (don’t know; family would say I am an introvert, that I keep to myself;
sometimes they tell me that I am bossy but I don’t know where this comes from)

6 Marriage/ Relationship

1 (good, helped each other grow as people)
2 (husband very good for me, he brought me out of my shell, helped me to deal with confrontation, increased my self confidence)
3 (good, he is opposite to me, went for him thinking he is very kind and calming; ex-husband was a womaniser, I never felt good enough for him, felt insecure, he had affairs, I suffered terrible rejection from him as well as a sense of failure, loss of control, when I was with him I wasn’t the girl I used to be, he didn’t consider me)
4 (present boyfriend- relationship not very good because of me as I am still going through a lot, I put more demands on myself because I am pain free, I put demands on him, expect him to give 100% to what he does because I do, I am inconsistent with him; ex husband- I was constantly trying to please him, in the ways I thought would please him didn’t bother to ask him what he wanted in life, very kind and gentle person, didn’t put pressure on me, very accepting, whole marriage revolved around me falling pregnant, think he had had enough, I know I made a lot of mistakes)
5 (first marriage very difficult because of the pain, husband not very supportive, never around, bad temper, if I didn’t do things properly, I respected him, didn’t fear him; second marriage - difficult feel I don’t get enough attention)
6 (marriage- relationship is very good, we are good friends, don’t fight a lot, married him because he made me laugh, very bubbly personality, he is unreliable, very disorganised, we have conflicts because my family is very close knit and does a lot together, he does not come from this type of family and all the functions get to him sometimes)
7 (was involved in a totally emotionally abusive relationship at the age of 18, he called me fat, ‘tubby’, etc., I was thin before I started dating him and I picked up weight while going out with him, he cheated on me, I felt totally worthless while I was with him, I stayed with him for over 4 years)
8 (marriage - very good, we are best friends, very loving, we have been together for 18 years)
9 (had quite possessive boyfriends but I was the one who was usually in control, I did have 2 relationships that were quite traumatic, first one dumped me and this affected me quite badly (20), the second one was an alcoholic, he took drugs, he was mentally abusive, I was 21 and the relationship lasted only 3 months; got married when I was 25 husband was 33; attracted to him because he was calm, honest, affectionate, funny; we have a very good marriage, we feel it is very special, both value it and feel it is sacred)

10 (married at 27, husband was 32; there was abuse in the relationship- physical, mental, emotional and sexual; I fell pregnant before I got married and I wanted to make a go of it, he had an extramarital affair when daughter was 4 months old, I was so disappointed, he had no interest in me or the child, I tried to reach out to him so we could be a family, but when he had the affair I cut myself off from him emotionally, I became a bit obsessive - tapped the telephones etc.; I experienced all the possible emotions)

11 (husband - met him when I was 22, I had just come out of a long relationship and I was anti men, he was easy to talk to, we were engaged 6 weeks later and married 9 months later, had a deep sense of knowing that this was the man I was going to be with, he was 29 at the time; I had a relationship prior to my husband with a guy, I saw him for about 3 months, I put him on a pedestal, went overseas with him and he left me in Amsterdam, I was horrified, after we broke up he wouldn’t leave me alone, he kept phoning me, made lists of what I owed him for drinks/ food bought etc. very stressful, at the time I felt I didn’t deserve to be treated like this, he told lies about me, his mother phoned and asked my mother if I would be getting married in white- very stressful period)

12 (first relationship in love with guy but wasted 3 years of my life, he was a good quiet lovely man, I really thought he would marry me but my family was too ‘colourful’ for his family’s liking (my uncle had an affair with his sister in law, this was a huge shameful thing; second relationship was with a guy who was the opposite to a church going guy, he was a gorgeous criminal, in the beginning he was wonderful, like a fairy tale, he chased me for 6 months, he was a bit verbally abusive, he was the first guy I slept with and not so fantastic, told me I was lying about being a virgin, I was really ill the whole year I was with him, sex was really painful with him, I never trusted him, I gave him money that I never got back, he used to tell me that I stink, when I broke up with him my grandmother had just died, things got progressively worse, I was getting very thin, vomiting excessively couldn’t keep food down, we broke up in September; 1 year later I met someone else whom I slept with, then met someone else slept with him every thing was fine; after 18 months met someone else who persisted in chasing me, got together with him-things dwindled off but he used to tell my boss about my personal life; after this I went into a deep depression where I just wanted to stay in my room, I only mixed with cousins, didn’t want to socialise, my depression lasted from about a year to 18 months, I was on anti depressants only for a week as they made me have panic attacks; met a woman involved in meditation and massage, she helped me- I wrote letters to all those who have hurt me and the depression lifted)
13 (marriage - met him when I was 18, he was 21; married when I was 20; very good man; treats me well; always gives me what I want; he has a good heart; he works very hard for what he has; bubbly, outgoing, people love him; he loves to be with my family; one thing that aggravates me is that he likes to go to clubs, we fight about this, big stress for us, I usually go with him but I want to stay home and have a family, I have grown out of clubbing; he does stupid things, doesn’t do things right; if he messes lounge, doesn’t put washing in wash basket, I shout at him, he doesn’t say anything just ignores me which aggravates me even more; he is very good to me, always given me what I wanted).

14 (very good marriage; truly believe he is my soul mate; he is unlike anything I pictured myself marrying; he is amazing to me; first person who has allowed me to be me; met him when I was 18, we were friends first; attraction to me was his sense of self and his respect for me; before this relationship I tended to have relationships in which I was either very dominated by the person or I was very dominating over the person; I used to develop crushes on guys a lot, used to mope about a lot; after my first boyfriend with whom I had been intimate with, broke up with me I found it very difficult and I hated the fact that I didn’t know why - I got very depressed and withdrawn, I became very submissive in an attempt to get him back).

15 (relationships with men very much like my relationships with my parents- verbally abusive, wanting to put me in a box; I chose guys who couldn’t give me affection or make a commitment to me; first relationship was my deepest one, we were good friends but I broke up with him because my father didn’t approve of him- I started going out with lots of different people to make my parents happy; last boyfriend had an affair, this was very devastating for me).

16 (my fiancee died in a car accident 6 months before our wedding, I was 29 at the time; it affected me so badly, really threw me totally; I had a fear that it would happen since I started nursing; I took three weeks leave went to the coast with my parent; no one understood what I was going through- I did go to a psychologist to help me: our relationship was stressful in the beginning because he didn’t get on with my mom and we have a very close family, he came from an aggressive family and had difficulty understanding my family; I am married now, I married my best friend, we worked together, have been married for over two years and am happily married; he is 6 years younger than me).

7 Adoption

10 (I was adopted when I was a baby)
8 Relationship with mother

1 (very good relationship; but mother was not strong, I always wanted to protect her; she is very introvert)
2 (used to clash in high school, I was introverted and she was trying to get me out of my shell; very close relationship)
3 (didn’t offer encouragement- can’t do it, critical (and dad))
4 (very close; good understanding; she is very competitive with my sister and I, it is not a normal relationship it never has been, we rub each other up the wrong way; in childhood she was very demanding, set high standards, she would worry what everyone else had to say about us; I felt angry with her but couldn’t voice that; she doesn’t say sorry; she had a negative impact on my personal development, used to say I would be a useless mother; I felt that nothing I ever did was ever good enough for her; I did receive attention but if I had a problem I couldn’t express it as mom would be worried what everyone else would have to say and I would be worried about letting my father down; she left my father for his friend)
5 (she always worked but she made up for not being there by making beautiful clothes and dinners; didn’t want to hassle mom because she had so many problems so I handled things myself; I used to take the blame if sisters did something wrong; I was the oldest child and I had a lot of responsibility, I didn’t mind this, I liked feeling like the mother hen, I was given more attention being the oldest child; we all had tasks to do)
6 (during teenage years relationship wasn’t that good, always conflicts, never had the kind of relationship were we could discuss deep feelings)
7 (felt like I was a mother to my own mother; she went through an alcoholic phase and I had to look after my brothers and sisters; when she was drinking she used to shout and scream and hit us- this devastated me, I felt rejected; I rebelled completely by moving out; very close to her; she is more like a friend to me; feel very protective of her, look after her, she’s like my child; hurt for her a lot because of what she has been through; determined not to turn out like her)
8 (died in a car accident that I was also in when I was 11 years old; I was very close to her before she died; it is said that I look a lot like her; I did not cope well with her death, I would not get into a car; felt that I should have died; felt like I had been abandoned; cried a lot that week)
9 (she is an alcoholic; my relationship with her was verging on terrible, she has been drinking since I was 7, I found out when I was 14; felt resentful that I didn’t have a motherly figure, angry that she was being deprived of a daughter and that I was being deprived of a mother; I always opened the door for her but she slammed it in my face, she’d cut the conversation short when I tried to talk to her; she would never come into my room; she wasn’t there for me but I always kept trying; now I try to shock her and make her feel guilty; when she was drunk she was aggressive and pathetic- she was verbally abusive to me and she used to put me down a lot; I was very confrontational about it all)
10 (have had a good relationship until the past year with my adopted mother, if had problems as child I could go to her; she makes me angry, she is very pretty; she is superficial and very critical of me; adopted when I was a baby)

11 (we have become a lot closer since the babies were born, better friends, never had bad relationship with her but have never been able to talk to her; she sometimes drives me insane; she is very old fashioned; she used to over react to things when I was a child; parents never pushed me they were very supportive of me, no matter what happened I always knew I was loved; when I would go to my mother she would say ‘don’t be silly’ if I would tell her how I felt so she did not acknowledge my feelings)

12 (love each other; very volatile relationship; fight about silly things, she is very unforgiving and can go for 6 weeks without talking to me, generally I am always the one to apologise; she is a very kind person, does a lot for everyone; she doesn’t have time to sit and talk to me; as a child didn’t talk much to me I spoke much more to my grandmother; mother worked very hard, she gave me a lot financially; if had a problem went to friends/ hobo at the bus stop; I talk about what is bothering me, can’t keep it in; bothers me now that my mom doesn’t talk to me)

13 (my mother is my life; always been there for me, can always talk to her and confide in her; she gives me good advice; always been very close- mom has always told me her problems, financial etc. but not so much when I was a child)

14 (very difficult relationship, it is much better now; mom is very emotionally immature, I always had the sense of being the parent in the relationship; she relies on me a lot; as a child the relationship was very volatile, she had no sense of understanding of who I was, I was always a problem to her; I ran away from home when I was 13, dad had moved away and I wanted to rather live with him; I’m a very strong person and she didn’t know how to handle me; I felt very angry and resentful and frustrated; didn’t feel wanted and in fact I wasn’t a planned baby- mom told me once when I was 12 that it was my fault that her life was so bad; mom is very weak she doesn’t cope well with anything)

15 (over the years I have pulled away a bit although I do spent time with her; she upsets me a lot and have decided that I won’t be with people who upset me; she’s very negative about a lot of things and I don’t want to be around that kind of energy; she is very possessive of me and my sister; she would get aggressive and angry- we were not allowed to go out and play and have fun; she used to get snappy and say some hurtful things; when I was younger I was always looking for her approval and love but no matter how hard I tried I could never be perfect for her, so I just kept trying harder and harder; I felt alone and awful about it)
16 (she’s a mother, not a mother that you would be friends with; if I had a you had a problem you could go to her; she is a very giving person; my sister and her have a much closer relationship than I do which is hurtful for me; sometimes I would like it if she would not tell me the way to go, just want her to listen; moved out of home when I was 26, we are both stubborn and we were clashing)

9 Relationship with father

1 (very good, more my fathers child; dad is in contact with his emotions; we have a lot in common; he is a chauvinist)
2 (very close; he used to travel a lot; he had a nervous breakdown just after I got married, he later committed suicide)
3 (terribly moody; he used to travel a lot; I felt happy when he was away; if he is in a bad mood even now it has an effect on me- his bad moods are like an oppressive black cloud, fear father would embarrass me in front of friends, ruin situation for me)
4 (he is an alcoholic; I am very close to him, he confides in me more than in any one else; he has had a lousy life, I am very protective over him; I have always wished that I could be the one to stop him from drinking; I always denied dad’s drinking as being an issue, only when it began to affect his health did I ask him to stop; I always felt that if I could do something to make him happy enough he would stop drinking; I have thought to myself that I wish he would die so that he no longer has to be in pain)
5 (used to drive trucks, never around a lot; dad is reserved never liked the way I used to dress or the weird things I did; now get on well but can’t sit down and talk about things)
6 (good; he was pretty protective over us)
7 (received only conditional love from father; he was very hard on me; always put a lot of pressure on me: he exhausts me; feel I’m never good enough, he doesn’t acknowledge my achievements; love him to bits; used to be his favourite; parents made us choose who we wanted to live with at about age 10, I chose my mother, my father was very hurt by this)
8 (he remarried 6 months after mom’s death; my maternal grandmother was living with us and my father kicked her out the house. I was not allowed to see her again: I was forced to call my stepmother mom; I was not allowed to mention my mother’s name; I was furious; today I don’t talk to my father; he once punched me in the face: I was never good enough for him; I stood up to him and what I believed in; I looked like my mother and he didn’t like this)
9 (we had a very chequered relationship- never continuous: he’s bad at communicating but I could trust him more and go to him more than I could my mother; he couldn’t cope with my mother and so he vented his emotions out on me. he hit me once or twice out of temper, on the arm. it was out of sheer frustration)
10 (clash of wills— but didn’t have out right fights; he is very authoritative and domineering; can’t see others point of view; had a healthy respect for him; had a late rebellion)

11 (was very good but has been difficult over last few years because he is in business with my husband and things have been bad between the 2 of them; as a child he was loving; he is super intelligent; we just had to do well; father assumed we were all intelligent)

12 (died in a car accident when I was 4 months old— it hasn’t really affected me because I didn’t know him; I do feel as if a piece of me is missing; Christmas times were hard)

13 (not as close to my dad; he is very introverted; doesn’t sit and talk; he goes to his room and watches TV; doesn’t get involved)

14 (difficult relationship, far more distant than with my mom but deep rooted emotional bond, I rely on him for my own sense of emotional worth, he has extremely high expectations of me, he evaluated us by our achievements; I’ve always wanted him to say that he’s proud of me but he never has; materially he has always given us everything; as kids we spent every weekend with him)

15 (never around us, he was always out drinking; I was looking for someone’s support or approval; he never showed any affection; he was aggressive, he has a lot of anger in him; he took his aggression out on my mom physically, he never hit me but he did hit my mom; I felt alone as if there was no one to help me; this pattern of behaviour with mom and dad started when I was very young and continued throughout my life; father used to laugh at me about the way women chased men because we think it is exciting to have sex with them)

16 (he is a very ‘young dad’; he goes out of his way for everyone; his girls are his life; he’ll do anything for them; loves to do what we do; at times he can’t cope with trauma, he needs support as much as anyone else)

10 Divorce of parents

4 (separated when I was 7, got divorced when I was 8; I felt that I could cope with it, it wouldn’t be the end of the world— they will get back together eventually (same response to endometriosis), felt very sad for dad. mom said that she left him because of the drinking but I believe it was because of the other man. mom married this man and had 1 child with him when she was 40)

7 (wanted parents to get back together so badly; divorce made me feel unworthy; felt like I didn’t belong anywhere)

10 (occurred a couple of months after my marriage; in childhood in general things were OK between them, there was a slight undercurrent that I was aware of)

14 (separated when I was 3, divorced when I was about 5; don’t know what the effect on me was; I felt as if living out of a suitcase, never felt as if I had a true home; never had proper friends that fitted in with both sides)
11 Relationship with step parents

4 (don't like step mom she is too critical of my dad, and me and my sister, she is not a friendly person; get on well with step dad, he is a good kind person)

7 (step mom- hated her, she used to try and stop us from seeing my mom and grandmother; she used to put us to sleep before my dad got home so we could not see him; used to make us do things we didn't like e.g. cut our hair, eat certain things; had no respect for her; feared her; wanted to be with my own mother; never told anyone but my mother what was going on with her, my mother wanted to take us away but my dad wouldn't let her; eventually went to live with mother age 10; step dad- very sweet, but very strict; no patience with children; disciplinarian; screamed at us a lot, everything had to be perfect; felt we were a burden; feared him)

8 (stepmother moved in 3 months after my mother’s death; she couldn’t really cope with us; she used to have her favourites amongst us; she was trying to be my mom and I couldn’t accept this; she used to tell lies and my dad believed her)

12 (stepfather very good to me- treated me more like a daughter than a stepdaughter)

14 (stepmother- I was 7 when they married, I have a close relationship with her; she tries too hard to be accepted and recognised; she has always been good to us; I am often impatient with her, she talks too much, she’s not very bright; I am deeply grateful for a lot she has done for me)

12 Siblings

1 (2 brothers - have a terrible relationship with older brother, he humiliates me, has rejected me and made me feel like I was not good enough; traumatised me, bullied me, humiliated me in front of his friends (still does it), makes me feel like silly little girl, make me feel inferior; kept quite about it, bottle it up, felt frustrated; when brother treated me this way my parents tried to tell me not to let it bother me, parents did step in, tried there best; other brother is mentally retarded; felt very sorry for him, felt ashamed of him when small; parents didn’t discipline him properly which made me feel very frustrated)

2 (1 brother- good relationship)

3 (didn’t get on well as with my sister when we were kids; she had acne and learning problems and because of this she took all the attention away from me; she is very moody; I felt resentful, frustrated, wanted to leave home; I was a twin the other placenta was reabsorbed)

4 (2 sisters - older sister by 2 years, she is wonderful, I am a little jealous of her - stands up for herself, has a good time; when growing up she was jealous of me, she was quieter, never modelled; she was more critical of my dad than I was. I wanted to be more supportive; I was jealous of my younger sister, as I used to be the baby in the family, whole lives changed when she was born, focus all on her as far as step dad was concerned)
5 (4 sisters; sisters were jealous of me, they said I took their boyfriends away from them but I didn’t they came to me- I don’t feel like I was taking there boyfriends; otherwise things were fine)

6 (1 sister, we are very close, she’s 4 years older than me, 1 brother, he’s 3 years younger than me, we are also very close)

7 (I am the oldest; 1 full sister, 2 siblings with mom and step dad, 2 siblings with dad and step mom; get on well with all of them; I am very jealous of them because they took my place in the family; they all look up to me)

8 (oldest brother-he is an alcoholic today, younger brother-used to fight with him a lot, younger sister- was very much a mother figure to her when she was growing up; step mothers child died after he got into a boiling hot bath, my oldest brother who is an alcoholic today was blamed for his death)

9 (one younger brother, we are very close, we never fight; I am very protective over him)

10 (younger brother used to be very close to him, but a couple of years ago I confided in him and he betrayed me)

11 (2 brothers, one older and one younger; older brother and I don’t get on well at all; he has an excellent knowledge but he is very lazy, in high school he got involve in the wrong crowd; he has no ambition, he can’t cope with the fact that I have done well- he always tries to trip me up; he would never congratulate me, he never achieved to the level that I did)

12 (I am the oldest, have a younger sister and brother, and an adopted sister and a half brother; don’t speak to adopted sister anymore, she put us through hell; cant trust her, forgave her so many times; she is manipulative and took advantage of us- she used to make me mental, frustrated me to no end, she was very jealous of me, she used to take my personal things, never be sorry abut it, loved her when we were growing up then she became difficult, she wouldn’t bath, she used to leave her dirty underwear, you couldn’t hug or kiss her, she blocked herself off from us; half brother is now 9, he is completely wild and naughty, there is no control over him, instead of mother and stepfather sorting him out they just blame one another: other 2 siblings fight with each other all the time; last 5 years have been really bad, I try not to get involved; frustrates me- I don’t believe a home life should be like this; it petrifies me that people who love each other can’t communicate, should have peace in the home but there is no peace in my home and no structure)

13 (3 sisters I am the youngest; always got on so well we have always been very close)

14 (one full sister, she is younger than me; we have always been extremely competitive, therefore have had bad relationship; as kids only had each other: I am very insecure around her; we do love each other: problems started in our teens, before that I was very protective of her; she was good academically and at sport; feel as if dad is more proud of her than of me: half brother, he’s younger than me, now our relationship is quite difficult; he is very spoilt by my father, I feel resentful because of this, he has always had much more than me; I adored him when I was young, now that he’s older he is closer to my sister because they go out and have a good time together)
15 (I have a younger sister; she was also quite aggressive and snappy and bitchy but she was loving in another way, she was sensitive and liked to hug; I felt that I used to get the blame for everything, nothing was ever anyone else's fault; when she snapped at me she made me feel sad and hurt)

16 (have two younger sisters; have very good relationship with younger sister; middle sister is full of self importance, only talking about what she does; she angry, I don't like arrogance)

13 Relationship with your children

1 (always wanted kids; have open relationship with adopted children, they know they are adopted; they know that mommy has her faults)

10 (from birth to 4 we were very close, we were never separated, then her father took her away from me, after I disappeared with her for 1 month, I didn't snatch her back because I wanted to protect her from the turmoil, she stayed with her father for just over 1 year and then I got her back; the bond between us hasn't been the same; she is very demanding; I find it difficult being a single parent and having to do everything)

14 Childhood

1 (Afrikaans conservative home, had to be in control of our emotions-struggled with this as a child; I did feel secure and happy; I was shy; brother made my life difficult; parents never hugged and kissed me (didn't really bother me); parents marriage- happy, dad was a chauvinist)

2 (big problem in family with regards communication, problems weren't discussed)

3 (mom always underplayed us, she always made out that other kids were better than us, mom thought it terrible to brag about her own children; very protected childhood; childhood is a blur; didn't feel happy as a child, remember heavy oppressive feeling, had to walk around on eggshells because of father's mood, never knew if he was going to be happy or sad; first thing I wanted to do was to leave home as soon as I was finished school; didn't have much attention. not homely feeling in parents home- pristine controlled environment, couldn't let go and have fun; emotionally repressive, had to control myself - suffocating feeling; I was always in the popular crowd but found it a mystery why they wanted to befriend me)
4 (wasn't normal environment, in the week I was one person and on the weekend I had to be another person; in my mom's house there were very strict rules, (shower for 5 min. if longer she would come in and switch the shower off, dinner 6:00, had to have read the front page of the paper by then), if you didn't obey the rules mom would scream and shout, she'd say I'll make you go and live with your father, I wasn't sure my dad wanted me there permanently; dad worked very hard it would have put a lot of pressure on him to have me there permanently )

5 (used to get a lot of attention because I was always sick, got used to the attention and needed it; everyone noticed me; I was very popular with the boys; didn't like me; left high school at age 16 because I was always getting into trouble with the boys, went to do florist diploma; thought I was stupid at school; sisters were jealous of me they said that I took their boyfriends away from them but I didn't the boys just came to me, I did then have relationship with them, don't think there is anything wrong with this)

6 (never felt I had any major problems that I needed to talk to parents about; had a good marriage; grew up in a nice happy environment, lot of nurturing and care)

7 (always had to keep the peace between the 2 sets of families since the divorce, as well as between mom and stepfather- felt that this was a burden, that it was too much for me; wanted parents to get back together; always used to try to get them to like each other; felt as though I didn't have a childhood; felt like I never belonged to either family; mother was anorexic at the time of the divorce and so father was given custody of us- I desperately wanted to live with my mom; our house burnt down and we had to go and live with our step grandmother, it was terrible there, there was no love; felt like mother just dumped us there; felt like we never belonged; I was abused sexually by a non immediate family member when I was 8, he was 16; hated school, never had friends, never fitted in)

8 (very unhappy; used to eat my dinner and then just go and sit in my room; house was very tense all the time; both father and stepmother were very jealous people- I was always waiting for a fight to happen, lot of emotional abuse went on between the two of them)

9 (I was at boarding school from the age of 7 to 17, this kept me quite safe, there was a teacher there that I could speak to about my problems, I could also go to my maternal grandmother and godmother; school was OK but home problems were still very much with me while I was at school; I had some excellent friends and there are a lot of happy memories; in my teenage years life was unbearable at home- felt anger, sadness, very disappointed; parents relationship was not good- they didn't communicate and there was very little affection; meal times were almost like torture, mother was drunk, dad was moody, they lasted about 15 min)

10 (normal, very average)
11 (couple of incidences in high school where kids were nasty to me, but it didn’t affect me too much because I knew it wasn’t the truth, have a strong sense of self, takes a lot to upset me; very happy, boringly normal; if upset as child I would keep things to myself, if I got upset or angry as a child I was told that I was being silly and so I just used to shut up; parents didn’t fight)

12 (good, happy- 3 uncles and my grandfather were like fathers to me, I could go to them for anything; teen years had a bad patch; lot of fighting with mom and uncles they used to say that I was on drugs but I wasn’t, it really hurt me - I was just forming my own character, I was a good child; there was a lot of fighting in the house because grandfather had affairs, structure not good)

13 (very normal and happy; happy at school; always got what I wanted; did very well at school, got good marks; did secretarial course; in primary school was very sporty)

14 (moody, unhappy; started to find myself at about 16, had a lot of boyfriends at the time, I related much better with them than with other girls or with my family because they offered me acceptance; hated primary school- I was very withdrawn, very unhappy little girl, feel as if I didn’t fit in; felt I wasn’t very bright for some reason, in standard 7 did an IQ test and the results said that I was highly gifted; felt that there was no one there for me when I was growing up)

15 (not happy; I felt lonely- left me thinking what is this life all about; I lived in a dream world which was nicer than reality; I enjoyed high school but not primary school because this was a mixed school and because I had developed early on a physical level the boys gave me a hard time; the relationship between my parents was very difficult, the alcohol had a big effect- dad had a lot of anger and mom used to nag him and he could only take so much; but they used to try and create a pretty picture, we would all have breakfast together in the mornings as if we were one big happy family; parents used to laugh at me if I was hurt or upset about something)

16 (good, I would like to be able to bring up my kids like I was brought up)

15 Description of self as child

1 (quite, loner, read a lot; living in own dreams; got on well with other kids)

2 (run around, climb trees etc.; in high school I was very introverted, I was unhappy with my skin; used to study hard and never get anywhere, didn’t fit into mainstream, didn’t like myself (skin/body))

3 (hard working, diligent, went out of way not to cause waves because of fathers moods as they resulted in embarrassment and fear; hated school wasn’t recognised there either)
4 (I would go from one house to another, confused about identity and who I was, as I had to be different people in the different environments; never had a problem with school, I went to gifted school, never thought I belonged there; encephalitis affected memory, concentration, confidence in abilities; had friends but not very close friends, don’t know if I was a friendly kid; do remember happiness; felt a lot of confusion and anxiety over not performing; always worrying about dad, feared for his health)

5 (anxiety attacks - felt as if I was the only person in the world, felt like I couldn’t breathe, I would start shaking, go into a trance, would call out for mom; don’t know what caused them)

7 (very self conscious; always tried to fit in and never could)

8 (very confident, always a leader; had a lot of friends; never wanted to get to close to anyone; didn’t want to show emotion, kept everything inside)

9 (school OK, had the best friends; teenage years life was unbearable at home, felt anger, sadness, very unsupported)

10 (quiet, a bit withdrawn; did have friends and play with others)

11 (happy, carefree, competitive, things came easy)

12 (cute and happy; as a teen I was very fat- used to sit and eat with my granny)

13 (same as I am today)

14 (withdrawn, quiet, fairly moody)

15 (in pictures I was always smiling but when I got older I looked more serious in the pictures- I became more unhappy when I started understanding more; I spent a lot of time in my room; I was very shy; I used to deal with my problems on my own- because I was often laughed at)

16 (I always struggled at school, I was never good at sport or academically, went to every extra lesson I could; I thought I was stupid that I wouldn’t pass matric; I used to study all the time; I had no self confidence; I never had boyfriends but did have lots of good girlfriends; parents were supportive of me; I used to try to parrot learn my stuff, didn’t try to understand it; I was failing some subjects at nursing school, when someone showed me how to study I started getting distinctions; my keeping people at a distance started after high school)

16 Positive/Negative

1 (positive)

2 (quite positive)

3 (mixture of both)

4 (swing dramatically between the two)

5 (negative, always have been)

6 (a bit of both)

7 (negative)

8 (positive)

9 (positive)

10 (positive)
11 (positive)
12 (used to be positive, now I am more negative)
13 (negative- like I say to myself it could only happen to me with pregnancy issue)
14 (now am very positive, used to be negative).
15 (positive)
16 (more positive but can be negative)

16 Self discipline

1 (try to be but am not very good at it, too lazy for that)
3 (very self disciplined)
4 (very self disciplined, if set myself goals I will do anything to achieve them, don’t give up, don’t allow myself much leeway)
5 (sometimes)
6 (in some ways i.e. with work but not with my gym)
7 (yes, with work I am, if I want to achieve something I will get there)
8 (very self disciplined; perfectionist; 100% committed to what I do; want things to be clean and tidy)
9 (very; my diet, very organised in life, painfully so; write goals for myself on a regular basis and make sure that I get to them)
10 (no, scattered and no focus; start things and don’t finish them)
11 (very, very self disciplined)
12 (no, can’t walk away from people or stick to diets)
13 (yes, if I put my mind to something I will do it)
14 (in some things I am in others I’m not. in work I am very prompt; if it involves other people I am disciplined but when it comes to doing things for myself I’m not)
15 (yes, had so much bad around me as a child- I could either join them and sink or pull myself out, I always had an inner strength; my inner strength is my discipline which enabled me to be different from my family)
16 (no)

17 Control

1 (control of myself is important, not so much of others)
2 (it is very important especially with regards to my daily life and how I run it. I like routine and need to deep control of this routine)
3 (control freak; control environment; can’t let go; try to control other people; worry what others would say if I did let go; control my feelings - if I am upset with something I would rather do something about it than feel the emotions; never show vulnerability: I would like to be protected sometimes but people would never know that; I like being in charge and in control)
4 (it is very important to me to control myself; I like to control situations; I can’t control people and shouldn’t try; control feelings and emotions - other people won’t know how I feel if I don’t want them to, don’t let others know how I feel until I know how to deal with it, else I feel as if I am just babbling on)

5 (like to be in control of situations and to control people; take over if people aren’t doing things the way I like them to be done)

6 (like to be in control; I do allow myself to express my emotions)

7 (very important to me to feel that I am in control of the situation I am in; need routine; not at all spontaneous; try to control the way boyfriends react to things, don’t want him to act in a way that will make people not like us)

8 (like to be control of work situations and of emotions; get depressed if not in control)

9 (this is very important to me, I don’t like being out of control; won’t rely on anyone else but myself, except for husband; like to be in control of other people and situations, I don’t do it consciously but I do it)

10 (have strong self control, often remained strong for daughter when husband and I were fighting; I will cope with whatever the situation is)

11 (not hooked on controlling others, aware of it because I know it could be an issue; control emotions - allow myself to feel but don’t like others to know what I am feeling; get embarrassed by people who can’t control their emotions)

12 (used to lose temper and get completely out of control; sister would frustrate me and I would throw things and scratch myself, bang head against the wall; I am more in control now; I like to be in control of my life; like routine in my life, got to be exactly by the hour, everything must be finished; don’t want to control others; only thing I can’t control is my weight)

13 (like to have control over everything; very important to me to control my husband - I do it to the point where I think he’ll have enough of me)

14 (very important to me I think it was because I wasn’t in control as a child: being in control gives me a sense of power and stability: I like to control others as well, I manipulate situations to suit myself. I anticipate eventualities and try to steer the situation in the best direction for myself, so I am not very spontaneous; I don’t like to surround myself with people who dominate me)

15 (like to feel in control; if I am in a situation that I do not have control of I try to look at it and see how I can change it to get control; I feel that if someone else is in control of that situation, it will get out of hand)

16 (don’t think it is important to me, but people have told me that I am a control freak)

18 Time

1 (do everything last minute - this creates a lot of stress; if people are late for their appointments I understand; don’t live life according to clock, except for kids where I have to)
3 (do a lot in a day, hate it if people are late; always on time for appointment; give
my self certain amount of time to do something in a day and will only go to
sleep when I have achieved what I have set out to do)
4 (very punctual, notice if people are late; in some parts of my life I work against
the clock- will meet deadlines; my time is not flexible, I know how to pace my
self to get things done- manage time well, don’t try to stick to much into a day)
5 (hate being late, don’t mind so much if other people are late)
6 (very governed by time, especially in my work because I work appointment by
appointment; hate being late for appointments; it does irritate me if others are
late but this applies more to a professional than a personal basis)
7 (very punctual, can’t stand being late; feel as if I am always rushing; feel
disorganised; can’t sit still; feel impatient)
8 (like to be on time and want others to be on time)
9 (very punctual and don’t like it if other people are late; I do run life according to
a clock)
10 (usually run late, especially with daughter; am quite laid back in this respect)
11 (day is run according to a very tight schedule)
12 (fanatical about time, if 5 min. late for an appointment this is OK but if 10
min. late will have a nervous breakdown; I am not often late and G-d help the
person who is late for me)
13 (very punctual; aggravated that husband is not the same as me; get very
aggravated if others are late)
14 ( I always feel rushed and have a sense of being late; I have to be on time and
am intolerant of people who are not on time)
15 (punctual - if others are late it irritates me; I try lay out my day so I don’t have
to rush, I used to rush around like crazy; I realised that life was too short for
this)
16 (punctuality is important to me)

19 Anxiety

1 (I am not anxious; my brother makes me feel like a silly little girl, get angry
with myself for letting him do it)
2 (feel anxious when I am under immediate pressure, when things need to be dealt
with now)
3 (feel anxious about not succeeding or husband not succeeding; effect- makes me
tired depressed, want to escape situation)
4 (yes, suppose so, anxious about the unknown)
5 (have anxiety attacks, feel as if I am the only person in the world and that I am
going to die; start shaking and go into a trance, can’t breathe: don’t know what
brings them on, started as a child)
6 (anxiety is felt with regards to my profession and also financial matters; to the
limit in order to accommodate them: don’t let people walk all over me)
7 (feel hurried and impatient; when both sets of parents are together; in social
groups, because I try to make people like me; around my father)
8 (usually associated with work, when it involves deadlines; anxious that I am not
going to get the job done)
9 (being around people who are drunk; time; being around mother-when I am with
her my whole personality changes I become aggressive; muscles become tense,
I might take rescue remedy)
10 (in general no, even though I have good reason to be, I actually surprise myself
about how laid back I am with everything; do deal with my emotions; did get
anxious when daughter wasn’t with me i.e. when she was with her father;
financial concerns make me anxious)
11 (not anxious person, do get anxious if family coming over everything must be
perfect, especially since the babies were born, don’t want people to think I am
not coping)
12 (about everything)
13 (very- mainly with the situation in South Africa; punctuality and neatness; get
into bad mood when anxious- shout, behave badly and say horrible things)
14 (very anxious person, anything I can’t control makes me anxious, anything out
of the ordinary, going to strange places, when on holiday, noise and spiders; I
get a burning tight ball in my stomach, slightly nauseous very tense)
15 (yes, with new business; I get anxious when I am on the receiving end, when I
have to wait for others; as child very anxious because of family environment;
feel nervous throughout body- hands and legs shake, butterflies in stomach,
palpitations, shortness of breath)
16 (yes, worry about stupid things; double checking myself; worry about having
an accident; it gives me a knot in my stomach; it doesn’t happen on a daily
basis)

20 Career or Studies

1 (wanted to be a teacher because I loved kids, used to be teacher at special
school, got very bad kids, they could do what ever they wanted, no discipline,
had all this anger in me, it changed me as a person, I once shook a child and
then I knew that teaching was no longer for me. I taught from 1982 to 1996.
with a two year break: I now do admin work at home,
books/deliveries/marketing)
2 (beauty therapist, own my own salon; wanted to be my own boss because of the
freedom it allows i.e. can do your own thing)
3 (teacher (B.Sc.), still study now; enjoy writing exams, it is a challenge to me to
see how much I know: decision to become a teacher was circumstantial. I just
wanted to leave home: find teaching stressful because of how you have to beg
the kids to do their work)
4 (accounts/financial/general manager, don’t delegate well: perfectionist in job
and life; enjoy job, it is the area of my life where I can control whether I
succeed or not; I have a B. Com which I did part time through Unisa while
working)
5 (supervisor of the switchboard at a merchant bank; feel dumb on the board; perfectionist, everything has to be neat and tidy)

6 (wanted to do something in the medical profession; I have never been the kind of person to say that my career is my life, if I didn’t have to work I would be happy to stay at home; enjoy my work (physiotherapist) find it rewarding; enjoy chatting to the different people; perfectionist in my work if I can’t make someone better, question myself on this)

7 (student in medical field; love it, it is my whole life, forms who I am and how I feel; it signifies all my beliefs and philosophies and how I see life; I love healing)

8 (work for big magazine-writing, commissioning features, lot of networking and socialising; left last job because it was too stressful- it was a 7 day per week job; I would like to be more in charge of a finished product which I am not with my new job)

9 (I was a health food shop manager, I also ran the restaurant and kitchen, it totally consumed my life, I was working 6 days per week, I put everything into it because I love health; gave everything I could to the customers; I was a perfectionist- things must be done right, it grates me if people do sloppy untidy work; I decided to give up job to study and gain more information and spend more time with my husband, I felt that there was more chance of falling pregnant if I left)

10 (have my own business I worked and pushed myself hard; when I worked in the health shop it wasn’t too demanding, I became interested in health and would look up things but I didn’t overextend myself; before working at the health shop had another job but there were too many distractions going on in my life and I couldn’t keep my head above water so I left)

11 (went into teaching, 2 years at JCE- biggest mistake I made, did it because so sports mad I wanted to do physical education; the course was “piddly”, it was difficult for me to acknowledge that I had made a mistake; I studied part time or law, it took me 6 years, got a lot of practical experience; love my job, love solving peoples problems, love everything about it)

12 (beauty field-enjoy it although some days I hate it; I am a perfectionist in my work, never perfect enough but can never be because I am not G-d)

13 (perfectionist; stress with husband over stupid things (we work together) like stock and money issues, he has no concept of money; I’m very careful with money; enjoy job since I like working for myself and having my own shop)

14 (lawyer, not an attorney because I didn’t do articles; doing an MBA at the moment; job/ qualifications are extremely important to me because it impacts directly on the way that people see me; perfectionist in my work; job involves contractual drafting, negotiation, consulting and giving advice)

15 (have always been my own boss- have had a few different businesses; enjoy work, I get stuck into it; like it especially if the people in my work environment are nice; very perfectionist in my work; want satisfaction; like the feeling that I have accomplished something; enjoy working towards goals)
16 (general manager, have 26 people who report to me and am on call 24 hours a day and a lot of them are medical emergencies; I hate it at the moment because bosses have no idea how to talk to people let alone a woman; 6 months ago I loved it; I am a perfectionist; I left nursing because of the hours, I got tired of working every second weekend; I initially wanted to become a paediatric nurse, I did it for 1 month but found it too sad)

21 Concentration

1 (depends on how interesting the topic is)
2 (fine)
3 (good)
4 (good)
5 (not good)
6 (very good)
7 (very good when studying; terrible when writing test- get nervous, can hear every noise; have very confused thoughts, struggle with what I want to say)
8 (very good)
9 (quite good if blood sugar levels are OK)
10 (depends on interest)
11 (excellent)
12 (fine when working, very good in general)
13 (good)
14 (very low, easy to break, don’t study very well)
15 (used to be better, now so much going on in my head)
16 (not good, it is OK if I am interested in something)

22 Memory

1 (absentmindedness)
2 (school, not good at recording details from studying work)
3 (good with names, bad with faces, suffers if I am anxious; if I don’t like a person or situation I will blur it out of my memory)
4 (OK, battle with telephone numbers, not as good as it should be)
5 (not good)
6 (very good)
7 (short term good; long term terrible)
8 (good)
9 (average, I can be forgetful, I tend to be a bit of a list maker)
10 (lately it is bad but this because of present stress, usually it is fine)
11 (good with legal stuff, for significant things)
12 (brilliant, but these days do sometimes forget things)
13 (very good)
14 (terrible, have to write everything down)
22 Stress

1 (life not stressful; effect-irritable, jumpy, headaches, cramps/spasms, get it out of me, don’t bottle it up; lot of stress comes from husband, I carry burden of it)
2 (life is as stressful as you make it; I am better at dealing with big stress, not good at dealing with immediate stress i.e. something that has to be sorted out here and now; effect- cry when under stress)
3 (makes it harder to cope with the situation, stress addict -will make my life more stressful, effects - irritable, intolerant, tactless, loss of posture, tired, palpitations, pallor)
4 (outwardly it seems as though I handle stress great, calm and composed, inside I am a nervous wreck-butterflies in stomach, anxious; wouldn’t describe life as stressful, certain things in it are stressful)
5 (difficult, get terrible headaches)
6 (sometimes gets me down; others times I fight it so that it does not get me down, I tell myself that I will get through it; effect- makes me feel tired and lethargic)
7 (don’t handle it well but I am at my most effective when stressed; effect- get angry, impatient, irritable, moody, weepy and get stomach cramps)
8 (can handle it quite well, have got better and better at it; it affects me by making me feel very tired but can’t sleep, ratty, frustrated, dream about days problem, headache)
9 (not very good at handling it, I become panicked; I felt it at work when I had a lot of things to do and there were many people making demands of me at the same time)
10 (can deal with it, don’t fall apart; has an impact eventually but I usually get through it)
11 (outwardly handle it, you would never know I was stressed, I hold things inside, don’t want world to think I am not perfect; effect- get mouth ulcers)
12 (at the moment not good; meditation gives some relief; I am far to stressed I worry about nothing. I need to learn how to relax; effect- it makes me feel tired, can’t go out during the week, because won’t be OK the next day. neck and arms also get sore)
13 (can handle it up to a point then everything just seems to go wrong in one morning; if had a stressful day get tired and loose my appetite; panic if we go into overdraft)
14 (handle it well externally, although do get frantic in terms of time management; can’t say no easily so I take on too much; when stressed out husband takes the brunt of it. I get aggressive, argumentative; would describe life as stressful but a lot of it is self imposed, I put a lot of pressure on myself socially, academically and in my job)
15 (can handle it better now; physical symptoms are the same as those I have for anxiety; job is quite stressful but being my own boss I can shift things and decrease the pressure)
16 (don’t handle the stress of people being rude; get teary if stressed; work is stressful but I am happy at home)

23 Pressure

1 (can handle it, inside feel as if I am switched off, don’t want to experience emotions when it hurts too much, need time to sort it out)
2 (agitates me)
3 (quite like pressured environment, find it exhilarating and enjoy the challenge of it)
4 (can handle pressure but don’t thrive on it)
5 (same as for stress)
6 (sometimes work better under pressure; at school used to do everything at the last minute)
7 (as for stress)
8 (very good at handling pressure but only to a certain extent, like working under pressure)
9 (same as for stress)
10 (function better under pressure, this is when I get things done)
11 (produce better results under pressure)
12 (everything for me is pressure)
13 (can handle it well considering what I am under)
14 (prefer to work under pressure, I get bored easily; if don’t have deadlines I struggle to motivate myself)
15 (can cope quite well but I have decided I don’t want a lot of pressure in my life anymore)
16 (enjoy working under pressure)

24 Sensitivity

1 (very sensitive; lately I am trying not to make other people’s problems my own, as I have done in the past)
2 (sensitive, if someone says something nasty to me I cry, also sensitive to what other people feel)
3 (not very; sensitive as a child, had to become less so because of feelings of repression)
4 (too sensitive, take everything that people say and analyse it to the nth degree, sometimes feel that I read things into what people say that aren’t really there, try not to get too involved in other people’s problems as I hurt for them)
5 (very sensitive, too much so)
6 (sometimes can be pretty hard; don’t really take things personally; sensitive if someone around me is harmed)
7 (very, very sensitive to vibes between me and others; can't watch violence or scary movies; cry when listen to music; get hurt easily)

8 (yes; to others; don't like confrontation I try to avoid it; don't like creating scenes)

9 (quite sensitive)

10 (pick up on peoples vibes; I look at all aspects of a situation and it upsets me when others don't do the same)

11 (have become more sensitive since children were born- child abuse freaks me out)

13 (yes, I am never nasty to others; won't hurt people unless someone starts with me; love animals, especially dogs)

14 (very sensitive, take what people say to heart, conscious of how people react to me; I am very perceptive to people; I stew on what people say about me)

15 (very sensitive to other people's feelings, at times too much so to the point where I forget my own needs; I get hurt very easily)

16 (can be oversensitive, I take a lot of things too personally; I have always been sensitive)

25 Music

1 (Love, love music, intense effect on me, helps get my emotions out as I don't show my emotions)

2 (enjoy music, can make me feel happy or make me cry depending on the music)

3 (not all that much, don't like loud noise)

4 (relaxing, soothing, like it)

5 (love it, find it soothing; can change me from night to day; love dancing)

6 (depend on type; if depressed I lie down and listen to some music (don't get depressed easily, sometimes feel depressed if I have the feeling that things are caving in on me))

7 (love soft music; 70's music; moves me to tears, brings back memories)

8 (love all types of music; it has an impact on my moods)

9 (has strong effect on me. I can use the appropriate music to help with the mood I am experiencing)

10 (emotionally responsive to opera. it makes my hair stand on end, it can provoke tears)

11 (love music, classical music relaxes me)

12 (enjoy it, it has a strong influence on my mood)

13 (like it but am not a fanatic)

14 (like it. but not in love with it. it; drives me insane if other people play it and it imposes on my space)

15 (love it; I find it very uplifting; I imagine that I could play certain instruments)

16 (love music; it has a calming effect on me; can touch me deeply, can cry from some music)
26 Sociability

1 (good, can get on with anyone)
2 (friendly, open, at school I was introverted)
3 (get on well with others)
4 (good initially, until people get too demanding or get too close to me)
5 (quite and shy; people think I am a snob)
6 (can get on with most people; enjoy people; sometimes like to be on my own)
7 (they think I get on well with them - I am good at concealing negative feelings for others; can't interact freely with others, feel shy but once I get to know them I am OK)
8 (very sociable, enjoy people, easy going; after back surgery I felt like I really needed my mother, I nearly had a nervous breakdown, after that I was afraid of getting to close to people)
9 (like people and enjoy their company)
10 (at the moment don't feel very sociable; in the past I have been fine, the friends that I have, have been friends that I've had for years)
11 (very sociable, only person I don't get on with is my sister-in-law, not a great person she can't cope with the fact that I get on with my mother-in-law)
12 (get on well with people, those I don't like I try my best not to be a hypocrite; there are a lot of people in my life)
13 (get on well with others can socialise; like to be on own; like to be at home and do my own thing; don't like people coming to my house because they make a mess)
14 (pretty sociable; intolerant of certain people; if I don't like you I find it difficult to hide that; don't like being isolated so try to be friends with people; intolerant of drama queens and people who put on an air of superiority; find it stressful to be a good friend, I am petrified that I won't have friends so I put in a lot of effort in order not to lose them)
15 (get on fine with others, certain people don't bring out the best in me)
16 (get on well with other people)

27 Opinions of others

1 (when I was younger it was a very big deal to me, but I am better with it now that I am older)
2 (it is important to me especially if someone has a negative opinion of me. I try to deal with it as best as I can but it is not a major factor in my life)
3 (affects me very much if someone thinks negatively of me, can't let go of it)
4 (has big affect on me. take them seriously, important to me what the people I love think of me)
5 (affects me a lot; I feel I am stupid because I don't have matric/degree, can't study)
6 (does concern me. I don't want people to see me in a bad light)
7 (affect me very, very strongly, but only the opinions of those that I look up to)
8 (affects me a lot; if someone has wrong opinion of me this makes me cross and upset; I care what others think of me)
9 (sensitive to this, always have been, stems from my mother)
10 (couldn’t be bothered much what others think)
11 (like everyone to see that I am doing well)
12 (affects me a lot; we have an idea of our selves of being a certain way then someone says something I can’t see about myself- this unsettles me; I like to be liked)
13 (always been very important to me- how I look etc.)
14 (affect me greatly, I gain a sense of self from how others see me)
15 (used to affect me a lot more; if people criticise and they don’t know that its not true I find this very hurtful; generally I don’t care)
16 (if people know me well I am open to criticism because you can grow from this; if someone criticises me and I don’t know them I get very aggressive because they have no right to do that)

28 Anger

1 (If I do stupid things, forget things; righteous people - think they know best; response- can throw things, then over and done)
2 (selfishness of others, purposefully doing things to hurt other people, incompetence; response- gets blood boiling, want to run away, problem with channelling anger, rather get sulky or withdrawn than get the anger out)
3 (other people taking advantage of me; others incompetence; loss of control; when people can do something to help themselves but they don’t; response- I try to rationalise the anger)
4 (that I can’t have a baby; when people aren’t sincere; when people tell me that they know what I am feeling)
5 (when people think I’m stupid or when they ask me stupid questions or act stupid; don’t like to repeat self; response -shout at them)
6 (if lied to, or any sort of dishonesty; momentarily get cross, it is forgotten quickly; response- shout.)
7 (when people betray me or go behind my back; when people just don’t care; other people’s stupidity; when sister is abusive to mom: any abuse; cruelty to animals)
8 (untrustworthy people, people that lie; when people don’t realise my potential; when I am not appreciated; when I am underestimated; response used to confront people straight away and say things that I would later regret but I have learnt to control this. can cry out of anger, used to do this a lot more)
9 (mother; if I am ignored; chauvinism; response- verbalise my anger, I often cry)
10 (mom makes me angry, she is very petty and superficial and critical of me: everything has to be immaculate; response- is to talk about it, it may take me a bit of time to talk about it)
11 (don’t get angry easily, don’t like conflict. parents never fought; response- if I do get angry I become more verbal)
12 (when siblings fight and are out of control and it disrupts the peace; if someone speaks in an ugly way to me in front of other people, I don’t do it to others; if children are hurt)
13 (husband makes me angry- when he doesn’t do things the way I want him to; if he doesn’t agree with me; my mom when she asks me a million questions and I don’t have the time; if someone lies to me; response- I explode, swear, shout, say nasty things)
14 (incompetence; failure to regard other people; response- get aggressive, tense up and snap back, battle to be civil; it takes a lot for me to bite back because I am scared of the repercussions if I do snap back)
15 (when I have to keep reminding people of the same thing over and over again; being nagged about unimportant things; being laughed at; bitchiness and gossiping; I sometimes used to fight back or I could deep it in; response- I used to scream and shout or slam doors)
16 (If someone says something negative about my family; I will always confront someone who has made me angry to find out why they have done what they have done)

29 Sadness

1 (when husband isolates himself from me; when people gossip; response- listen to music, try do nice things for myself, have good hard cry, know things will be better tomorrow)
2 (others suffering, sad music)
3 (if something hasn’t worked the way I wanted it to; response- won’t show that I am feeling sad, won’t impose moods on anyone, if sad want to escape, by being by myself)
4 (life; thoughts of future; being alone for rest of life; dad: financial position. can’t have a baby; my divorce; the past 10 years of my life have been useless, don’t think that I have grown from it as a person)
5 (seeing children, old people or animals suffer; response- cry)
6 (if other people are unhappy or hurt; if people don’t appreciate me or are deliberately nasty to me; response- like to be on own for a while)
7 (if I hurt someone, hate myself for that; when I can’t do anything to change bad circumstances; response- listen to sad music)
8 (abuse of child or animal: response- cry)
9 (abusive behaviour especially towards children; my husband travels a lot and the time leading up to his departure makes me feel sad; thought of losing husband)
10 (dad, would like to have a more meaningful relationship with him but he is so rigid you can’t get closer to him)
11 (sad movies; tragedies; response- clench teeth like crazy to keep it in)
12 (no peace in the home; hobo’s on the street- when I am freezing with my blankets and there are people out there with nothing; kids in Ethiopia are starving; people die and don’t know where they are going)
13 (sad movies; when my puppy died; when others are sad)
14 (people battling, hate seeing homeless people, animals, feel guilty because of what I have and they don’t; hopelessness makes me feel sad, if I am stagnant; before medication felt sad for no particular reason; response- cry, withdraw or go to bed)
15 (what people do to others or to animals; what is happening in our environment; when I see other people who are sad; response- I try to push it aside, don’t always like to deal with my feelings of sadness, I cry)
16 (poverty, homelessness; I try to give food or clothes to these people)

30 Weeping

1 (when listen to music)
2 (lots of things, sad music, suffering, confrontation; embarrasses or irritates me to cry in front of other people- haven’t been able to keep in control)
3 (don’t cry easily, feel terrible after I’ve cried; didn’t cry as a child- never cried in our family, don’t do it because it doesn’t get you anywhere)
4 (when I think that I can’t have a baby; if animals are hurt; don’t cry in front of others; feel stupid after crying; don’t like consolation or people pitying me)
5 (suffering of others especially those who can’t help themselves; feel sad after crying, try to bring myself out of it)
6 (sad movie or book; if angry and frustrated; if stressed out)
7 (cry very easily; from anger, frustration, movies; like to be on my own when crying but like it that someone knows that I am crying; like consolation; feel exhausted after crying, get stomach cramps)
8 (anger, abuse; depression- feel just can’t cope anymore with work or endometriosis; like to be on my own when I cry; feel relief after I have cried; don’t like consolation)
9 (if I have an argument with husband; if I feel like I have been unfairly treated; cry easily but this has been more so the last 3 years; I could start crying in front of other people but then I would leave to be on my own; husband could come and console me else I would prefer to be on my own)
10 (if husband hurt daughter in anyway; the reason for crying depends on how stressed I am in my life; if I cry I prefer to be on my own)
11 (cry after an argument; hardly ever cry, I am getting better at it; want to be on my own when I cry. after crying I feel better))
12 (takes a lot to make me cry- I have got to be very frustrated before I will cry: can cry more easily during my period; sometimes I feel very sorry for myself and play the injured victim. I don’t like this about myself; won’t cry in front of others; like consolation but feel stupid about receiving it)
13 (don’t cry easily- always been like this; if someone dies; if cry like to be on my own)
14 (feeling sad, anger; soppy movies; prefer to be on my own when I cry; feel tired and drained after I have cried)
15 (cry when I feel sad; I like to be on my own when I cry but I have become more open with it- as a child I was laughed at if I cried)
16 (stress or sad things make me cry, like poverty, sad movies, anything that could make someone unhappy; if I cry I would like husband to be there, although sometimes I need to be by myself and I will tell him, I need to be on my own if I had a miserable day and I need to solve the problem myself; feel better after crying)

32 Affection

1 (very affectionate, give more than I receive; feel I would like to receive more, always been like that; conservative Afrikaans background, no hugging and kissing)
2 (yes, both ways, as a child parents were not particularly affectionate (didn’t really bother me, parents were not affectionate to each other either))
3 (not affectionate; didn’t receive much affection as a child; only affectionate to husband; don’t like to be touched by people (maybe it is because as a baby I was in incubator for a long time))
4 (I am an affectionate person, didn’t receive much affection from mom)
5 (yes, love affection)
6 (yes, like to give and receive affection)
7 (prefer to give than to receive affection; as child received affection from mom)
8 (like to give and receive affection; I don’t show affection as much as I would like but I am getting better at it)
9 (very, like to give and receive affection; no affection from parents, I got used to it and so on the odd occasion they were affectionate I got very uncomfortable)
10 (not really, only with daughter; did receive affection as a child from mother. not dad so much)
11 (like to give and receive; did receive affection as a child)
12 (am affectionate but like to give affection more than receive it)
13 (no, my husband is; never have been)
14 (extremely, like to give and receive except with my mom)
15 (yes, can give and receive although not from everybody; I didn’t get any affection as a child from dad; mom gave me affection when she wanted to. it was on her terms and not when I needed it)
16 (never been affectionate, kept everyone far away, I have become better with age; giving affection is much harder than receiving it - fear of rejection could be a part of it)
33 Isolation

1 (Yes, can switch myself off, when having hard time would like people to phone me but people don’t because they think I am always in control; don’t have outbursts, I think before I speak, I don’t carry grudges, I can get along with anyone, I have always been able to isolate myself)
2 (no)
3 (only during IVF (in vitro fertilisation))
4 (yes)
5 (yes, especially on the weekends-no one comes to see me, don’t have any friends, either because they smoke/have kids)
6 (no, sometimes I like to be on my own)
7 (yes, feel as if I don’t belong; as if I’m in my own world)
8 (yes, when every one involved with their mothers)
10 (felt self conscious at school and especially when I went from school to university; always felt slightly distanced)
11 (no)
12 (yes, especially the last 2 years, feel as if I am not part of the rest of the world, feel as if I am part of nowhere)
14 (sometimes yes, generated if people don’t understand me or what I am about; feel ‘alone in a crowd’; don’t always feel as if I fit in; I do try hard, I am more comfortable with some people than with others; dad’s family are very loud and outgoing, feel as if I don’t really belong)
15 (yes, always found I was different, didn’t take drugs or alcohol, also in the food that I liked; now I have new friends who are more similar to me; I enjoy being on my own)

34 Abuse

7 (sexually by known family member; I was 8 he was 16)
8 (mental and physical (once); he was hypercritical of me)
9 (mother verbally abused me; father had many outbursts; one of my boyfriends verbally abused me)
10 (ex husband)
12 (verbal abuse with first boyfriend- he lowered my self esteem)
15 (mental and verbal from my parents and 3 of my boyfriends: I found it draining, upsetting, depressing- made me very sad)

35 Rejection

1 (brother, husband)
3 (feel rejected very easily, even over small things; childhood- lack of attention, ex husband - when he had an affair; response- try to rationalise it)
7 (every boyfriend: friends; all parents)
8 (parents- mother could not help it; but I did feel rejected by father) 
9 (from both parents; always trying to get there praise and I never did, they never acknowledged my successes) 
10 (ex husband) 
12 (all my boyfriends I think this fact has affected me very deeply) 
14 (hate it, feel that there is something wrong with me; have been rejected by a few boyfriends) 
15 (parents- would want to go and give them a hug but would get pushed away; last relationship boyfriend had an affair) 
16 (always have been all through life, best friend always had a boyfriend and I didn’t; I struggled with this until the age of about 24) 

36 Jealousy

4 (of sister) 
6 (never in a bad way, only to a certain extent) 
7 (of siblings) 
8 (when first started dating husband, as I was afraid I was going to loose him) 
9 (of brother in a way, he was given more than me materially; also he was more acknowledged than I was) 
14 (very - of other peoples success and wealth, as a child we didn’t have money; other peoples looks; friends and their relationship with others; sister; only person not jealous of is husband) 
15 (a little bit, here and there)

37 Insecurities

1 (feel I am not good enough; can’t speak in front of big crowds, prefer smaller groups of people) 
2 (body, figure (not obsessed with it)) 
3 (feel as if I am not good enough, always trying to get more and more recognition) 
4 (as child when dad was drinking what did/didn’t I do) 
5 (don’t feel good enough; not being a parent makes me feel empty) 
6 (about political climate) 
7 (with father never felt as if I was good enough; around friends. feel as if I am not intelligent enough; feel I am not domesticated enough i.e. wouldn’t make good house wife; want to be respected and liked) 
8 (people say that I am good at what I do but I don’t feel it) 
9 (weight) 
10 (in marriage, husband was always flirting, he would ignore me) 
12 (not going to be able to be a good wife and mother; physical body) 
13 (walking into a room- what will people say and think)
socially, feel as if don't quite fit in; physically, extremely aware of weight; in
job because don't have LL.B., feel that someone with this qualification will
come and take job away from me)
15 (no)
16 (physical when I was younger and had a low self esteem)

38 Fears

1 (being rejected, that husband will leave me)
2 (failing in business, wouldn't want to face everyone if I failed)
3 (failure, loss of control, disability/ being handicapped; felt fearful in my
childhood)
4 (when young for dad's health, when he was in hospital for 2 weeks; fear the
future—not having a husband; financially—don’t like asking people for things)
5 (death—nothing left of me to carry on after I die; being dependent i.e. not being
able to walk)
6 (as a child was scared of death i.e. spirits, ghosts, people dying)
7 (as a child I feared that I wouldn't be back with my mom; that dad would reject
me; that my mom would die; moths and insects fear; from age 6 to 11 I
constantly feared my step mom; feared step dad from age 11-14; when my mom
was drinking)
8 (thunder and lightening; flying; that husband would die or be in an accident)
9 (feared my father; losing husband; of the unknown i.e. when unsettled)
10 (ex husband, fear of upsetting him because of his ranting and raving, but this
eventually became the norm)
11 (new fear is that I want to be perfect mom; worry more about mortality; birds—
mother is terrified of them)
12 (of death, where do we go; last year every morning I felt fear at the thought of
what is it all for and where are we going)
13 (snakes—see them as evil, creepy, slimy, deadly, think I would die if snake was
on me; being buried or burnt alive)
14 (spiders; noise; needles)
15 (not having enough money to pay accounts; losing loved ones or friends;
snakes, sharks and heights)
16 (that husband will leave me for a younger woman even though we are happily
married)
39 Suicidal thoughts

3 (after divorce; husbands retrenchment; failed IVF; I would never do it, more like escapism, correct myself and say it is a silly thing to think)
4 (on and off throughout life, when things got too much and I felt I couldn’t cope; when I was very sick, mom kept on saying pull yourself together, more suicidal thoughts last 12 - 18 months)
5 (not as a child; recently yes, but I’m too scared (sister took overdose when I was 23; saw cousin slit his wrists when I was 21)
7 (recently; at 16 when told I was fat and that I wouldn’t be able to dance (developed bulimia); 27 - couldn’t handle step mom’s manipulations)
8 (after back surgery; had no support, mom wasn’t there to take care of me; felt very alone)
9 (once when about 18, I was living quite close to parents, mom was driving me mad, I was very unhappy at the time)
10 (fleetingly over the last year and a half, just feel like I’m not coping with everything)
12 (no, but during my depression I didn’t care if I woke up or not, that that would be better than living but I didn’t thing of taking my own life)
15 (as a little girl- I used to hope that I didn’t wake up in the morning, I felt like this for most of my childhood)

40 Thoughts on death

1 (that you go to heaven)
3 (earth is hell, it is the time we learn; not afraid of death)
4 (used to be scared of death, it was the unknown, now think of it as a long rest)
6 (unsure of it, don’t really know)
7 (don’t fear at all; fear the way I will die)
8 (don’t fear it; feel I will see mom again; always thought I would die young)
9 (it is guarantied; it is a freeing of the soul, not scared of own death; it should be a joyous occasion but I have not yet progressed this far in my thinking yet)
10 (fine with it; believe in reincarnation)
11 (don’t worry about it, believe this life is just a temporary stop; do worry about it for my kids sakes)
12 (makes me scared- where are we going, who will be there, is life all for nothing)
13 (not scared to die; lot of faith in G-d and Jesus; think I will go to heaven)
14 (not very afraid of it; spiritual person believe I will go to another place: it is a natural chain of events; I would rather die earlier than later)
15 (not scared of it)
16 (it is a scary thought; scared of leaving behind loved ones and missing out on their growing up; I do think we go to a better place)
41 Death of loved one

1 (grandma, at first I didn’t cry, kept it bottled up, wanted to be strong for mom, then went to the cemetery, broke down and felt relieved)
2 (grandmother, really upset me, I was very close to her, we used to chat about everything; father committed suicide after I got married)
3 (boyfriend had motorcycle accident and became a vegetable, it was horrible but I got over it)
4 (step brother committed suicide, felt sad for him and that I couldn’t help him, I was 23 at the time)
6 (grandparents, old age could accept)
7 (best friend, I was 18, he died in a car accident- very traumatic at the time but I got over it)
8 (when I was 19 godmothers mother’s husband, they were a surrogate family to me, he was someone special, I felt sad and it made me aware of my own mortality)
10 (boyfriend of about 3 months was killed in a car accident, a few months after this his best friend could not handle things and he disappeared in the mountains never to be found again; this was the first time I had ever experienced emotional trauma, it totally altered the course of my life; I was devastated- whole world crumbled; I was like a ghost - I was here but not really here, it caused me to drop out of university)
12 (grandparents- shock when it first happened, after they died I really missed them; cousin committed suicide about 3 months ago, this really affected me- I can’t believe he did it I just want to find him and ask him if he is OK)
14 (paternal grandfather- I was always his favourite grandchild, I got a lot of support from him, miss him terribly; maternal grandmother lived with us most of our loves, miss her because of what she did for my mom, gave her a lot of strength/ support)
15 (2 years ago experienced deaths of 4 loved ones; in my 20’s I lost my best friend and my godfather which was very difficult; as a child I lost my bird)
16 (fiancé in car accident and grandmother when I was 15)

42 Most important thing to you in your life

1 (life is about giving, sharing yourself, I try to make the world a better place)
3 (husband, family)
4 (becoming a better person, believe we are here to learn a lesson but I don’t think I have learnt mine yet)
5 (family)
6 (being happy; making others happy; being secure)
7 (my spirituality; it is a way of life for me; very passionate about it; to be loved and appreciated)
8 (relationship with husband, brothers and sister and friends)
9 (marriage)
10 (to make sense of this life; to create a higher state of consciousness and to transcend the physical and to understand how life works)
11 (children, family, friends, G-d; meaning of life- love, kindness, teach children and others to love each other)
12 (definitely G-d, I got lost along the way, not believing in G-d, if we accept what we are given we will be helped by G-d; family is important to me)
13 (family; husband; work)
14 (achievement, rate the progression of my life by how much I achieve)
15 (time on my own, to recharge batteries, I follow a spiritual path which is very important to me)
16 (family)

43 Traumatic experience

1 (brothers treatment of me, which involved humiliation and rejection, it made me feel as if I was never good enough)
2 (communication at home, if something went wrong, couldn’t talk about it, felt very frustrated, didn’t talk about problems)
3 (divorce made me feel worthless)
4 (2nd IVF-thought it would take; divorce; mom and dad’s divorce, couldn’t I have made a difference kept them together, I was angry with them)
5 (not having children; when I was 16 there was a guy I liked and another girl liked him, my biggest fear was that he would leave me for her)
6 (laparotomy because I am an independent person; horrible that my mom had to bath me; couldn’t help myself or do anything; looked at my scar and wondered if I would ever be normal)
7 (mom’s drinking; relationship with ex boyfriend)
8 (death of mother; 6 months after father remarried, my stepmothers 5 year old son climbed into a boiling hot bath-he died; my oldest brother was blamed for his death)
9 (coming to live in South Africa from the UK, it was unplanned I came as a backpacker, no friends, possessions or family, I had to make something from nothing; in childhood when mom didn’t pick me up from school because she was too drunk to drive, I felt desperate)
10 (raped 4 times by 2 men while my boyfriend was tied up. I fell pregnant from this and had an abortion; received counselling and had spiritual experience some time after the rape but I experienced terrible fear and was afraid to be on own; when I was separated from my daughter for the year that she spent with her father; abortion was difficult at the time i.e. the actual physical procedure but I made my peace with losing the baby)
11 (accident; didn’t have immediate bond with kids- so scared I was going to die, I only saw them 2 days later)
12 (grandmother’s death, bad relationship with boyfriend and sister in very bad car accident- this all happened when I was 27, endometriosis was diagnosed just after this; also had lack of peace when growing up)

13 (when father was shot, 2 years ago, 3 of them walked into house and shot dad through the arm, went into side lung and liver; I was there at the time, it was terrible, I was up the whole night, he was in ICU but was stable the whole time; it was a terrible feeling, didn’t know if he was going to live or die; primary emotion about it was nerves- the way they came in and just shot, it was meaningless, no reason for it and not knowing if dad was going to live or die)

14 (failure of any kind; letting people see behind my mask, can’t be seen as weak)

15 (losing my dog- she was so loving, I had her for 14 years and it happened so quickly)

16 (loss of fiancé)
<table>
<thead>
<tr>
<th>Review of systems</th>
<th>Psora</th>
<th>Sycosis</th>
<th>Syphilis</th>
<th>Tuberculosis</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>Dry and itching.</td>
<td>Overgrowth of tissue such as warts, moles etc.</td>
<td>Ulcers.</td>
<td>Pustular eruptions especially in flexion creases and joints. Varicose veins, urticarias, freckling, bruising. Slow healing wounds.</td>
<td>Many moles, warts etc. which may develop into epitheliomas. Brown spots on the face, cheeks and back of the hands which get progressively darker with age.</td>
</tr>
<tr>
<td>Review of systems</td>
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<tr>
<td><strong>Headaches</strong></td>
<td>Aggravated by continued effort, emotional stress, daytime. Improved by rest, quiet, sleep, hot applications. Location - frontal, temporal or parietal.</td>
<td>Aggravated by lying down, night time. Accompanied by restlessness and improved by moving around. Location - frontal or at the vertex.</td>
<td>Occurs away from work. Aggravated by exertion, warmth. Improved by rest, lying down, sleep. Location - usually at the back of the head.</td>
<td>Improved by nosebleed.</td>
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</tr>
</tbody>
</table>
### CHARACTERISTIC SYMPTOMS OF THE FIVE MIASMS FOR PARTICULAR PARTS OF THE BODY

<table>
<thead>
<tr>
<th>Review of systems</th>
<th>Psora</th>
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<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ear</strong></td>
<td>Oversensitivity to sound.</td>
<td>Moisture in and about the ear.</td>
<td>Moisture and cracks in and about the ear. Fetid pus.</td>
<td>Structural changes within the ear.</td>
<td></td>
</tr>
<tr>
<td>Review of systems</td>
<td>Psora</td>
<td>Sycosis</td>
<td>Syphilis</td>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Diarrhoea</strong></td>
<td>Caused by overeating. Usually occurs in the morning.</td>
<td>Occasional, but always accompanied by colic.</td>
<td></td>
<td>Usually in the early morning or at night, aggravated by cold. Slimy or bloody stool.</td>
<td>Diarrhoea may alternate with constipation.</td>
</tr>
</tbody>
</table>

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Appendix C continued
### Characteristic Symptoms of the Five Miasms for Particular Parts of the Body

<table>
<thead>
<tr>
<th>Review of systems</th>
<th>Psora</th>
<th>Sycosis</th>
<th>Syphilis</th>
<th>Tuberculosis</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Constipation</strong></td>
<td>Persistent, may alternate with diarrhoea.</td>
<td></td>
<td></td>
<td></td>
<td>Chronic constipation.</td>
</tr>
<tr>
<td><strong>Nausea and vomiting</strong></td>
<td>Occurs at regular intervals. Relieved by rest, quiet and sleep.</td>
<td></td>
<td></td>
<td>May precede diarrhoea.</td>
<td>Nausea in the morning.</td>
</tr>
<tr>
<td><strong>Musculo-skeletal system</strong></td>
<td>Problems are common. Tearing joint pain. Stiffness soreness and lameness are characteristic.</td>
<td></td>
<td></td>
<td>Rickets. Periosteal manifestations. Weak tendons resulting in easily sprained joints.</td>
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</tbody>
</table>
### Characteristic Symptoms of the Five Miasms for Particular Parts of the Body

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<th>Syphilis</th>
<th>Tuberculosis</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urination</td>
<td>Smarting and burning may occur.</td>
<td>Intense pain can occur.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Menses and</td>
<td>Problems caused by emotional stress.</td>
<td>Inflammation of any of the reproductive organs.</td>
<td>Seldom affects the ovaries or uterus.</td>
<td>Does not have affinity for reproductive organs.</td>
<td></td>
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<tr>
<td>Gynaecology</td>
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<tr>
<td>Pathological and</td>
<td>Physiological discharge ameliorates the</td>
<td>Pathological discharge ameliorates the</td>
<td>Pathological discharge ameliorates the</td>
<td>Physiological discharge ameliorates the patient.</td>
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<td>Physiological</td>
<td>patient in general.</td>
<td>emotional symptoms.</td>
<td>emotional symptoms.</td>
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(Robert’s, 184-236)
APPENDIX D

Psychological explanation of physical symptoms

<table>
<thead>
<tr>
<th>LOW SELF ESTEEM</th>
<th>REPRESSED EMOTION</th>
<th>FEELINGS OF INSECURITY</th>
<th>INABILITY TO FORGIVE</th>
<th>STRESSFUL CHILDHOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>Accidents</td>
<td>Abdominal Cramps</td>
<td>Constipation</td>
<td>Earache</td>
</tr>
<tr>
<td>Allergies</td>
<td>Asthma</td>
<td>Appendicitis</td>
<td>Growths</td>
<td>Heart problems</td>
</tr>
<tr>
<td>Bruises</td>
<td>Cysts</td>
<td>Back problems</td>
<td>Heart problems</td>
<td>Low blood pressure</td>
</tr>
<tr>
<td>Genital problems</td>
<td>Earache</td>
<td>Breast symptoms</td>
<td></td>
<td>Nosebleeds</td>
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<tr>
<td>Headaches</td>
<td>Postnasal drip</td>
<td>Chronic Disease</td>
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<td>Sexual problems</td>
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<tr>
<td>Sexual problems</td>
<td>Sinus problems</td>
<td></td>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>Throat problems</td>
<td>Throat symptoms</td>
<td>Migraines</td>
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<td></td>
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<td>Neck problems</td>
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<td></td>
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<td></td>
<td>Short-sighted</td>
</tr>
</tbody>
</table>

(Hay, 150-188)
APPENDIX E

Flowchart demonstrating the aetiologies of endometriosis
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