



## HEALTHY EATING HABITS

The term 'eating habits' refers to the type, purpose, quantity, means, time, place, and frequency of food intake. Eating habits are very important because they interact with other areas of your daily life such as rest, your energy levels, intellectual performance, mood, and so on.

Research has shown a high incidence of inappropriate eating habits in the university population, although students do not differ significantly from other people in the same age group. Some key data: (a) three quarters of university students have lunch away from home, normally at university facilities, eating mainly sandwiches, in contrast with the low percentage who have a full lunch in the university refectories; (b) 90% do not follow a healthy, balanced diet (such as the Mediterranean diet common in Spain) and 80% eat more fast food than recommended; and (c) for most university students, the most important meal is lunch, while their evening meal tends to be too big and breakfast is lighter than recommended.

Like the rest of the population, university students' eating habits are determined by biological (e.g. body growth) and sociocultural factors (such as religion, spending power, regional customs, etc.) However, in university life, circumstances such as a changeable timetable, study overload, the distance from home to the Faculty or School, or the extent of knowledge about how to cook, etc., mean they have to develop a higher level of responsibility and autonomy (e.g. money management, sleep

patterns, housework, time organisation and optimisation, and so on), if their eating habits are not to be adversely affected.

### **Do you identify with any of these habits?**

- You don't have breakfast every day.
- Your most frequent meals consist of sandwiches, pizzas, hamburgers, kebabs, and chips.
- You eat at a different time every day and eat as quickly as possible.
- Instead of having proper mealtimes, you snack continuously throughout the day.
- You mainly eat cooked meats.
- Your specialty in the kitchen is easy-to-cook dishes: frozen or ready meals and fry-ups that only take 15 minutes to prepare.
- You automatically avoid soups and legumes, including lentils and chickpeas.
- The vegetables you eat are the occasional tomato or the vegetables you get in hamburgers (e.g. lettuce, cucumber, and onion).
- You mainly eat products containing preservatives, food colouring, and flavour enhancers (e.g. salty foods and sweets, pastries, fizzy drinks, and so on).
- When you eat in the university refectories you avoid soups, stews and the like.
- You drink alcohol every day and not with your meals.
- When you do your food shopping at the supermarket, you tend to buy only drinks, bread, boiled ham, sliced cheese, and chocolate bars.

- Most days of the week, your lunch and dinner consist of ‘tapas’ or bar snacks.

If you identified with any of these habits, it would be wise for you to keep on reading this chapter. Any of them can make you feel bad (e.g. cause digestive disorders such as heartburn, drowsiness, and so on), general health problems (e.g. high cholesterol level, diabetes, eating disorders, osteoporosis, cardiovascular problems, and so on), low performance and/or moodiness.

### **Useful information about your diet**

- There are many ways of eating, but only one way to ensure your diet is nutritious. Food has more than one nutrient, but no single foodstuff has all of them and in the quantities needed for your body to function properly. The proportion in which these nutrients are found in food varies greatly and each one performs a different function in your body.
- Always eating the same food is contrary to a healthy diet. Learn how to enjoy new recipes, flavours and combinations. Little by little you can start including foods that you did not eat before, instead of the foods you eat in excess.
- There is no such thing as forbidden, bad or dangerous food, but much depends on the frequency and quantity you eat – whether it's too little or too much. Eating fast food from time to time is not bad, but if you do so frequently it can cause obesity and other health problems. Discover for yourself how tasty casseroles and stews can be, and leave the fried food for occasional eating out.
- Food does not make you fat. Weight gain happens when you take in more calories than you use. Cereals, legumes, vegetables, and fruit are more satisfying and are rich in vitamins, minerals and fibre, so they help you to keep to your optimum weight.
- Breakfast is the most important meal of the day together with lunch, so it should be balanced and complete (in other words, including milk, cereals, and fruit). It should make up about a quar-

ter of your total food intake every day. This will improve your academic and physical performance, as well as your emotional state, and you will start the day with more energy.

- Substances such as alcohol, tobacco or marijuana affect the efficiency of some nutrients and alter your appetite.
- Drink two litres of water a day. This is essential to maintain your body's metabolism and the volume of blood in your circulation.
- A healthy diet doesn't mean not eating, eating little, or only eating vegetables. It should contain food from each of the food groups.

At every meal: cereals, tubers and a variety of fruit; daily: milk, olive oil, and vegetables; 3-5 times a week: eggs, poultry and fish; 2-5 times a week: legumes, pasta, rice; maximum 3 times a week: red meat; occasionally: sweets and fats.

### **Some strategies to improve your eating habits**

Here you can find some brief guidelines for improving your eating habits. However, before making any sudden changes you should talk to your doctor or a nutrition specialist and follow their recommendations to the letter.

- *Plan the different meals you are going to take for the week.* Establish the daily number of meals (i.e. breakfast, mid-morning snack, lunch, afternoon snack, and dinner), a timetable for your meals (it is advisable to eat at the same time every day), and what you are going to eat at each one, taking care to consume the majority of calories at breakfast and lunch.
- *Plan your shopping:*
  - If you write a list of what you need to get, you will avoid buying unnecessary products and you won't forget the essential ones. In this way you will save time and money.
  - Choose the shop where you are going to buy according to price,

the products you need, location, etc.

- After choosing the shop, try to do your shopping in an organised way (e.g. frozen foods last), and check the label of each product before buying it (look at the best-before/sell-by date).
- *Eat sitting down* and in the correct position, avoiding postures that can make the other people sitting at the table with you feel uncomfortable.
- If you are not good at cooking or don't have enough time to prepare lunch, *the university refectories* are a good alternative.
- *Don't skip meals*, as your body needs to eat regularly, and avoid snacking between meals. Not having any high-fat, high-calorie fast-foods to hand will help also help.

## Useful resources

### **Servicio de Comedores Universitarios (UGR) (University Refectories) (UGR)**

<http://www.ugr.es/%7Escu/>

### **Sociedad Española de Nutrición Básica y Aplicada (Spanish Association of Basic and Applied Nutrition)**

[http://www.senba.es/recursos/indice\\_recursos.htm](http://www.senba.es/recursos/indice_recursos.htm)





## ACNE

Acne is an alteration in the skin produced when sebaceous glands secrete more fats than the skin is able to eliminate naturally, causing plugs of fat in the follicles (spots, blackheads and blocked pores). When these plugs loosen, dead skin cells can enter, together with the accumulated fats and bacteria in the area. This causes infected nodules called pustules (inflamed spots), and if these infected areas of the skin are deep they can spread and form cysts or nodules.

The areas where they appear more frequently are the face, neck, chest and back. Acne can be classified in 3 types: mild common acne, moderate acne, and severe nodular acne. Depending on personal factors, these may appear simultaneously or consecutively, or the acne may just remain in the initial stages.

### **Some epidemiological data**

About 85% of the 12-25 year-old population have been affected by acne at some time or other, though in some people it may continue until they are into their thirties or forties. It is not serious, but due to its aesthetic implications, acne can have psychological consequences such as anxiety, stress, nervousness, low self-esteem, insecurity, embarrassment, shyness, depression, and sleep problems. All these can have negative effects on a person's social, work, academic, family and sex life.

In fact, some research suggests people with severe acne have more difficulties in getting a job (especially customer service jobs), feel they are discriminated against, and even have lower academic performance. This explains the increase in research into the psychological impact that acne has on those people who suffer it, not only teenagers but also adults. Epidemiological data on the Spanish population suggest that many young people with severe or moderate acne have stopped leaving the house at some point because of their condition (38.27%), have felt embarrassed or have had a complex about their condition at some point (22.8%), have felt that acne has affected their academic performance (20.7%), have felt that acne has affected their relations with the opposite sex (48.7%), or have had problems relating to others socially (30%).

### **Some factors that can make it appear and/or get worse**

There is currently no consensus about what causes acne, but scientific studies suggest:

- Genetic predisposition.
- Hormone imbalance: this process takes place at times during puberty, and at other moments such as menstruation and pregnancy – although it can appear at other times too.
- Stress: due to sleep-deprivation, work overload or worry.
- Weather: it usually gets better in summer and worse in winter.
- Diet: this is not a determining factor, but it is advisable to avoid all foods that seem to make the condition worse.
- Too many sweet and fatty products increase the production of sebum, which is why they should be limited albeit not eliminated.
- The use of cosmetics: those containing fats or oils.
- Some prescription drugs (check the leaflet).



## Some strategies to help improve your condition and combat myths

There are certain hygiene and personal care guidelines that are useful in controlling the effects of acne, though it is essential to check with a doctor or dermatologist and to follow their instructions. For example:

- Do not wait until your condition is severe before going to the dermatologist.
- It is very important to keep *your skin clean*, washing with mild soap and warm water twice a day. However, very frequent washing can make your acne worse.
- *When shaving, use the most appropriate method.* If you use a razor, you should soften your stubble with soap and warm water, wetting the razor so that you shave gently and irritate your acne as little as possible.
- *Do not rest your face on your hands* as this can irritate your skin.
- *Avoid contact between your hair and your face* (i.e. fringe, long hair, and so on).
- *Shampoo your hair at least twice a week.*
- *Avoid cosmetics made from oils or fats.* Instead, use special oil-free cosmetics for greasy skin. If you want to use make-up, the best thing is to use tinted foundation especially for sensitive skins, which not only camouflages the acne but also acts as a treatment. Your dermatologist will recommend the most appropriate one.
- *Avoid oily suntan lotions*, because the sun helps alleviate excess grease and disinfects some bacteria (that is why most types of acne get better in the summer). Nevertheless, do not sunbathe too much – sun exposure should be progressive. If you are undergoing medical treatment for acne, it is advisable not to sunbathe, or if you do, to use high protection suntan lotions because many of these treatments leave your skin very sensitive to sun exposure so it can even make your acne worse.

- *Do not touch or handle spots*, least of all with your fingernails, because if the spots burst under the skin they could become infected and leave marks. The less you touch them, the lower the risk of infection and irritation, and therefore, the fewer scars you will have.
- *Never use products just because they have been useful to a friend*, because every person's skin is different and treatment must be personalised.
- *The dermatologist will let you know which treatment is the most appropriate for your acne*, apart from letting you know about any possible side effects (e.g. redness, peeling and so on).
- *You should not treat acne scars if your acne is still active*. Your dermatologist will advise on the timing of any treatment.

To help you feel better, take account of the following recommendations (although you must remember they do not take effect immediately!):

- *Talk to your parents and friends*, maybe they have had the same problems or worries. Try not to lose your patience – acne does not heal overnight, even if you are having appropriate treatment. Sometimes, you cannot see the results for three months. The key is persistence.
- *Try to keep to a regular sleep pattern*, going to bed at night and waking up in the morning at the same time every day. Plan and organise your time well, alternating study/work and leisure. This will help you to be more relaxed. It has been proved that sadness and stress make acne worse.
- *Even if you don't feel like it, it is very important to keep on meeting your friends*: it will help you to normalize your situation. Otherwise you may find that it becomes increasingly difficult to leave the house.
- *Take care over what you eat, drink a lot of water, and follow a*

*Mediterranean diet.* There is a relationship between an imbalanced diet and emotional instability.

- *Taking part in a sporting activity and walking outdoors* will help lift your spirits.

## Useful resources

### **AcneNet**

<http://www.skincarephysicians.com/acnenet/index.html>

### **Medline Plus Medical Encyclopaedia**

<http://www.nlm.nih.gov/medlineplus/spanish/ency/article/000873.html>

### **Asociación Española de Pediatría de Atención Primaria**

#### **Spanish Association of Primary Care Paediatrics**

**(sección Ser Joven)**

**(Youth section)**

<http://www.aepap.org/joven/acne.html>

### **Web de la Mujer**

#### **The Women's Web**

<http://www.webdelamujer.com/02salud/acnejuvenil/01info/01.asp>





## SUBSTANCE USE AND ABUSE

According to the World Health Organization (WHO), a drug is a substance that, once it enters the organism through any route, causes an alteration to the natural working of the subject's central nervous system. Furthermore, it is likely to create dependency – either psychological, physical, or both.

### Why are drugs normally taken?

Adolescents and young people give different reasons for why they take drugs. Some of the most common ones are:

- Because their friends take drugs as well.
- To have a good time within their group.
- Out of curiosity – they want to experience them and see how they feel.
- To escape from difficult situations caused by studies, work, family and/or friends, for instance.
- They are attracted by myths or erroneous beliefs (e.g. “it helps me to deal with problems”).

The most widespread misconception is that occasional drug use does not harm your health. It is important to know that anyone taking drugs faces the risk of becoming addicted. The transition from use to abuse depends on many personal variables and an individual's particular context, much of which may be beyond their control.

### **What are the effects and consequences of drugs?**

Depending on the frequency and kind of use, drugs can have harsh, lasting effects on your body and your personal life. Some of the immediate effects and long-term consequences of different drugs are:

- *Alcohol*: initial euphoria, lack of inhibition, lessening of stress, poor coordination, confusion, liver and peripheral nerve disorders, difficulty talking, unstable walking, amnesia, sexual impotence, and delirium.
- *Tobacco*: lack of inhibition, feeling of calmness, lung and circulatory system disorders, heart conditions, heart attacks, and cancer.
- *Caffeine*: decreases sleepiness and fatigue, and can provoke agitation, shaking, insomnia, and stomach problems.
- *Cannabis*: relaxation, giggles, talkativeness, disorientation and reddening of veins, disorientation regarding time and place. Memory and learning alterations, demotivation and possible psychiatric disorders. It decreases the reaction to stimuli and reflexes.
- *Cocaine*: hyperactivity, a surge in energy, insomnia, hypertension, loss of appetite. Psychiatric, coronary, and cerebrovascular disorders.
- *Opium, heroine, methadone*: initial high, followed by inactivity, confusion, exaggeration of physical and emotional feelings, anxiety, decreased understanding and memory, psycho-motor retardation, convulsions, hallucinations, muscle spasms, and low blood pressure. Risk of overdose, infectious and contagious diseases (e.g. HIV, Hepatitis B and C, etc.).

- *Ecstasy (MDMA)*: hyperactivity, greater sociability, increased temperature, decrease in fatigue. Destruction of neurons, heat stroke and dehydration, possible liver and kidney problems.
- *Amphetamine (speed)*: decrease in fatigue, intense euphoria. Tachycardia, hypertension, arrhythmia, convulsions, and psychotic states (paranoia, hallucinations, deliriums).
- *Liquid ecstasy (GHB)*: relaxation, desire to communicate, delirious ideas, hallucinations, breathing problems, migraine, and coma. The relationship between dose and effect is unpredictable.
- *Angel dust (PCP)*: numbness in extremities, distortion of visual and auditory perceptions. Paranoia, hallucinations, delirium, depersonalization, violent and self-destructive behaviour.
- *Ketamine*: difficulty talking and thinking, psychedelic trips. Anxiety, paranoia, cardiorespiratory arrest.
- *Poppers*: dehydration, decreased control. Hypotension, tachycardia, coronary spasm, "sudden death caused by inhalation".
- *M-CPP*: stimulant and hallucinogen. Nausea, abdominal pain, headache, renal damage, psychotic behaviour, outbreaks of violence.
- *LSD*: sudden and intense emotional changes, hallucinations, disorientation regarding time and place, flashbacks, delirium, depersonalization, terror, panic, vision disorders, high blood pressure, breathing problems. Anxiety, depressive and psychotic disorders.
- *Steroids*: liver tumour, hypertension, hair loss, severe acne, testicular reduction, arrested growth, irregular menstrual cycle.
- *Volatile substances*: euphoria, sleepiness, and confusion. Fatigue, memory decline, depression, aggressive behaviour, multiple organic injuries.
- *Magic mushrooms*: euphoria, psychedelic trips. Depersonalization, hallucinations and delirium, panic attacks.

## Furthermore ...

Though all drugs may affect the body in the mid- and long-term, sometimes, just a single dose can cause injuries, accidents or even death due to the accumulation of their effects.

Similarly, they can affect your studies, work, finances, family, social life, and your relationship with your partner. Various studies have demonstrated that students taking drugs end up achieving lower marks and take longer to graduate. Additionally, the parents, children and/or partners of people taking drugs can be psychologically affected (e.g. low self-esteem, depression, health problems, problems in social relations, rejection, guilt, etc.).

Taking drugs can cause risky behaviours such as unprotected sex, violent outbursts, and so on. In fact, more than one third of traffic accidents are related to the use of substances.

## What can I do?

Here are some strategies that may help you confront possible problems caused by drugs:

- Wise up!* Make sure you know the facts, effects and consequences of substance use, and find out about the alternative leisure activities open to you that do not involve drugs. Being clued-up will not only ensure you are aware of the implications of drug consumption, but it will also make you free to make healthier choices and find 'natural highs' in your leisure time.
- Take into account the fact that *peer pressure* can be stronger than your wish not to use drugs.
- Try to avoid* as best as you can *situations in which people take drugs*. If you go out with people who drink and smoke, for example, most probably you will end up smoking and drinking too.
- Face your addiction problem* if you think you have one. You have many useful resources at your disposal.



Depending on the type of addiction, there are different treatments. After detecting the problem, it is always best to start an intervention. For severe problems of addiction to some drugs, there are detoxification programmes that require you to stay at a therapy centre. There are also programmes in clinics you can attend daily, and treatments for less severe addictions, which include individual, family, or couples therapy. You can also draw on the help of support groups.

### **Useful resources**

**Centros de tratamiento ambulatorio de drogodependencias  
(Drug addiction out patient clinics)**

<http://www.juntadeandalucia.es/igualdadybienestarsocial/export/cta/index.htm>

**Fundación Ayuda contra la Drogadicción  
(Foundation for Help with Drug Addiction)**

Tel: 900 161 515

**Teléfono de Información sobre Drogas del Instituto Andaluz  
de la Juventud  
(Andalusian Institute for Young People, Drugs Information line)**

Tel: 900 845 040

**Centro Provincial de Drogodependencias  
(Granada Provincial Centre for Drug Addiction)**

Tel: 958 202 101

<http://www.dipgra.es/framedro.htm>

**Instituto para el Estudio de las Adicciones  
(Institute of Addiction Studies)**

<http://www.ieanet.com>

**Sociedad Científica Española de Estudios sobre el Alcohol, el Alcoholismo y la otras Toxicomanías**  
**(Spanish Scientific Society for Studies into Alcohol, Alcoholism, and other Drug Addictions)**

<http://www.socidrogalcohol.org>

**Plan Nacional sobre Drogas: Guía sobre Drogas**  
**(National Drug Plan: Guide to Drugs)**

<http://www.pnsd.msc.es/Categoria2/publica/pdf/guiaDrogas.pdf>



## PROBLEMS WITH ALCOHOL

Alcohol is a distilled or fermented chemical liquid obtained from fruit, grain or vegetables and used as an antiseptic, sedative or solvent. Since it is not transformed by the gastric juices or the intestine (unlike food), it goes directly into the blood stream, acting as a drug which depresses the central nervous system.

Alcohol abuse is a complex process. It is characterized by the interaction of many biological factors (e.g. metabolism), social factors (e.g. habits, social permissiveness, relatively low price, peer-pressure and so on), and psychological factors (e.g. low self-esteem, stress, anxiety, impulsiveness, feelings of loneliness and unhappiness, bad moods, shyness, imitation, curiosity, seeking pleasant experiences, etc.).

The stages of alcohol intake include abstinence, experimentation or moderate use, regular use, abuse, and finally, physical and psychological dependency. Alcohol abuse can imply drinking every day, drinking large quantities on specific occasions (e.g. parties, weekends, or binge drinking) or drinking heavily for weeks or months, stopping for a short period of time, and then drinking heavily again.

### **Symptoms of (short and mid-term) excessive consumption**

- An increasing tendency to skip classes and/or work.

- Abrupt changes of mood.
- Problems sleeping (e.g. not resting, or waking up frequently).
- The need to consume alcohol on a regular or daily basis just in order to 'function'.
- Finding it difficult to avoid or control alcohol consumption.
- Drinking alone or inventing excuses to have a drink.
- Loss of memory.
- Loss of appetite.
- Reddened, dull-looking eyes.
- Persistent cough.
- Mild trembling of hands and clumsiness.
- Confusion, fatigue and/or irritability.
- Feelings of guilt.
- Apathy and loss of interest in everyday activities or those that you used to enjoy.
- Difficulties when socializing with friends and relatives.

### **Consequences of (long-term) alcohol abuse**

Depending on how often and the circumstances in which you consume alcohol, it can have severe, enduring physical, psychological and social effects. For instance:

- Neglecting personal hygiene.
- A fall in academic performance, absenteeism or an irresponsible

attitude towards study.

- Worsening of interpersonal relations: incessant arguments with your partner and/or relatives, isolation, distancing yourself from friends and/or tension with colleagues.
- Developing aggressive and/or criminal behaviour, or putting yourself on a position where you could easily be a victim of them.
- Irresponsible sexual behaviour that can lead to taking unnecessary sexual risks (leading to unwanted pregnancy, sexually transmitted diseases, and so on.).
- A variety of accidents (e.g. traffic accidents, work-related accidents, and so on) as alcohol dulls your reflexes and alters your state of mind. It can generate euphoria, sadness, fatigue or tiredness.
- Money problems.
- During pregnancy: malformations of the unborn child, premature birth and miscarriages, and children born with neonatal abstinence syndrome.
- High probability of alcohol leading to the consumption of other drugs (e.g. tobacco, cannabis, cocaine, or hallucinogens).
- It can influence the development of other disorders related to anxiety, mood, hyperactivity, nutrition and pathologies such as Korsakoff's syndrome.
- Abstinence syndrome is characterized by nausea and vomiting, confusion, trembling and uncontrolled shaking, hallucinations, sweating, convulsions, problems with your tongue, tearfulness, and fainting, amongst other symptoms.
- Hepatic diseases (e.g. abdominal pain, liver pain, or cirrhosis), cardiovascular disease, cancer (e.g. cancer of the oesophagus, stomach, intestine, mouth, or throat), acute and chronic pancreatitis,

intestinal diseases, nutritional deficiencies and anaemia.

- In severe cases it can lead to suicidal thoughts and even attempted suicide.
- Alcohol-induced coma and/or death from alcohol poisoning.

### **Strategies for preventing and confronting alcohol abuse**

- *Get the right information.* You need to know everything related with alcohol abuse: what it is, the symptoms, its consequences, and strategies for reducing or overcoming addiction.
- *Seek support from those closest to you.* Although it is difficult to acknowledge alcohol dependency, it is important to have the support of relatives and friends.
- *Keep a record of every alcoholic drink you have.* For instance, write down when, how much, what, with whom and where you drink alcohol over the week. This will give you a realistic picture of your consumption and will help you to take the most appropriate preventative measures.
- *Be aware of temptations.* Stay away (at least temporarily) from the people, places or occasions that make you drink without really wanting to. If necessary, change your circle of friends or, at least, try to meet other people as well.
- *Learn to say "No".* You don't have to drink just because other people are doing so, and nor do you have to accept whenever someone offers to buy you alcohol. Practice polite ways of declining when someone offers you a drink.
- *Keep yourself active.* Invest your time and money in getting involved in other leisure activities with your family and/or friends (e.g. go out for lunch, go to the cinema, play sports).
- *Don't hesitate to seek professional help.* If you've already tried several times and start thinking you'll never be able to control your

alcohol consumption, seek specialized help as soon as possible.

### **Some other useful tips**

If you don't usually drink heavily but just do so from time to time:

- Be aware of your limits and do not overstep them.
- Drink slowly. Never drink on an empty stomach.
- Don't take your drinks neat. Add lots of ice and water or soft drinks.
- Switch between alcoholic drinks and non-alcoholic drinks.
- Be aware of poor-quality alcohol passed off as a well-known brand, or drinks that may have been tampered-with or mixed with other, cheaper, liquids.
- Don't drink just to make yourself feel better, because you will feel worse once the alcohol wears off.
- Don't drink at all if you are under a doctor's prescription, going to drive, or are pregnant.

### **Useful resources**

**Teléfono de Información sobre Drogas Instituto Andaluz  
de la Juventud  
(Andalusian Institute for Young Adults Drugs Information Line)**  
Tel: 900 845 040

**Alcohólicos Anónimos Granada  
(Alcoholics Anonymous)**  
Tel: 686 074 206  
<http://www.alcoholicos-anonimos.org>

**Asociación “Hainadamar”**

Tel: 958 094 292

<http://www.hainadamar.org/>

**Servicio Provincial de Drogodependencias  
(Granada Provincial Service for Drug Addiction)**

Tel: 958 202 101

<http://www.dipgra.es>

**Federación Andaluza de Alcohólicos Rehabilitados (FAAR)  
(Andalusian Federation of Recovering Alcoholics)**

<http://www.faar.es>





## CANNABIS

Cannabis is a psychoactive substance obtained from a plant called *Cannabis Sativa*. It contains more than 400 components, of which approximately 60 are cannabinoids. The main active element, tetrahydrocannabinol (THC) is responsible for most of its effects.

It is usually consumed in the form of marijuana (a mixture of crumbled dried flowers and leaves), hashish (a dense pulp obtained from the resin) or hashish oil (concentrated liquid resin). As a rule it is mixed with tobacco and smoked, but it can also be taken in infusions or with food.

Cannabis is the most widely-consumed illegal drug amongst young people in Spain. Studies show that monthly and daily consumption is on the increase. The demand for cannabis addiction therapy has increased too. The main reasons for seeking help are loss of motivation, paranoia and respiratory problems.

### **Why do people consume cannabis?**

Starting to consume cannabis normally has to do with a combination of several personal and contextual factors. Some of these factors are related to, for instance: the desire to experience new sensations; a lack of awareness in society as a whole of the potential negative consequences of cannabis consumption; poor tolerance of frustration when dealing with everyday situations; or being surrounded by people who consume it.

These are usually the people who introduce first-timers to the drug and teach them how to obtain it, estimate the right quantities, and prepare and roll a joint.

How often you consume cannabis (occasionally, weekly or daily) depends on how much your central nervous system (CNS) is affected and on the role or roles that consuming cannabis play in your life. It is usually consumed in order to:

- *Increase fun and enjoyment.* It is used in certain social contexts for recreational purposes as it can be easier to have a good time while under its influence, provoking effects such as: euphoria, infectious laughter, intense sensory experiences and/or altered perceptions of time and space;
- *Leave your problems aside.* It can help you escape from reality and from tensions and problems caused by personal, social, work-related and/or academic circumstances. It eases tensions and acts as a tranquilizer, provoking a sense of relief while you are under its effects;
- *Function every day.* If you need to smoke joints more and more often, the ritual of smoking a joint can become a crutch that you rely on just to get on with your daily life.

### **Myths and realities**

- *"Smoking a joint helps you overcome difficult situations".* FALSE. In the short term a joint can reduce anxiety in certain circumstances. But in the long run they can diminish critical life skills such as moderating your emotions, assuming responsibilities or resolving problems.
- *"As long as you don't take too much, there's no problem".* FALSE. Effects do not just depend on the amount consumed, but rather they vary depending on other issues such as: your state of health, metabolism, body weight, the concentration of active ingredient, how the drug is administered, how you inhale it, what you expect from it, past experiences, use of other drugs in parallel, the company you keep, the setting, and so on.

- *"Smoking a joint once in a while doesn't hurt anyone"*. FALSE. People who are inexperienced or more vulnerable and/or who consume high doses can suffer panic attacks, dysphoria and/or even acute psychotic attacks (delirious ideas, hallucinations, confusion, amnesia, anxiety and convulsions).
- *"It is harmless"*. FALSE. As well as altering the performance of your CNS, it fosters or aggravates the emergence of conditions associated with the respiratory system (e.g. bronchitis, emphysema, pulmonary carcinoma, etc.), the cardiovascular system (e.g. increased heart-rate, hypertension, arrhythmia, heart failure, myocardial infarction, etc.), the immune system (e.g. infections), and the endocrine system (e.g. it diminishes the quantity and quality of a man's sperm).
- *"Smoking joints causes less damage than tobacco"*. FALSE. When smoking joints people don't use a filter so they inhale longer and deeper, and the temperature of combustion is higher than that of tobacco, which increases its toxic effects.
- *"Joints are not addictive. I am in control"*. FALSE. Drugs weaken the will of those who consume them, altering their capacity to recognise their dependence or addiction. When consuming frequently, you develop a tolerance to the drug, forcing you to increase the dose in order for it to have the same effect. Trying voluntarily to abandon the habit can be followed by mild abstinence syndrome which manifests as uneasiness, nervousness, irritability, loss of appetite, insomnia, and so on.

### **Effects of cannabis consumption on students' academic performance**

- *It alters your daily habits*. Cannabis can provoke or prolong alterations in sleeping and eating habits. On the one hand, it changes your sleep-wake pattern and it is very common to wake up with a kind of a hangover, increasing the chances skipping lectures or attending when you're not up to it, cognitively speaking. On the other hand, the increased appetite caused by smoking cannabis can lead to binge-eating, altering your eating schedule and conse-

quently affecting your study timetable, and meaning you attend lectures erratically. It also involves substantial expense which, considering most students' limited budgets, diminishes the variety and quality of food on your shopping list. This could affect your energy levels and eventually, your intellectual performance.

- *It affects your cognitive abilities.* The effects on your ability to learn and recall information remain at least 24 hours after the acute effects have disappeared. People who consume on a regular basis have a lower academic performance than expected, caused by the disruptive effects of cannabis on cognitive processes such as attention, perception and memory, and, by extension, on other more complex processes such as reading, summarizing, resolving problems, and so on.
- *Demotivation Syndrome.* There is growing evidence that, as well as damaging your intellectual capacity, consuming cannabis affects the mechanism responsible for motivation and willpower, putting you into a state of indolence, laziness, indifference, apathy, withdrawal and/or social isolation. This behaviour damages self-confidence and the willpower you need to achieve your academic and/or personal aims which restore self-esteem.

### **What can you do if you consume cannabis?**

- *Get better informed* about the effects and consequences of consuming cannabis.
- *Think* about the extent to which consuming cannabis is affecting your life (e.g. family, friends, partner, studies, job, and so on).
- *Make a record of when*, how much, with whom, how and where you consume cannabis over one week.
- *Weigh up the advantages* of not consuming anymore.
- Ask yourself whether the time has come to give it up.
- *If you decide to give up*, you should use a range of strategies to

increase your chances of succeeding:

- Draw support from the people around you.
- Involve yourself in other activities to fill the time you used to dedicate to smoking.
- Take physical exercise.
- Look for new hobbies.
- Plan ahead for your leisure time.
- Be firm when you are around people or in situations that encourage you to consume, and try to avoid them.
- If you are still smoking, consider some of the following recommendations in order to avoid possible immediate harm:*
  - Don't smoke if you are going to undertake a potentially dangerous activity such as driving or extreme sports.
  - Avoid mixing cannabis with other drugs. The interaction between substances can increase the risk of unexpected reactions. For instance, cannabis mixed with alcohol usually provokes more severe dips in blood pressure and nausea than when consuming either on its own.
  - Avoid taking drugs especially if you are feeling low or worried about something as it could increase these feelings, leading to other undesirable symptoms such as anxiety.
  - In any case, the best thing to do is to consult a specialist who can help you.
- You should also be aware that if you choose to take drugs or have them in your possession in a public place, this could lead to serious consequences.

## Useful resources

### **Report on cannabis**

<http://www.psiquiatria.com.es/socidrogalcohol/cannabis.pdf>

### **Sociedad Española de Investigación sobre Cannabinoides (Spanish Society for Research into Cannabinoids)**

<http://www.ucm.es/info/seic-web>

### **Fundación Ayuda contra la Drogadicción (Spanish Foundation for Help with Drug Addiction)**

Tel: 900 161 515

<http://www.fad.es>

### **Servicio de Información Toxicológica (24h) (24h Drug Information Service)**

Tel: 915 620 420

### **Proyecto Hombre**

Tel: 902 885 555

### **Centro Provincial de Drogodependencias (Granada Provincial Centre for Drug Dependence)**

Tel: 958 202 101



## SOCIAL SKILLS: ASSERTIVENESS

Do you express your opinions, even if you think or feel differently to other people?

Do you ask for help when you need it?

Do you express your anger appropriately?

Do you ask when you don't understand something?

Do you often actively participate in lectures?

Are you prepared to say "no" when you don't want to do something?

Do you look other people in the eyes when you talk to them?

Is it difficult for you to accept a compliment?

Is it difficult for you to say something good about yourself?

### **What does assertiveness mean?**

Assertiveness is the ability to openly express your opinions, feelings, attitudes and rights, without violating other people's rights. It is not

only about what you say, but also *how* you say it. Maintaining eye contact, an erect posture, speaking clearly and firmly, and using facial expressions and gestures to emphasize certain words, are just some of the aspects that you must pay attention to in interpersonal communication. It is a skill that anybody can learn and improve over time with practice. When two people are expressing themselves assertively to one another, they can achieve a level of communication that is genuinely mutual.

As well as the assertive style of communication, there are two others: the passive and the aggressive style. When we aren't honest in the way we express our thoughts, feelings and beliefs, or we do so timidly or apologetically, we are using the passive style which only helps others ignore us and/or impinge upon our rights. Our aim here is to pacify others and to avoid conflict at all costs. In contrast, when we defend our rights by expressing our thoughts, feelings and beliefs in an excessively forceful way that impinges on others' rights, we are behaving in an *aggressive* manner. In this scenario our aim is to control and win, forcing others to lose.

### **Consequences of a lack of assertiveness**

When we don't express our feelings appropriately – whether they are negative or positive – in the mid- to long term, non-assertive people can experience:

- Stress, anxiety, moodiness, resentment, or frustration, amongst other things.
- Poor, inadequate, or superficial interpersonal relations.
- Headaches, ulcers, or high blood pressure, as a consequence of a process of somatization.

### **Recommendations to help you become more assertive**

- Use first person singular sentences starting with I*, like "I feel...", "I want...", "I need...", which also describe the behaviour or difficult situation that is bothering you and how it is affecting you (e.g. "how I feel when..."). Try to avoid: using second-person sentences that



distance your feelings or denigrate the other person, putting them on the defensive (e.g. "you always...", "you should..."); using expressions that attempt to mitigate (e.g. "maybe..."), exaggerate or generalize (e.g. "you always...", "you never...", etc.); and telling the other person how they ought to behave (e.g. "you've got to...").

- An example of using the first-person effectively would be: "When you ask me to see you and I turn down the invitation because I'm busy, you react negatively, you get mad at me and assume that I don't want to see you. This makes me sad and angry".
- *Take responsibility for yourself but not for others.* For instance, when arguing, you are responsible for your own emotional reactions, but not other people's.
- *When others ask yes/no questions, give them yes/no answers.* You don't have to give explanations or justify your answer.

### **If none of the above works...**

Although assertiveness is usually positively received, it does not necessarily guarantee that others will respond appropriately, nor that it will solve all your problems, nor that others will be assertive in return, rather than aggressive. In fact, some people react negatively to assertiveness. It is important to remember, therefore, that you have a choice as to how to communicate in each moment, and that there are situations in which you may choose a non-assertive style. For instance, if you know that your boss reacts abruptly whenever anybody questions his decisions, even if it is done respectfully, assertiveness may lose you your job. In this scenario, if you think that the possible consequences of being assertive are going to be too costly, you will need to adopt a more passive attitude and seek other ways of controlling your stress or anger. At other times, when someone repeatedly violates your rights, reacting assertively may not be the most effective answer and you may have to match their more aggressive behaviour.

### **Do not forget that everyone has certain rights. For example, you have the right...**

- To decide how to live your life, pursue your aims and set your own priorities.

- To have your own values, beliefs, opinions and feelings and to have these respected by others.
- To not always have to justify your actions to others.
- To have your own needs and for these to be considered as important as other people's needs.
- To express yourself and to have the right to say "no", "I don't know", "I don't understand" or even, "I don't care".
- To take your time when formulating your ideas before expressing them.
- To like yourself, including your strengths and weaknesses.
- Not to act prematurely because of others' needs or wishes.
- At certain times, to do less than you are physically capable of doing.
- To have positive, satisfying relationships that leave you feeling comfortable and free to express yourself honestly, and to change or end relationships if they don't satisfy your needs.
- To accept or decline requests without feeling guilty or selfish about it.
- To complain when you are treated unjustly.
- To try to change anything that doesn't satisfy you.
- To not have to take responsibility for other people's problems.

If you want more information about how to manage your social relationships or you need help on how to be assertive, you can call on the UGR's Counselling and Guidance Unit (known as the GPP) or consult other reliable sources of information.



## HOW TO HELP A FRIEND WITH PROBLEMS

University life can be an exciting time of change and personal development, depending on how you deal with the challenges you encounter (e.g. managing your budget, organising your time, organising your leisure activities, living with friends, deciding whether to have emotional relationships and/or sexual relationships, and so on). While most challenges can be solved without difficulty, others may not be so easy.

### **When to worry about a friend**

If you notice any of the following changes in your friend over a long period of time or if you think they are starting to interfere with their academic responsibilities and social relationships, there may be reason to worry. Here's a list of physical and psychological signs that can indicate someone needs your help:

- Lack of care over physical appearance or poor personal hygiene.
- Excessive fatigue or sleeping problems.
- Weight loss or weight gain.
- Alcohol or drug abuse.
- Extreme responses or behaviours (e.g. irritability, withdrawal, lack

of emotion).

- Anger or unjustified hostility.
- Irritability, constant anxiety or predisposition to cry.
- Pronounced changes in concentration and motivation.
- Externalizing thoughts about hurting themselves or others.
- Frequent absence from lectures.
- Dropping their habitual activities.
- If your friend tells you about a family crisis, the loss of a close relative or the break-up of a relationship.
- Teaching staff or other people have expressed concern over their behaviour.
- They have said they feel hopeless or that they have no future.

### **What to do to help a friend**

Here are some guidelines to follow whenever you want to help a friend or if they are seeking your advice over personal problems:

- Find somewhere where you won't be interrupted and where you'll feel comfortable.* This will mean you're more receptive and will be able to listen more carefully without distractions. Also, make sure you both have enough time and that you are not preoccupied over something else.
- Be clear when talking about what worries you.* In other words, be precise when describing the changes you've noticed in your friend, for instance, not eating or skipping lectures frequently. Specific observations will improve communication significantly.
- Listen.* What helps most is when you actively listen to someone

with problems. Don't rush to find solutions, give advice or disagree with them, just listen. When listening carefully, look directly into their eyes, ask them about whatever you don't understand, paraphrase back everything they say in order to make sure you have understood them, and ask questions to help them go into more depth. Once you've listened to them and they feel you understand them, they will probably be more receptive to your ideas and advice.

- *Put yourself in their shoes.* Be understanding and tolerant of the situation that affects your friend and how it makes them feel. Empathy often calms the other person as they feel they don't have to convince the listener about the problem or how important it is to them. That is why it is not advisable to answer with phrases such as "don't worry about it" or "everything will be better tomorrow".
- *Avoid judging, assessing or criticizing even if they ask for your opinion* as these behaviours will probably make them distance themselves from you. Remember you must try to approach the problem from your friend's perspective.
- *Propose different options between you.* Suggest ideas together on possible ways to solve the problem and resources you can draw on such as the help of friends, relatives and/or specialist advisors in the university or beyond. This will make them see that things can get better and that there is no reason to lose hope.
- *The last step is to draw up a plan of action.* After defining different options and clarifying the consequences of each, it is your friend who must make the final decision over their problem. It is important for them to establish their own plan of action and set realistic goals.
- *Respect your friend's wishes but don't make any promises you won't be able to keep.* For instance, don't say you won't talk about it with anyone else as you may need to speak with a specialist if you consider your friend's physical or psychological integrity to be in danger.

## **Acknowledge your limits**

If you are not sure whether you should or shouldn't get involved, if you feel overwhelmed, or if you get too involved, we recommend that you consult a specialist. Remember that by involving experienced professionals you are also helping your friend.

Don't forget to look after yourself. Your role is to support them, not to be a hero. The responsibility and effort involved in helping a friend may go beyond your limits and damage your own academic performance or health, for instance, and this could complicate things even more.

## **How to get them to seek out a specialist resource**

Your friend may be experiencing situations that won't get better unless they talk to a specialist. Here are some suggestions about how to achieve this:

- Help them understand that asking for professional advice or just acknowledging their own limits are signs of strength and courage, not signs of weakness or failure.
- Share your own experience of using these services, if appropriate.
- Offer to go with them or to telephone and ask for an appointment.

## **Why signpost them to the UGR's Counselling and Guidance Unit?**

- The Counselling and Guidance Unit (Gabinete Psicopedagógico or GPP in Spanish) guarantees maximum confidentiality at all times. This means that any information that comes up during sessions will not be shared under any circumstances without the client's permission (unless the student is at risk of hurting themselves or someone else).
- It is a free service.
- At the initial session, the specialist will listen to your friend in order to help them identify the type of support they need.

- If you or your friend think that it is an urgent matter and you cannot wait for the next appointment, please visit the GPP office as soon as possible during opening hours or telephone us. If none of the above is possible, take your friend to the nearest hospital Accident & Emergency department.

## Useful resources

### **Emergencies**

Tel: 112

### **Health counselling**

Tel: 902 505 061

### **Hospital Clínico Universitario San Cecilio (University Hospital)**

Avda. Doctor Oloriz, 16

Tel: 958 023 000

### **Hospital Universitario “Virgen de las Nieves” (University Hospital)**

Avda. Fuerza de las Armadas, 2

Tel: 958 020 000







## CULTURE SHOCK

Before leaving your home country you may imagine that your stay in Granada will be a very special part of your life, a big step towards getting to know other cities, universities, leisure activities, or just as a 'change of scenery'. However, you may actually feel a little disoriented and lonely when changing to another culture. This is completely normal as you have left your country, the people you know and the circumstances you have learned to live with during your whole life. This impact is known as *culture shock*.

### How does culture shock manifest itself?

This phenomenon is usually identified by the following symptoms:

- Fits of rage when encountering little glitches.
- Irritability.
- You feel sad most of the time.
- Crying for no apparent reason.
- Boredom.
- Missing your family.

- A new, intense feeling of loyalty to your own culture.
- Over-eating or loss of appetite.
- A need to sleep more than normal.
- Headaches.
- Stomach-aches.
- Paying too much attention to little aches and pains.
- Loss of the ability to work effectively.
- Difficulty concentrating.
- Excessive concern over hygiene.

This is an extensive list of possible symptoms you could experience following a change of culture, although you don't have to feel all these symptoms to be experiencing culture shock. It may be that only a few of them reflect how you are feeling, or even just a couple of them. It goes without saying that if you already had any of the above physical symptoms before (e.g. headache or stomach-ache) it would be best to see the doctor before putting them down to culture shock

### **How to beat culture shock**

There are many ways to try to overcome culture shock. It may be more effective to try several strategies rather than just one. Even if you are not experiencing culture shock, you can prevent it from arising.

- Keep yourself busy.* Get out of your bedroom or your flat. Observe Spanish people in their own culture. Try to look for traits or cultural habits that you may have in common. Visit parks, libraries, sports events or shopping centres. Look. Listen. Learn. This process will increase your knowledge of Spanish people and will help you understand differences in habits, customs and social relationships.

- *Make Spanish friends.* Meet Spanish people. Ask them questions. Try to answer questions about your own country as this will enable you and your Spanish friends to compare your different lifestyles. It also helps to meet people from your own or other cultures in order to share your impressions.
- *Read.* The university offers a vast number of free magazines for students to read. You will also find interesting books and the daily press in your library. Reading them may help you understand Spanish culture better.
- *Take physical exercise.* Find a sport or physical activity for you to enjoy yourself and relieve any stress.
- *Study the language.* One of the most important steps in order to adapt easily to this new culture is to improve your Spanish. It is easier to learn about the details of the culture if you are familiar with the language. Pay attention to unusual or new phrases. Ask when you don't understand a word. Many people will be delighted to explain words that are new to you, so don't hesitate to ask about anything you don't understand.
- *Meet other international students.* There are thousands of students from other countries studying at the University of Granada (UGR). Many of them will be experiencing the same problems of adjusting that you are. Talk to them about how they are managing the change of culture.
- *Remember your family.* If your family came with you, remember that they may also be experiencing culture shock. It may be helpful for them to use these guidelines as well. If you came to Spain by yourself, remember that your family will want to hear your news. Writing to them or calling them regularly will help you stay in touch and avoid feeling lonely. The Internet may be your best ally.
- *Be patient.* Culture shock is experienced by many international students during their stay in Spain. Remember, it is not a permanent problem. Just be conscious of what is happening to you and give yourself time to overcome it.

## Useful resources

### **Guide for International Students (UGR)**

<http://internacional.ugr.es/pages/movilidad/estudiantes/entrantes/index>

### **Modern Language Centre (UGR)**

#### **(Spanish classes for foreigners)**

<http://www.ugr.es/local/clm/>

### **Sports facilities (UGR)**

Campus de Fuentenueva: Tel: 958 243 143 / 958244 298

Campus de Cartuja: Tel: 958 242 892

### **Students' Associations (UGR)**

<http://ve.ugr.es/asociacionismo.php>

### **Association of Services for Foreign Students (UGR)**

E-mail: [asee@ugr.es](mailto:asee@ugr.es)

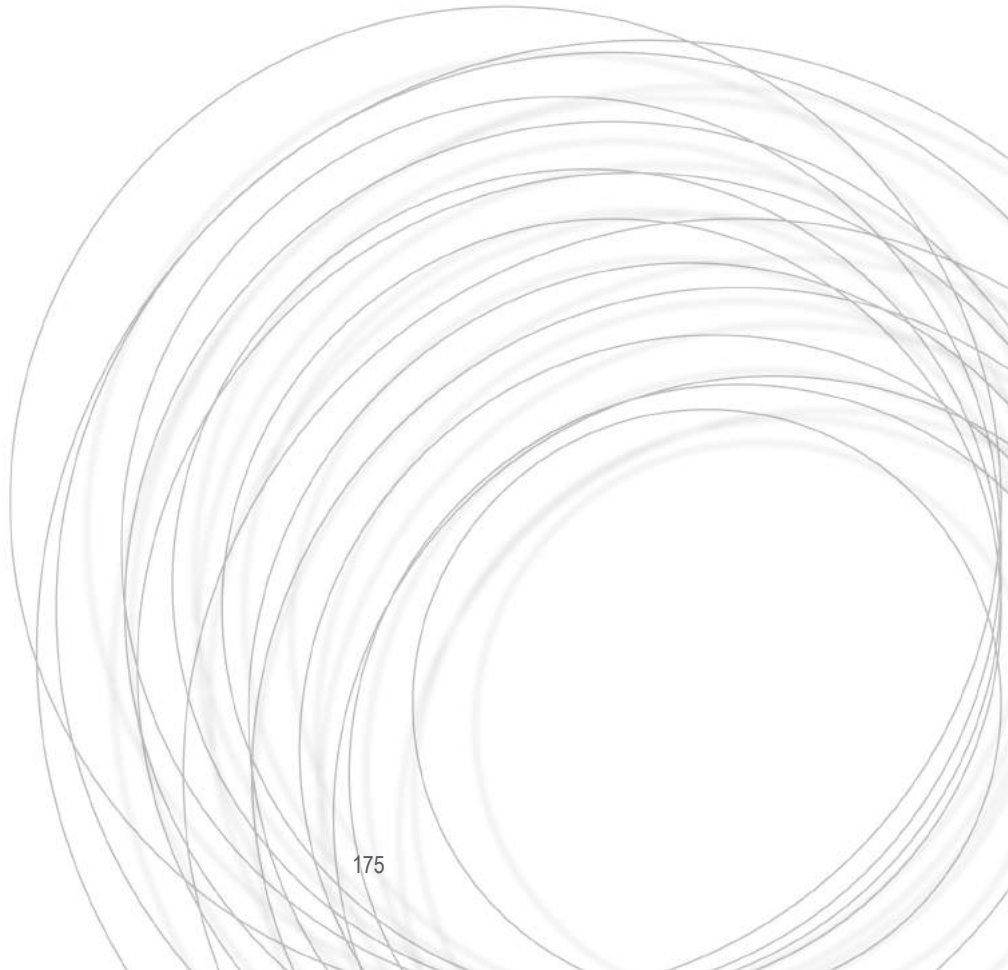
### **Casa de Porras Cultural Centre (UGR)**

<http://www.ugr.es/local/ccucp/>

### **Counselling and Guidance Unit (UGR)**

<http://www.ugr.es/~ve/gpp>

**Part III**  
**Materials for Self-assessment, Self-management,  
and Self-monitoring**





Example of completed weekly time management record.

	Monday 24	Tuesday 25	Wednesday 26	Thursday 27	Friday 28	Saturday 29	Sunday 30
7							
8							
9	Got up. Shower, breakfast Went to faculty.	Got up. Breakfast. Went to Faculty.	Got up. Breakfast. Went to Faculty.	Got up. Breakfast. Shower. Found rent.	Got up. Breakfast.	Got up. Breakfast.	Got up. Breakfast.
10	Meeting with _____ Took notes.	Photo copies. Borrowed tennis court. Wrote up lecture notes with _____	Photo copies. Borrowed tennis court. Went to local office.	Set off for _____ with _____	Walked to tennis courts. Played tennis.	Got up. Breakfast. Watched T.V. with _____	Got up. Breakfast. Watched T.V.
11	Talked to _____	_____	_____	_____	Got home. Shower.	Watched T.V.	Watched my bedroom.
12	Convincing & Guidance Unit (Chairman).	_____	_____	_____	Had lunch with _____ (hamburger hamburger)	Called home.	Took photos. Called home. Listened to music.
13	SPINACH & Carrot & apple. Apple.	_____	_____	_____	We watched Fame.	Made photocopies Produced final draft of assignment. Read notes & computerisation (minutes RESOURCES).	_____
14	_____	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____	_____	_____
1							
2							
3							
4							
5							
6							







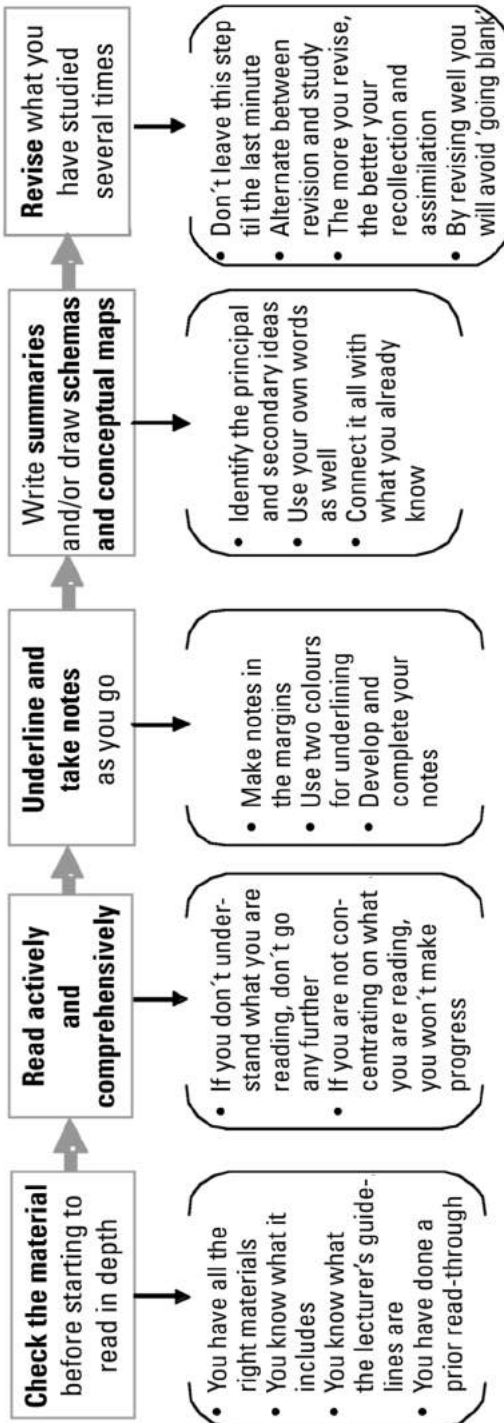


Example of Completed Study Plan and Timetable.

	Monday 4	Tuesday 5	Wednesday 6	Thursday 7	Friday 8	Saturday 9	Sunday 10
7				SLEEP			
8	SLEEP	SLEEP	SLEEP	BREAKFAST/ GET READY		SLEEP	
9	BREAKFAST TAKE MUM TO GET JOBS DONE	BREAKFAST/ GET READY TOWN PLANNING V	BREAKFAST/ CHORES TOWN PLANNING V	PRINT OUT WORK	SLEEP	BREAKFAST/ GET READY	
10					BREAKFAST/ CHORES	MEET UP WITH	SLEEP
11	SLEEPING	"	"	TOWN PLANNING V	CONSTRUCTION III	"	BREAKFAST
12	BUILDING III	"	"	"	"	"	HOUSEWORK
13		"	COOKING	PICK MUM UP FROM WORK	"	"	COOKING
14	EAT	EAT WITH ---	EAT	EAT	EAT	EAT WITH ---	EAT
15	TV	"	TV	TV	TV GET READY	SPEND TIME WITH	INTERNET
16	TV	"	TV	TV	"	"	"
17	TOWN PLANNING V	TOWN PLANNING V	DD D JOBS	TOWN PLANNING V EXAM	BUILDING EXAM	"	URBAN INSTALLATION
18	"	"	TOWN PLANNING V	HANDS IN WORK	"	TV	"
19	"	"	"	---	MEET UP WITH	GET READY TO GO OUT	"
20	COOKING	"	"	INTERNET	"	"	GET READY TO GO OUT
21	DINNER	DINNER	"	TV	"	CINEMA	DINNER WITH ---
22	INTERNET	MP3	DINNER	GO WITH MY SISTER TO ---	DINNER	CINEMA	"
23	"	TV	TOWN PLANNING V	DINNER	INTERNET	MEET FRIENDS	"
24	SLEEP	SLEEP	"	TV	SLEEP	"	"
1			"	SLEEP	"	"	---
2			SLEEP			"	SLEEP
3						---	
4						---	
5						SLEEP	
6							

**SUPPORT MATERIALS 4.** Reminder of hints and tips for efficient study.

**REMEMBER THAT TO STUDY EFFECTIVELY YOU SHOULD:**



**SOME ADDITIONAL RECOMMENDATIONS FOR EFFECTIVE STUDY:**

- Alternate between intense study (comprehension and memorising) and light study/preparation (reading, underlining, synthesising etc). For example: 2 sessions of 30 minutes of intense study, with a 15-minute break in-between, and then an hour-hour and a half spent on lighter study and preparation.
- Start progressively and be consistent. Remember that the more you do, the more you will feel like doing.
- Be sure to include short breaks (10-15 minutes)
- Split the work into digestible chunks
- Start with the tasks you find most difficult or those you like the least. You can do the ones you like the most later. You can take the same approach to other issues such as getting your work done first before you take time out for leisure.
- Mix and match subjects, don't just focus on one topic.
- Set a clear time limit for each task. If you have two hours, the task will take two hours, but if you only have one and a half hours the task will still get done in that time (remember Parkinson's Law!)
- Keep to your sleep schedule and take care to eat well, as this will help your performance.
- Commit to studying a specific number of hours per day and if you fall behind you must take the consequences and make up the time the next day.

**SUPPORT MATERIALS 5.** Monitoring and representing your behaviour

**BAD STUDY AND WORK HABITS**

- Skipping lectures.
- Not having your notes up to date.
- Leaving things til later (procrastinating)
- Looking for any excuse to avoid getting down to work (cleaning, not starting until \_o'clock or half-past the hour...)
- Letting more than 3 days go by without revising your notes.
- Not devoting adequate planning to reading, exercises and assignments.
- Improvising where you study (and who you study with)
- Others

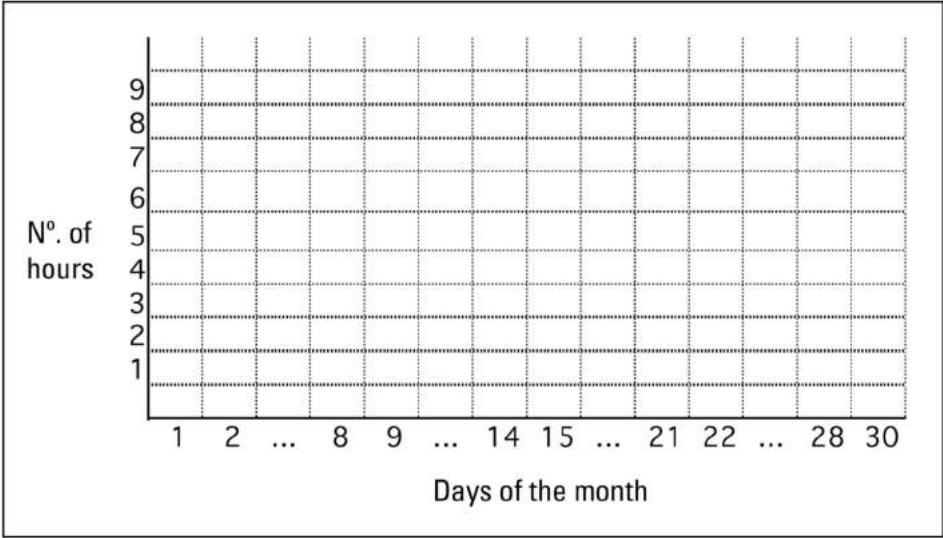
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Which ones do you intend to change this year?

**HABITS FROM LAST YEAR THAT I INTEND TO CHANGE**

- 1.
- 2.
- 3.

We recommend that you focus on one at a time, and when you have resolved it, move on to the next one



The following is a personalized example (A) (page 185) of materials for a monthly record kept by a student to monitor and control their academic performance. In this graphic representation there are three variables: one variable relating to personal activities (i.e. leisure time); and two relating to academic activities – study time (intense study) and preparation time (light study). Amongst other notable aspects in the graphs, a ‘normalized’ academic behaviour pattern can be observed, with the ‘leisure peaks’ coinciding with the weekends. By contrast, the other two variables have a zero value at weekends (that is, the student devotes zero hours to studying) and, crucially, these variables rarely fall to zero from Monday to Friday. This reflects the student’s level of commitment to their studies.

In the other personalized example (B) (page 186), note the presence of two phenomena that arise at the same time and that reflect behaviour that is typical in some students and is clearly associated with difficulties when planning their timetable. Here, the day of the exam is the turning point between two periods of extreme opposing behaviours. Before the exam day, you can observe an accumulation of ‘intense’ study hours; and after the exam you can see an accumulation of nearly four days when the student’s academic activity falls to zero, which is worryingly far from the desirable leisure curve.

Example A. Monthly record of relevant variables.

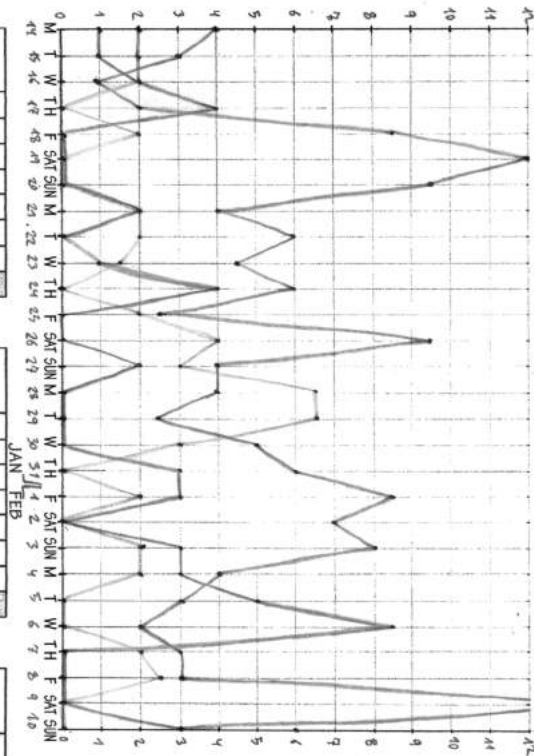
**MONTHLY RECORD FOR THE PERIOD: JAN-FEB**

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
M-14	2	1	4
T-15	2	1	3
W-16	2	2	1
TH-17	0	4	2
F-18	2	0	8.5
SAT-19	0	0	12
SUN-20	0	0	9.5
<b>AVERAGE</b>	<b>1.14</b>	<b>1.14</b>	<b>5.71</b>

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
M-21	2	2	4
T-22	2	0	6
W-23	1.5	1	4.5
TH-24	0	4	6
F-25	2	0	2.5
SAT-26	4	0	9.5
SUN-27	3	2	4
<b>AVERAGE</b>	<b>2.07</b>	<b>1.28</b>	<b>5.21</b>

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
M-28	6.5	0	4
T-29	6.5	0	2.5
W-30	3	0	5
TH-31	0	3	6
F-1 FEB	2	3	8.5
SAT-2	0	0	7
SUN-3	2	3	8
<b>AVERAGE</b>	<b>2.86</b>	<b>1.28</b>	<b>5.86</b>

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
M-4	2	3	4
T-5	0	7	3
W-6	0	8.5	2
TH-7	2	0	3
F-8	2.5	0	3
SAT-9	0	0	15
SUN-10	0	3	6
<b>AVERAGE</b>			



Example B. Monthly record of relevant variables.

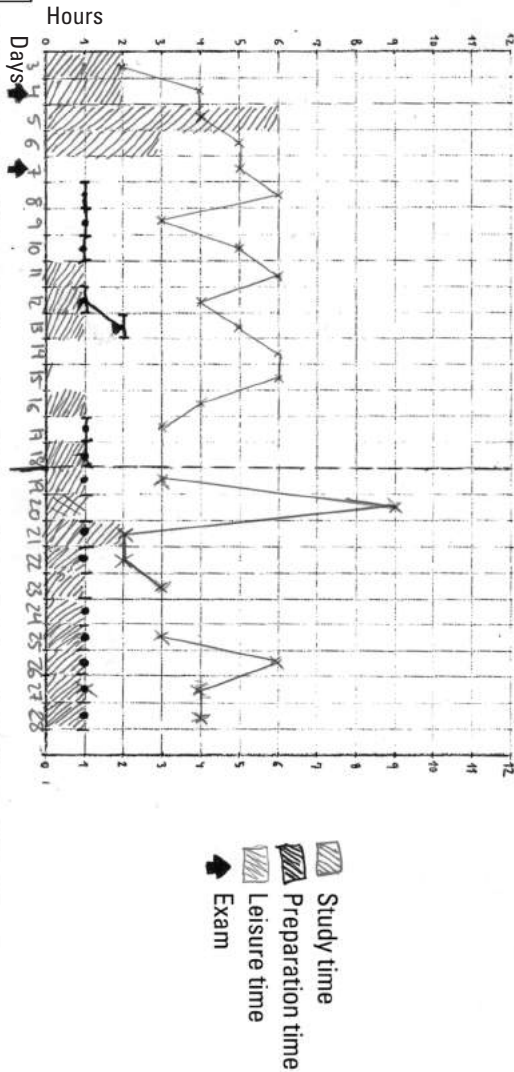
**MONTHLY RECORD FOR THE PERIOD: FEBRUARY**

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
3	2	-	1.5
4	2	-	4
5	5.15	-	4
6	3	-	5
7	-	-	5
8	4	45m	6
9	-	1	3
<b>AVERAGE</b>			

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
10	-	1	5
11	1	-	6
12	30m	1	4
13	30m	1.10	5
14	-	-	6
15	-	-	6
16	30m	-	4
<b>AVERAGE</b>			

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
17	-	30m	3
18	20m	40m	-
19	20m	1h	3
20	-	-	8.5
21	1.50m	50m	2
22	60m	30m	1.30
23	60m	-	3
<b>AVERAGE</b>			

DAY OF THE WEEK	STUDY TIME (Hours)	PREPARATION TIME (Hours)	LEISURE TIME (Hours)
24	45m	30m	-
25	45m	30m	3h
26	40m	40m	6h
27	20m	35m	1h
28	20m	1h	4h
<b>AVERAGE</b>			





## GLOSSARY

**Absenteeism:** Deliberate absence from work; habitual abandonment of the duties and functions associated with a job or role.

**Academic behaviours:** Those behaviours that individuals employ in pursuit of specific academic objectives.

**Achievement motivation:** The tendency to strive for success and choose goal-orientated activities based on success/failure. This is considered by some experts as a stable, unconscious feature that stems from a child's family and cultural background and that can be stimulated by the parents by incentivising autonomy, personal achievement, initiative and competitiveness. Other experts consider achievement motivation to be a set of conscious beliefs and values mainly shaped by recent successes and failures, and by immediate factors such as the difficulty of a given task or the benefits on offer.

**Antecedent:** An event that immediately precedes a certain behaviour.

**Attention:** The focusing of mental resources on a specific environmental stimulus.

**Attribution (Theory of):** A socio-cognitive approach to describing how individuals process information in order to create causal explanations of events.

**Attribution:** Explanation of the causes of our own and others' successes and failures.

**Aversive stimulus:** An undesirable consequence that lessens the probability of a behaviour occurring again.

**Behaviour modification:** A set of techniques and procedures, based on the operant conditioning of behaviour approach, used to increase the likelihood of a desirable behaviour re-occurring, or a an undesirable behaviour not re-occurring.

**Behavioural analysis:** A field of Psychology that focuses on environmental learning and behavioural variables.

**Causal relation:** Two variables are said to have a causal relation when: they have a functional relation; when the hypothetical causal variable precedes the effect; when there is a logical mechanism for the hypothesized causal relation; and when alternative explanations to observed covariance can reasonably be excluded.

**Causal variable:** A variable that controls a proportion of another variable's variance. Causal variables precede and are correlated to effects. They have a logical connection with their effects, and the association between a causal variable and its effect cannot be completely attributed to the typical effect of another variable.

**Classroom climate:** The psychological atmosphere in the classroom.

**Cognition:** The process of knowing, in its broadest sense, including perceiving, remembering and thinking, as well as the content of these processes, such as concepts and memories.

**Cognitive behaviour modification:** A procedure for internalizing verbal commands for developing self-control.

**Commitment:** Contractual obligations or verbal agreements.

**Concept:** The mental grouping of objects or events that share one or more attributes.

**Conduct or behaviour:** The action through which an organism adjusts itself to its environment. It may be cognitive, emotional and/or motor in nature.

**Consequence:** Anything that follows as a result of a certain behaviour, increasing or diminishing the probability of that behaviour occurring again.

**Construct:** A synthesizing variable normally composed of multiple elements that are systematically related and inferred but not directly observable (such as motivation, concept, etc.).

**Contingency:** The dependent relationship between a behaviour and its consequence.

**Dependent variable:** A variable whose value is the result of changes in one or more independent variables.

**Development:** Progressive qualitative and quantitative changes that affect a person physically, cognitively and socially, increasing the opportunities available to them.

**Emotion:** A pattern of complex changes, including physiological responses, feelings, cognitive processes and motor behaviours, as a response to a situation perceived by the subject as significant.

**Emotional development:** Progressive change in attitudes, values and emotional responses.

**Emotional intelligence:** Intelligence defined as the capability to perceive, process and express emotions in a precise and appropriate way.

**Expectation (Theory of):** This theory states that a person's motivation to achieve something depends on the result of their own estimation of the likelihood of succeeding multiplied by the importance they give to achieving success. Therefore, if any of these two factors stands at zero, motivation will also be zero. Under certain circumstances, high expectations of success can affect motivation negati-

vely, as success at an easy task is not as highly valued as success at a more difficult one. Research shows that the most important contribution of this theory is that tasks assigned to students must be of an intermediate level, i.e. not too easy and not too difficult.

**Expectation:** One's subjective perception of the probability of a certain action leading to a given result. It has a significant influence on motivation.

**Expectations of teaching staff:** Anticipation of the results and skills of students, on the part of their lecturers. Expectations significantly affect students' motivation and performance. Teaching staff can help students by conveying positive expectations, and hence, reducing anxiety (for example by letting students know their expectations clearly, giving all students the same opportunities when answering questions in class, avoiding unnecessary comparisons between students' performance, respecting all students equally, etc.).

**External locus of control:** When a person attributes their successes or failures to non-controllable factors, such as luck or the difficulty of the task, their locus of control is said to be external. This usually diminishes self-esteem.

**Extrinsic feedback:** Information derived indirectly from the performance of an activity, for instance, from other people.

**Extrinsic motivation:** The desire to perform an activity for the reward one obtains in return, and not because of the activity itself.

**Flow diagram:** Graphic representation of algorithmic details in a multi-factorial process. A series of symbols with special meanings are used to represent graphically the steps and components of a process.

**Functional Behavioural Analysis:** A procedure or technique designed to identify possible dysfunctional relations between two or more variables.

**Functional relation:** A functional relation is said to exist between two or more variables when they have the same variance – that is, when a dimension of one of the variables (such as frequency, magnitude, duration, etc.) is related to a dimension of any other variable. In other words, a functional relation exists when a mathematically demonstrable relation exists between two or more variables.

**Functionalism:** In Psychology, a perspective focused on identifying functional relations in interactions between the subject and their context or environment.

**Goal:** That which an individual strives towards achieving. Goals focus our attention on the task, mobilize our efforts and heighten our persistence. Goals are conditioned by the following parameters: clarity, specificity, content/difficulty, time period, feedback in order to monitor progress, and willingness to accomplish the goal.

**Hypothesis:** A tentative but verifiable explanation when relating two (or more) events or variables. It is frequently understood as a prediction of certain results that will be achieved if certain conditions are met.

**Incentives:** The external or internal stimuli that inform and/or reinforce a certain behaviour, thus increasing the probability of that behaviour arising again.

**Independent variable:** A variable whose value, when changed, causes changes in the values of one or more dependent variables.

**Inference:** A conclusion drawn through inductive or deductive reasoning.

**Intelligence:** The ability to modify and adjust our behaviour in order to successfully achieve new goals. It involves different mental processes and the nature of it may vary depending on the cultural background of the subject.

**Interest:** The motivational effect of values and knowledge.

**Internal locus of control ('locus' meaning location):** When a person

attributes their successes or failures to controllable factors, such as personal effort or ability, their locus of control is said to be internal. It is also known as self-efficacy.

**Intrinsic feedback:** Information derived directly from the performance of an activity.

**Intrinsic motivation:** The desire to perform an activity out of curiosity, because of the challenge it represents, or for the inherent pleasure of doing it.

**Knowledge:** Any organised body of information.

**Learned helplessness:** This consists of believing that no matter what one does, one is bound to fail. It usually causes motivational, cognitive and affective deficits. It may be caused by childhood experiences, but also by unpredictable and unconscious practices of reinforcement and punishment on the part of teachers. It can be improved by giving the individual the chance to succeed by taking small steps, giving immediate feedback and, most important of all, providing consistent expectations and on-going monitoring. This approach can reduce helplessness by focusing on learning objectives rather than on performance goals, as every student can succeed in achieving learning objectives to some extent or other.

**Learning goal:** Learning goals are usually found in students who focus on tasks and performance. They tend to choose difficult challenges, allowing them to learn more. When they face difficulties, their motivation and persistence increase. These students use meta-cognitive or self-controlled learning strategies.

**Learning strategies:** A set of cognitive procedures intentionally used and aimed at achieving a certain learning goal.

**Learning style:** A person's consistent tendency or preference for responding to problems and intellectual tasks in a certain way. There are different learning styles depending on the senses we use when learning. These are kinaesthetic or tactile styles (i.e. learning by doing, touching, or moving), visual styles (i.e. by looking at images

or films), auditory styles (i.e. listening to voices, sounds, narratives, or recordings), and verbal styles (i.e. reading, discussing, talking), etc.

**Learning:** An experience-based process that leads to a relatively permanent change in actual or potential behaviour.

**Life habits:** A particular way of responding or behaving that is acquired through repetition.

**Mediator variable:** A variable that explains the relationship between two other variables, similar to a causal mechanism.

**Meta-cognition:** A person's ability to inform or monitor their own reasoning processes.

**Motivation:** An internal state that energizes, leads and sustains behaviour.

**Motivational strategy:** A plan developed in order to carry out a certain activity, which generates the necessary motivation in the person to bring it to fruition.

**Perception:** The basic cognitive process by which a meaning is assigned to a sensory image.

**Performance goal:** Performance goals are usually found in students who focus on results and performance evaluation. They tend to choose easy ways to obtain good marks and avoid challenging situations. When they face difficulties, they get discouraged and do not perform so well, tending to think that they are not capable and that they have little chance of obtaining good results and marks.

**Premack Principle (also known as Grandma's Law):** A technique or procedure for behaviour modification by which students reward themselves with a pleasurable or reinforcing activity (for example chatting with friends, re-writing lecture notes, etc.) only once they have completed less gratifying activities (i.e. studying, attending lectures, etc.).

**Principle:** A description of how one variable influences another. This emerges when comparable studies obtain similar results, time after time.

**Problem:** Situation in which a person wants or needs to achieve something, but does not yet know how to do so.

**Pygmalion Effect (also known as the self-fulfilling prophecy):** Unfounded expectation that ends up becoming true because it is expected to be so. For instance, an unexpected exceptional performance by a student due to their lecturer's high expectations of them.

**Reinforcer:** Every consequence that increases the probability of producing a specific behaviour.

**Resultant motivation:** As well as achievement motivation, we all feel the need to avoid failure, and depending on which of the two is dominant, we will behave differently.

**Risk factor:** A variable that can affect the probability of a problematic behaviour arising in a person, over time and/or in certain contexts.

**Self-assessment:** The process of evaluating one's own behaviour.

**Self-concept:** The perception an individual has of their own strengths and weaknesses.

**Self-determination:** The need to be able to choose, and to control to a certain extent, what to do and how to do it.

**Self-efficacy:** An individual's own perception of their capacity to pursue and achieve the goals they set for themselves.

**Self-esteem:** The value judgement one makes of one's own strengths and weaknesses.

**Self-imposition of contingency measures:** Those contingency measures imposed by a person on themselves either as a reinforcement



or as a punishment, depending on previous behaviour.

**Self-instructions:** The instructions that a person gives to themselves when undertaking complex behaviours.

**Self-monitoring:** The process of observing and recording one's own behaviour.

**Self-observation:** The process of monitoring and reflecting on one's own thoughts, feelings, motivations and motor behaviours (using – or not – external means to record information, such as pen and paper), in order to increase one's level of awareness of these and/or change them.

**Self-regulated learning:** Regulation of one's own cognitive processes in order to learn successfully, including establishing aims, planning, attention, control, use of effective learning strategies, self-monitoring and self-assessment.

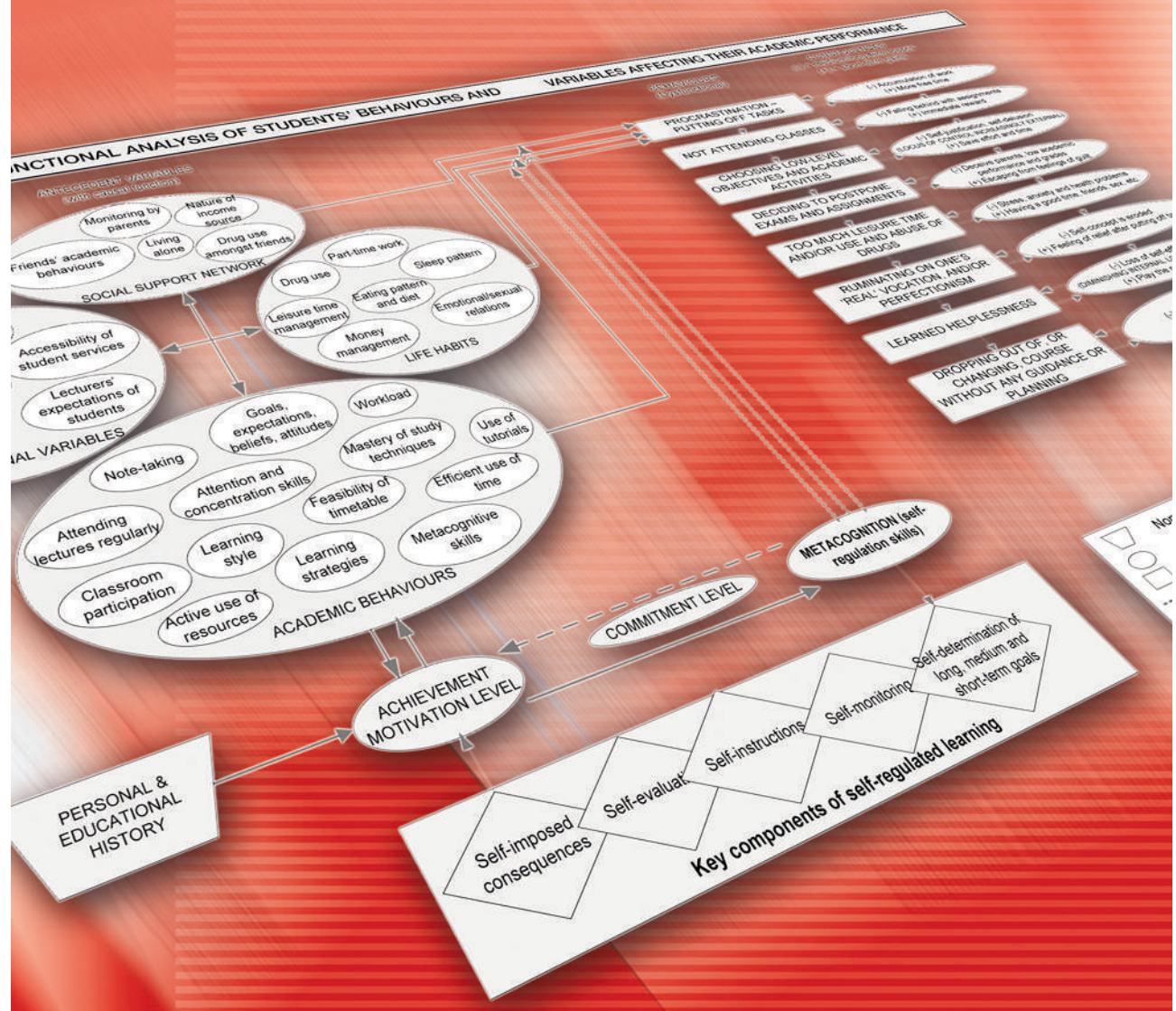
**Social development:** Progressive change in social relations between an individual and others.

**Sustained expectation effect:** This occurs when, despite improvements in a student's performance, the lecturer does not change their expectations accordingly.

**To learn:** Adaptation to constant changes in the environment. Adaptation enables us to adopt new behaviours in order to deal with change.

**Variable:** The characteristics of reality that can show different values from one unit of observation to another, from one person to another, or from one country to another (such as age, income, population, etc.), and that is measurable.

**Vulnerability:** The probability of a person developing a dysfunctional behaviour when exposed to certain conditions.



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