



**TO: The Participant**

<b>Research Questionnaire (also see the Plain Language Statement)</b>
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**Date:** 5<sup>th</sup> September, 2009

**Full Project Title:** Freedom and Conditionality; analysing psychological and yogic models of freedom

**Principal Researcher:** Karen Lane

**Student Researcher:** Jane Wiesner

**Associate Researcher(s):** n/a

*(This questionnaire is 10 pages long. Please make sure you have all the pages. This questionnaire is accompanied by a Plain Language Statement 7 pages long.)*

Dear Participant,

This is an anonymous questionnaire. Please ensure that you do not write your name, or any other comments that will make you identifiable, on the attached.

By completing the questionnaire you are consenting to take part in this research. As such you should first read the *Plain Language Statement* accompanying this questionnaire carefully as it explains fully the intention of this project.

**Important Note:**

In answering these questions please use as much space as you need - i.e. delete lines and type over the dotted area if answering via computer. If answering via email, to avoid losing your alterations, please remember to save the questionnaire to your hard drive before filling it out and emailing it back. Altering a document straight from your email program can cause data loss. If filling out this questionnaire in writing please use the reverse side of the page if you need more space but please remember to identify (i.e. number) the question you are answering.

Thank you for your participation. It is greatly appreciated and will make a significant contribution to studies on the quality of human life.

## *Questionnaire*

1. Do you sometimes experience one or more of the following emotions?
    - 1) **attachment** (desire for something/someone -clinging to an object or person)
    - 2) **aversion** (a strong dislike of something or someone)
    - 3) **fear** (an anxious, extremely insecure, threatened or worried feeling)
- Yes
- No (if no, then skip to question 3)

2. If yes, please rate these emotions in order of significance, 1,2 & 3 – (1) being the emotion that you are most likely to feel, and (3) being the emotion that you are least likely to feel (please write the number in the square [or beside it if typing]) - marking (0) if you never experience this emotion.

attachment

aversion

fear

3. According to Classical Yogic theory these kinds of emotions are the source of our troubles. Would you agree with the term ‘the source of troubles’ to describe these kinds of emotions (i.e. attachment, aversion and fear)?

Yes

No (if no, then skip to question 5)

4. If you answered yes, in what way would you describe these emotions as ‘troublesome’? (How have they affected your life?)

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.....  
.....  
.....  
.....

5. Can you identify any other predominate ‘troublesome’ or unhelpful emotions that you tend to experience? (other than those already mentioned)

Yes (if yes, please detail below)

No

If yes, please list here:.....  
.....  
.....  
.....  
.....  
.....

6. Do you feel your more ‘troublesome’ emotions are **sometimes** seeded in the past? (i.e. that the emotions you experience in the present often relate to thoughts about past events)

Yes

No (if no, then skip to question 8)

Other - please elaborate:.....  
.....  
.....  
.....

7. If you answered yes (i.e. that you sometimes re-live past events mentally or emotionally in the present) please explain how these memories/emotions influence your life.

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.....  
.....  
.....  
.....  
.....  
.....

8. Do you feel there is a relationship between how you feel physically and the emotions you experience?

- Yes
- No (if no, then skip to question 11)

9. If yes, please describe how particular emotions make you feel physically. (These emotions may range between being unhelpful/troublesome/painful or pleasurable/enjoyable/painless.)

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.....  
.....  
.....  
.....  
.....  
.....

10. What phrase best describes your body when you are affected by unhelpful/troublesome/painful emotions?

- Relaxed and at ease
- On edge and physically tense
- None of the above (in this instance please provide your own description of how you feel):

.....  
.....  
.....  
.....  
.....  
.....  
.....

11. Please tick one of the boxes below to demonstrate your physical fitness. “0” representing no physical activity and “10” representing training as an elite athlete.

(Please tick the box corresponding to your belief or if using the computer just enlarge or colour the font on the number you choose. Please note: if typing over this document via email you will need to ensure that the box below is not separated in the middle over two pages – just insert some lines, above or below the graph, if necessary.)

	No physical exercise					Average level of physical exercise					Train as an elite athlete
	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (please insert here any comments you wish to make about your physical activities e.g. you may be physically disabled or unwell or you may be a professional athlete):.....  
 .....  
 .....  
 .....  
 .....  
 .....

12. Have you ever practised yoga?  
 Yes  
 No (if no, please go to question 17)

13. If yes, please provide some details regarding these practices (e.g. type of yoga, how long, what you liked best about it):  
 .....  
 .....  
 .....  
 .....

14. Did your yoga practice incorporate some relaxation techniques?  
 Yes  
 No (if no, please skip to question 17)

15. If yes, did you find that the relaxation techniques helped you to deal with the effects of ‘troublesome’ or unhelpful emotions?  
 Yes  
 No (if no, please skip to question 17)

16. If yes, how did these relaxation techniques affect you? (feel free to tick more than one)

- Physically
- Mentally
- Emotionally
- All of the above

Please explain what techniques you practised and how you felt after the practice:.....  
.....  
.....  
.....  
.....  
.....

17. Do you feel more relaxed after strenuous physical activity?

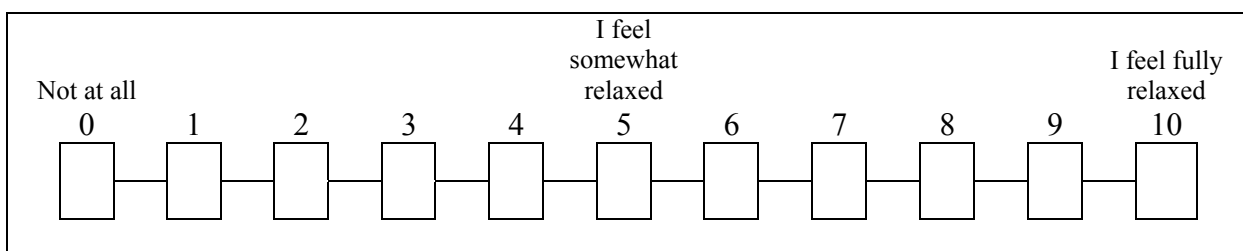
- Yes
- No
- Other (please explain):.....  
.....  
.....

18. Please describe the most effective thing that you do to relieve stress and to help you feel relaxed (if you have absolutely no way of relaxing or unwinding please elaborate below and then skip to question 21).

.....  
.....  
.....  
.....  
.....

19. Please indicate the extent to which you believe your relaxation practice relieves the unhelpful effect of painful or ‘troublesome’ emotions – on a **physical** level.

(Please tick the box corresponding to your belief or if using the computer just enlarge or colour the font on the number you choose. Please note: if typing over this document via email you will need to ensure that the box below is not separated in the middle over two pages – just insert some lines, above or below the graph, if necessary.)



20. Please indicate the extent to which you believe your relaxation practice relieves the unhelpful effect of painful or ‘troublesome’ emotions, on a **mental/emotional** level.

(Please tick the box corresponding to your belief or if using the computer just enlarge or colour the font on the number you choose. Please note: if typing over this document via email you will need to ensure that the box below is not separated in the middle over two pages – just insert some lines, above or below the graph, if necessary.)

Not at all		I feel somewhat better					I feel fully transformed			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. In your opinion, do you believe that your emotional tendencies are often habitual?

- Yes
- No
- Other (please explain).....
- .....
- .....

22. In your opinion, do you believe that your emotional tendencies are sometimes conditional – a reaction to events or experiences?

- Yes
- No
- Other (please explain):.....
- .....
- .....

23. In your opinion, do you believe that your emotional tendencies are sometimes inter-generational (learned or passed down from a previous generation)?

- Yes
- No
- Other (please explain).....
- .....
- .....

24. Do you believe the following statement is correct? “I am who I am because of my past”.

- Yes

- No
- Yes and No

Further comments (please elaborate if you answered 'yes and no'):

.....  
.....  
.....

25. Do you believe the following statement is correct? "I will never be completely free of the past".

- Yes
- No
- Other.....

If yes, why do you feel that you will never be free of the past?

.....  
.....  
.....  
.....

26. Do you agree with this statement? "Troublesome emotions are fuelled by fear".

- Yes
- No

If yes, please explain why you think that 'troublesome' emotions are fuelled by fear.....

.....  
.....  
.....

27. Do you feel that your emotional life clouds your judgement (influences the way you see the world)?

- Yes
- No (if no, please go to question 29)
- Sometimes

28. If you answered yes or sometimes, in what way do you feel that 'troublesome' emotions cloud your judgement (influence the way you see the world)?

.....  
.....  
.....

.....

29. Do you feel that troublesome emotions can sometimes cause you unnecessary pain?

- Yes
- No (if no, skip to question 31)
- Sometimes

30. If you answered yes or sometimes, please explain how troublesome emotions cause you pain (this might be a physical manifestation, such as a neck ache, and/or an emotional/mental manifestation, such as anxiety).

.....

.....

.....

.....

31. Please indicate the extent to which you believe your more unhelpful or ‘troublesome’ emotions have affected your happiness and wellbeing over your lifetime.

(Please tick the box corresponding to your belief or if using the computer just enlarge or colour the font on the number you choose. Please note: if typing over this document via email you will need to ensure that the box below is not separated in the middle over two pages – just insert some lines, above or below the graph, if necessary.)

					Emotionally, my life has had an equal portion of ups and downs						Unhelpful emotions have dominated my experience of life	
Not at all												
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. If you have experienced ‘troublesome’ or painful emotions, in what way have these emotions contributed to defining your ‘sense of self’? (i.e. How you see yourself in the world.)

.....

.....

.....

.....

33. Classical yogic theory suggests that being unaware (ignorant) of one’s choices/alternatives/options (life’s cycle of cause and effect) has a big influence on, and is unhelpful to, the state of one’s emotional life. Do you agree with this theory?

- Yes
- No



Other

Please explain your answer.....  
.....  
.....  
.....  
.....

*Thank you for participating in this questionnaire. I would appreciate it if you would please fill out a few questions relating to demographics:*

1) Age bracket (please tick or mark beside with an X):

(18-24)..... (25-34) ..... (35-44).....

(45-54)..... (55-64) ..... (Over 65).....

2) Sex (please circle, tick or mark with an X):            Male..... or    Female.....

3) Please state your country of birth:

.....

Please write below the country in which you have lived most of your life.

.....

4) Please state your education level:

.....

5) Please state your occupation:

.....

6) Please rate your overall wellness below:

Extremely unwell					Average health						Extremely well
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you so much for your participation*

## *Seeking interviewees*

Please note, as part of this study I am seeking the opportunity to conduct personal interviews with some of the people participating in this questionnaire. If you are interested in being interviewed, as a follow-up to this questionnaire, I would be very grateful if you would fill in your details below and I will contact you to make an appointment:

*The information provided below will be kept in the strictest confidence and will not be disclosed.*

(PLEASE PRINT CLEARLY)

Title:.....First Name:.....Surname:.....

Address:.....

.....

.....

Phone no:.....Mobile phone no:.....

Email address:.....

Again, any information conveyed during the interview process will make absolutely **no** reference to your identity. In other words, your name will **not** appear anywhere on the published material.

Please note, personal details gathered from the interview phase will be coded and kept separately from the transcripts - these will be deidentified after transcription and only deidentified material will be used in publications or other reports, including the thesis itself. Your written consent will be required before this information is collected and the transcript will be given to you for final editing and signing off.

The interview will take approximately 45-60 minutes and will take place at a time and place that suits you (if you prefer I can conduct this interview over the phone) As mentioned above, the recorded information taken from the interview will be given (or posted) to the interviewee to sign and to check for authenticity.

The questions asked will help to clarify the information on the questionnaire. An example of these questions are: 'You said on question 4 ..., could you please explain what you meant by this?' or 'On question 10 you have written ..., could you please expand on this for me?' These questions will just be asked to qualify the answers to the questionnaire.

The information collected from the interview will be stored in a secure environment as specified at the beginning of this document.

By completing the personal details above you are consenting to me contacting you regarding an interview nevertheless, that does not mean you are obliged to go ahead. You may withdraw from participating at any time. Again, the personal information provided above will be separated from your questionnaire and linked only via a code. Hence, no identifying marking will be attached to your questionnaire.

Once again, thank you for your contribution.

Kind regards

Jane Wiesner